

MILWAUKEE COUNTY  
ELECTION COMMISSION

2014 JAN 30 P 3-37

**CAMPAIGN FINANCE REPORT**  
**STATE OF WISCONSIN RECEIVED**

Is this report an  
Amendment?

**COMMITTEE IDENTIFICATION**

Name of Committee FRIENDS OF DON SCHWARTZ

Address 5811 S 121ST STREET

City, State, ZIP AHELS CORNERS, WI 53130

OFFICE USE ONLY

GAB # ID

**NAME OF REPORT** Jan 2014\_x\_Continuing Pre-Primary 20\_\_ Spring Fall Special  
July 20\_\_Continuing Pre-election 20\_\_ Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

A. Contributions including Loans from Individuals

Column A  
This Period

Column B  
YTD

Audited Totals  
Office Use Only

\$ -

B. Contributions from Committees (Transfers-In)

\$ -

C. Other Income and Commercial Loans

\$ -

**TOTAL RECEIPTS** (Add totals from 1A, 1B, and 1C)

\$ -

\$ -

**1. DISBURSEMENTS**

A. Gross Expenditures

\$ -

B. Contributions to Committees (Transfers-Out)

\$ -

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

\$ -

\$ -

**CASH SUMMARY**

Cash Balance at Beginning of Report

\$ 40.20

Total Receipts

\$ -

Subtotal

\$ 40.20

Total Disbursements

\$ -

**CASH BALANCE AT END OF REPORT**

\$ 40.20

**INCURRED OBLIGATIONS** (at close of period)

\$ -

**LOANS** (at close of period)

\$ -

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

DONALD G SCHWARTZ

Signature of Candidate or Treasurer

Donald G. Schwartz

Date

1/30/2014

Daytime Phone 218-2395

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. State.

Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin Stats.