

**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.

COMMITTEE IDENTIFICATION

Name of Committee: *Galvin for Alder person-Green Bay, District 4*
 Street Address: *1244 Emile 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 Termination Report
 July Continuing Pre-Election also complete Schedule 4
 September Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ 2338.13
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ -0-
1C. Other Income and Commercial Loans	\$.08	\$.08
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.08	\$.08
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ -0-	\$ -0-
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ -0-
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -0-	\$ -0-

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2338.13
Total Receipts	\$.08
Subtotal	\$ 2338.21
Total Disbursements	\$ -0-
CASH BALANCE END OF REPORT	\$ 2338.21
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 <i>Darlene Marcelle</i>	Signature of Candidate or Treasurer <i>Darlene Marcelle</i>	Date: <i>7-9-2020</i>
	Email: <i>ddmarcelle@tds.net</i>	Daytime Phone: <i>920-468-1191</i>

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.

Complete Committee Name
Galvin for Alderperson-Green Bay Dist H

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
3/30/2020 through 6-9-2020	Interest ON Checking Account			.08
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$.08

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$.08

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Galvin for Alderperson-Green Bay, Dist. 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: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan N/A	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan 	

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$ - 0 -

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ - 0 -

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

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 Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset	N/A	
	Check if: <input type="checkbox"/> In-Kind Offset	A	
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ <u>-0-</u>
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ <u>-0-</u>

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

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

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

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

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

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 Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation	<i>NA</i>
	Amount Guaranteed Outstanding	
\$		
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	<i>NA</i>
	Amount Guaranteed Outstanding	
\$		

Date	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
/ /					

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	
\$		

Date	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
/ /					

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 -