

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

2015 JUL 15 A 9:42

RECEIVED

OFFICE USE ONLY

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF Jim Schmitt

Street Address

2517 N. 88TH ST.

City, State and Zip Code

WAUKATOSA 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 15 Pre-Election _____ Spring _____ Fall _____ Special _____

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

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

\$ 470.00 \$ 470.00

2B. Contributions to Committees (Transfers-Out)

\$ 0 \$ 0

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 470.00 \$ 470.00

CASH SUMMARY

Cash Balance Beginning of Report

\$ 4325.80

Total Receipts

\$ 0

Subtotal

\$ 0

Total Disbursements

\$ 470.00

CASH BALANCE END OF REPORT

\$ 3855.80

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: 7-14-15

James J Schmitt

James J Schmitt

Email: james.schmitt@milwaukeecounty.wis.gov

Daytime Phone: 414 313-0900

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. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

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
/ /	TOSA Chamber of Commerce 10497 Innovation Dr. Tosa 53226 Check if: <input type="checkbox"/> In-Kind Offset	Donation for 40.00	40.00
/ /	Cystic Fibrosis Foundation, WI 20875 Cross Circle, Suite 350 Waukegan WI 53186 Check if: <input type="checkbox"/> In-Kind Offset	Auction	80.00
/ /	WI The People 11140 Center St Waukegan, 53222. Check if: <input type="checkbox"/> In-Kind Offset	Donation	50.00
/ /	Milw Co. Hist. Society 910 N. Old World 3rd St. Milw. 53203 Check if: <input type="checkbox"/> In-Kind Offset	Dinner	75.00
/ /	Milw. Hall of Fame 3401 W. Wisconsin Milw. 53203 Check if: <input type="checkbox"/> In-Kind Offset	Dinner	100.00
/ /	Milw. Public Museum 800 W. Wells Milw 53233 Check if: <input type="checkbox"/> In-Kind Offset	Dinner 125.00	125.00
/ /	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

\$ 470

TOTAL ITEMIZED EXPENDITURES

\$ 470

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$ 0

TOTAL EXPENDITURES

\$ 470.