

**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.

MILWAUKEE COUNTY
ELECTION COMMISSION

2014 JUL 22 A 10:09

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OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF Jim Schmitt

Street Address

2517 N. 88TH ST

City, State and Zip Code

Wauwatosa WI 53226

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 14 Pre-Election 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	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 180	\$ 180
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 180	\$ 180

CASH SUMMARY

Cash Balance Beginning of Report	\$ 5130.80
Total Receipts	\$ 500 0
Subtotal	\$ 5130.80
Total Disbursements	\$ 180.00
CASH BALANCE END OF REPORT	\$ 4950.80
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	Signature of Candidate or Treasurer	Date: 7/22/14
James J Schmitt	<i>James J Schmitt</i>	Daytime Phone: 278-4273

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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF Jim SCHMITT

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/14/14	TOSA CHAMBER OF COMMERCE 10437 INNOVATION DR WANWATOSA, WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	ANNUAL MEETING	45.00
2/6/14	TOSA CHAMBER OF COMMERCE 10437 INNOVATION DR WANWATOSA WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	SPECIAL CHAMBER BLAST	30.00
3/20/14	TOSA CHAMBER OF COMMERCE 10437 INNOVATION DR WANWATOSA WI 53226 Check if: <input type="checkbox"/> In-Kind Offset	BREAKFAST	30.00
/ /	MILWAUKEE County Historical Society 910 N. OLD WORLD 3RD ST. MILWAUKEE, WI 53203 Check if: <input type="checkbox"/> In-Kind Offset	ANNUAL AWARDS DINNER	75.00
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 180.00
TOTAL ITEMIZED EXPENDITURES			\$ 180.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$