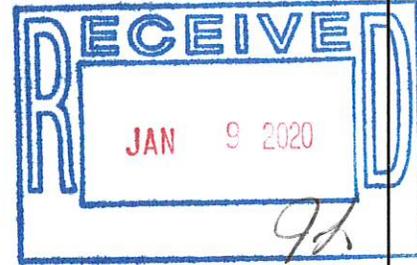# CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

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

RECEIVED JAN 9 2020

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee
Galvin for Alderperson-Green Bay, District 4

Street Address
1244 Emile Street

City, State and Zip Code
Green Bay, WI 54301

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 X   ☐ Pre-Primary _____

☐ July Continuing _____   ☐ Spring   ☐ Fall   ☐ Special

☐ September Continuing _____   ☐ Pre-Election _____

☐ 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	$ —0—	$ 2337.97
1B. Contributions from Committees (Transfers-In)	$ —O—	$ —O—
1C. Other Income and Commercial Loans	$ .12	$ .12
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ .12	$ .12
2. DISBURSEMENTS		
2A. Gross Expenditures	$ —O—	$ —O—
2B. Contributions to Committees (Transfers-Out)	$ —O—	$ —O—
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ —O—	$ .O—

CASH SUMMARY

Cash Balance Beginning of Report	$ 2337.97
Total Receipts	$ .12
Subtotal	$ 2338.09
Total Disbursements	$ —O—
CASH BALANCE END OF REPORT	$ 2338.09
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ —O—
LOANS (Balance at the Close of This Period-3B)	$ —O—

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
Darlene Marcelle

Signature of Candidate or Treasurer *Darlene Marcelle/Treasurer* Date: *1-9-2020*

Email *ddmarcelle@tds.net*   Daytime Phone: *468-1191*

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.

ETHCF-2L (Rev. 01/16)   The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name

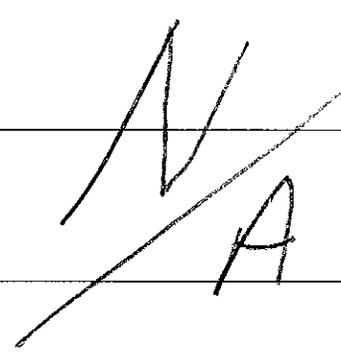Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds $200)	Amount of Contribution	Y-T-D Total
7/30 thru 12/30/ 2019	INterest ON Checking Account Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____	INterest ON Checking acct.		.12
	Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			
	Check If: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$	.12
TOTAL ITEMIZED CONTRIBUTIONS	$	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$	.12

Complete Committee Name
Galvin for Alderperson-Green Bay, District 4

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	

N/A

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	$ -0-
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$ -0-

Complete Committee Name

Galvin for Alderperson-Green Bay, District 4

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount

N/A

SUBTOTAL OTHER INCOME THIS PAGE	$ -0-
TOTAL ITEMIZED OTHER INCOME	$
TOTAL OTHER INCOME	$ -0-

Complete Committee Name
Galvin for Alderperson-Green Bay-District 4

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
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset	N/A	
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	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	$ -0-
TOTAL ITEMIZED EXPENDITURES	$
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ -0-

Complete Committee Name

Galvin for Alderperson-Green Bay, Dist. 4

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		

N/A

SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	$	-0-
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	$	-0-

Complete Committee Name

Galvin for Alderperson - Green Bay, Dist. 4

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

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
/ /					
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
	Nature of Debt (Purpose)				

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	$ -0-
TOTAL ITEMIZED OBLIGATIONS	$ -0-
TOTAL UNITEMIZED OBLIGATIONS $20 OR LESS	$ -0-
TOTAL INCURRED OBLIGATIONS	$ -0-

Complete Committee Name
Galvin for Alderperson-GreenBay-Dist. H

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding $

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding $

N/A

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding $

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding $

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding $

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding $

SUBTOTAL OUTSTANDING LOANS THIS PAGE $ -0-

TOTAL OUTSTANDING LOANS $ -0-