CAMPAIO LOCAL COM	Rec 7/9/18						
Is This Report an Amendment:	JL.						
Instructions for completing schedules are on the back of each schedule.							
COMMITTEE IDENTIFICATION							
Name of Committee  Marty Briggs For Green  Street Address  1907 Fresta Lane  City, State and Zip Code	OFFICE USE ONLY						
Green Bay W/ 54302	<del>)</del>						
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.							
NAME OF REPORT	MARKARI PERINTING AND	TNO 274 NORMAN CONTRACTOR OF THE PROPERTY OF T					
☐ January Continuing ☐ Pre-Primary ☐ July Continuing 20/8 ☐ September Continuing ☐ Pre-Election ☐	Spring	Fall S	ipecial	Termination Report also complete Schedule 4			
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colun Caler	ıdar				
1, RECEIPTS	and the second s	Year-To	-Date				
1A. Contributions (Including Loans) from Individuals	s <u>o</u>	\$ 72	1.03				
1B. Contributions from Committees (Transfers-In)	\$ 6	\$ 286	.83				
1C. Other Income and Commercial Loans	\$ 0	\$ -6	<del>}</del>				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 100	7.86				
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 33.50	\$ 996.	09				
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ 0	-				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 33-50	\$ 996	.09				
CASH SUMMARY							
Cash Balance Beginning of Report	\$ 97,78						
Total Receipts	\$ 6						
Subtotal	\$ 97.78						
Total Disbursements	\$ 33.50						
CASH BALANCE END OF REPORT	\$ 64,28	_					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0						
LOANS (Balance at the Close of This Period-3B)	\$ 0						
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  JOHN R. Baraniak	Signature of Candidate or Treasurer  This 3 cm erma  Email John be rapial Costoci	h	-	7-9-18 Phone: 920-655-3684			

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



## DISBURSEMENTS Gross Expenditures

Page / of /

Complete Committee Name			
MARTY BRIGGS	FOR	GREEN BAY	

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
3/29/18	DIGICOPY 311 E-WALNUT ST GREEN BAY WI 5430/ Check if: 1 In-Kind Offset	printing	33.50
	Check if:  In-Kind Offset		
_	Check if:  In-Kind Offset		
	Check if:  In-Kind Offset	u .	
	Check if:  In-Kind Offset		
	Check if:  In-Kind Offset		
	Check if:  In-Kind Offset		
	Check if:  In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 33,50
		TOTAL ITEMIZED EXPENDITURES	\$ 33.50
		TOTAL UNITEMIZED EXPENDITURES	\$ 0
		TOTAL EXPENDITURES	\$ 33.50