

**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.

*Rec'd
3-28-16
R*

COMMITTEE IDENTIFICATION

Name of Committee
Committee to Elect Emma Fulwilder

Street Address
153 Francis Ave

City, State and Zip Code
Green Bay, WI 54303

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 16 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	\$ 600.00	\$ 600
1B. Contributions from Committees (Transfers-In)	\$ 715.00	\$ 715.00
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 715.00	\$ 1365.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 485.32	\$ 985.32
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 485.32	\$ 985.32

CASH SUMMARY

Cash Balance Beginning of Report	\$ 100.00
Total Receipts	\$ 715.00
Subtotal	\$ 815.00
Total Disbursements	\$ 585.32
CASH BALANCE END OF REPORT	\$ 329.68
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 100.00

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 Emma Fulwilder	Signature of Candidate or Treasurer <i>Emma Fulwilder</i> Emma.Fulwilder@gmail.com	Date: 3/25/16
		Daytime Phone: 9204715901

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.

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name: Committee to Elect Emma Fulwider

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
/ /			0	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ ~~0~~

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Committee to Elect Emma Fulwider

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
<i>2/16/16</i>	<i>International Union of Paper, Printers & Allied Trades 568 W 22665 Natrans/Haz- Big Bend, WI 53103</i>	<i>250.00</i>	<i>250.00</i>
<i>3/18/16</i>	<i>Wisconsin Laborer's Dist. Council 14686 WI-19 De Forest, WI 53532</i>	<i>400.00</i>	<i>400.00</i>
<i>9/17/16</i>	<i>Wisconsin Progress 211 S. Paterson Madison, WI 53703</i>	<i>65.00</i>	<i>65.00</i>
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$ *715.00*

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ *715.00*

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name Comm Ittee to elect Emma Fuller, Idaho

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
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SUBTOTAL OTHER INCOME THIS PAGE	\$
TOTAL ITEMIZED OTHER INCOME	\$
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$
TOTAL OTHER INCOME	\$ 0

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

Committee to Elect Emma Fulkwider

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
3/17/16	Wisconsin Progress 215 S. Paterson Madison WI 53703	Printing	65.00
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
3/11/16	Kuehn Printing 401 N. Quincy Green Bay WI 54301	Printing Printing Fees	278.25
	Check if: <input type="checkbox"/> In-Kind Offset		
2/25/16	Democratic Party of WI for Downward Green Bay 54303	Access to Water Network	142.07
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	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		
/ /	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		
/ /	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		
/ /	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		
/ /	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		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 485.32
TOTAL ITEMIZED EXPENDITURES			\$ 485.32
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0
TOTAL EXPENDITURES			\$ 485.32

SCHEDULE 2-B

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name
Committee to Elect Emma Fuldner

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

Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	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		
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	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-Out) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$	

SCHEDULE 3-A

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name
Comm. Htee to Elect Emma Fulwider

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				
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	\$
TOTAL ITEMIZED OBLIGATIONS	\$
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$
TOTAL INCURRED OBLIGATIONS	\$ <i>0</i>