

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Rec 3/30/15 kat

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Jim Schmitt

Street Address

509 Spring Street

City, State and Zip Code

Green Bay WI 54301

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

January Continuing Pre-Primary Spring Fall Special
 July Continuing Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Column A
This Period

Column B
Calendar
Year-To-Date

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals	\$ 2695.00	\$ 3770.00
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2695	\$ 3770.00

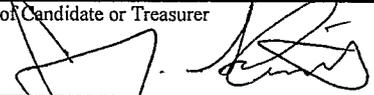
2. DISBURSEMENTS

2A. Gross Expenditures	\$ 28202.02	\$ 31345.78
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 31345.78	\$ —

CASH SUMMARY

Cash Balance Beginning of Report	\$ 127765.76
Total Receipts	\$ 2695.00
Subtotal	\$ 129960.76
Total Disbursements	\$ 28202.02
CASH BALANCE END OF REPORT	\$ 101758.74
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
James J. Schmitt		3.30.15
Email		Daytime Phone: 920 471-2523

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Complete Committee Name

Friends of Jim Schmitt

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
2/14/15	Ronald Pfeifer 1545 Arapahoe Trail Green Bay WI 54313		50.00	100.
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
2/16/15	Gerald Mennp 1099 Dolly Lane Green Bay WI 54304	Retired	100.00	120.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
2/18/15	Joe Hoyer 2748 Oakwood Dr. Green Bay WI 54304		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
2/19/15	GAIL QUINN 545 La Count Rd. Green Bay WI	Retired	1000.00	1000.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
2/20/15	Joe Dettlaff 1806 Little Valley Ct De Pere WI 54115	Architect - Beverly Shoelber	200.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
2/22/15	ALLAN WENTWORTH 100 St. Marys Ave Green Bay WI 54311	Retired	100.00	100.-
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
2/23/15	Fred Cradler 3481 Nicolet Green Bay WI 54311	Retired	100.00	125.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
3/2/15	Jeff Blumb 2946 So. Telempick Cr Green Bay WI 54313	MARK-ON CONSULTING PARTNER 5027 W. NORTH AVE MILWAUKEE, WI 53208	150.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 1725.00

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Complete Committee Name
Friends of Jim Schmitt

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Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
3/5/15	Grant Keebler 1964 TreeLand Dr. Green Bay WI 54304		10.00	10.00
3/5/15	Victoria Parmentier 2809 University Ave Green Bay WI 54311	RE Management Inc University Ave Green Bay WI 54311	200.00	200.00
3/10/15	Bill and Mary Dean 4125 Nichols Dr. Green Bay WI 54313		50.00	50.00
3/10/15	Dr. Richard Horak 1908 Harborside Dr. Longboat Key, FL 34228	Retired	200.00	250.00
3/19/15	TERRANCE R WALL 2601 Crossroad R. Madison WI 53718	OWNER T. WALL Enterprise PO Box 620037 Middleton WI 53562	250.00	375.00
3/20/15	Doug Frombois 429 E. LeCapitan Green Bay WI 54302		60.00	60.00
3/22/15	Brian Kehon 515 Spring St Green Bay WI 54301	P. Lot - American Airlines Fort Worth TX	200.00	200
1 1				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 970.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 2695.00

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

Friends of Jim Schmitt

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/13/15	LAMAR 1800 Shopping Bld Deerfield WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	Billboards	18,355.00
2/4/15	ZAZZLE 1900 Leopard Blvd Redwood City CAL. 94063 Check if: <input type="checkbox"/> In-Kind Offset	Buttons	141.49
2/4/15	Fox One:1 Shuman 622 N. Water St McLaren WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Legal advice	275.00
2/10/15	OFFICE MAX 2350 E. Main Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Office Supplies	31.75
2/5/15	Midwest Campaign Co. 1420 Bellvue St Green Bay WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	665.00
2/10/15	Martin Hardware 1949 E. Mason Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Equipment Rental	23.09
2/15/15	Cumulus Broadcast 810 Victoria St Green Bay WI 54302 Check if: <input type="checkbox"/> In-Kind Offset	Radio Ads	476.00
2/13/15	SPONS 1555 W. Mason Green Bay WI 54504 Check if: <input type="checkbox"/> In-Kind Offset	Drill: B.T.J	84.39
3/17/15	RAMMET + RP WISCONSIN 435 E WELCH Green Bay WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	On Line: Print Ads	7817.60

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 27,869.32
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$
TOTAL EXPENDITURES	\$

SCHEDULE 2A

MEMORANDUM
Gross Expenditures

Complete Committee Name
Friends of Jim Schmitz

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/28/15	Facebook 1 Hacienda Way Menlo Park, CA 94025	on line Ads	233.65
3/19/15	Go Daddy 14455 N. Hayden Rd Scottsdale, AZ 85260	web.s.k	99.05
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ **332.70**

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ **28202.⁰²**