

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

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

*Recd 7-7-16  
KW*

**COMMITTEE IDENTIFICATION**

Name of Committee

*Champions for Green Bay Public Schools*

Street Address

*2256 E. Main St.*

City, State and Zip Code

*Green Bay, WI 54311*

**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 *2015*     Pre-Election     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>317.36</i>
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$ <i>30.00</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>287.36</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (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 <i>Denise Gaumer Hutchison</i>	Signature of Candidate or Treasurer <i>Denise Gaumer Hutchison</i>	Date: <i>7/6/2016</i>
	Email: <i>denisegh@centurylink.net</i>	Daytime Phone: <i>920-883-7462</i>

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.

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
Champions for Green Bay Public Schools

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
7/1/2015	Nicolet National Bank GB, WI 54211 Check if: <input type="checkbox"/> In-Kind Offset	bank fee	5.00
8/1/2015	Nicolet National Bank Check if: <input type="checkbox"/> In-Kind Offset	bank fee	5.00
9/1/2015	Nicolet National Bank Check if: <input type="checkbox"/> In-Kind Offset	bank fee	5.00
10/1/2015	Nicolet National Bank Check if: <input type="checkbox"/> In-Kind Offset	bank fee	5.00
11/1/2015	Nicolet National Bank Check if: <input type="checkbox"/> In-Kind Offset	bank fee	5.00
12/1/2015	Nicolet National Bank Check if: <input type="checkbox"/> In-Kind Offset	bank fee	5.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 30.00

TOTAL ITEMIZED EXPENDITURES \$ 30.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ 30.00