

**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
12-28-16
R

COMMITTEE IDENTIFICATION

Name of Committee
Galvin for Alderperson - Green Bay - Dist. #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 *17* 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	\$ 5779.20
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ - 0 -
1C. Other Income and Commercial Loans	\$.18	\$ -28 -
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.18	\$ 5779.48
2. DISBURSEMENTS		
2A. Gross Expenditures	\$	\$ 2217.71
2B. Contributions to Committees (Transfers-Out)	\$	\$ - 0 -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$ 2217.71

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3761.53
Total Receipts	\$.18
Subtotal	\$ 3761.71
Total Disbursements	\$ - 0 -
CASH BALANCE END OF REPORT	\$ 3761.71
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 702.71

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 - Treasurer</i>	Signature of Candidate or Treasurer <i>Darlene Marcelle</i>	Date: <i>12-28-16</i>
	Email: <i>dar.marcelle@tds.net</i>	Daytime Phone: <i>920 4681191</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.

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Galvin for Alderman - District 4 - GB

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Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
<i>12/19/16</i>	<i>Interest on account</i>	<i>Interest</i>	<i>.18</i>

SUBTOTAL OTHER INCOME THIS PAGE \$ *.18*

TOTAL ITEMIZED OTHER INCOME \$

TOTAL OTHER INCOME \$ *.18*