

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			
Is this report an Amendment? <span style="margin-left: 100px;">No</span>			
<b>COMMITTEE IDENTIFICATION</b>			
Name of Committee		Friends of Don Schwartz	
Address		5811 S. 121st Street	
City, State, ZIP		Hales Corners, WI 53130	
			OFFICE USE ONLY
			GAB # ID
<b>NAME OF REPORT</b>			
Jan 20__ Continuing	Pre-Primary 20__	Spring	Fall
July 2016 Continuing	Pre-election 20__	Spring	Fall
<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>		Column A This Period	Column B YTD
<b>1. RECEIPTS</b>		Audited Totals Office Use Only	
A. Contributions including Loans from Individuals		\$ -	
B. Contributions from Committees (Transfers-In)		\$ -	
C. Other Income and Commercial Loans		\$ -	
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)		\$ -	\$ -
<b>1. DISBURSEMENTS</b>			
A. Gross Expenditures		\$ -	
B. Contributions to Committees (Transfers-Out)		\$ -	
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)		\$ -	\$ -
<b>CASH SUMMARY</b>			
Cash Balance at Beginning of Report		\$ 40.20	
Total Receipts		\$ -	
Subtotal		\$ 40.20	
Total Disbursements		\$ -	
<b>CASH BALANCE AT END OF REPORT</b>		\$ 40.20	
<b>INCURRED OBLIGATIONS</b> (at close of period)		\$ -	
<b>LOANS</b> (at close of period)		\$ -	
<i>I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.</i>			
Type or Print Name of Candidate or Treasurer Donald G. Schwartz		Signature of Candidate or Treasurer <i>Donald G. Schwartz</i>	Date 8/1/2017
		Daytime Phone 414-418-8299	

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.  
Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin Stats.