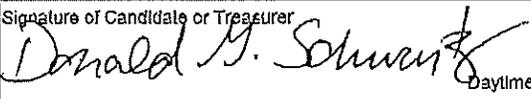


CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			
Is this report an Amendment?		No	
<b>COMMITTEE IDENTIFICATION</b>			
Name of Committee	Friends of Don Schwartz		
Address	5811 S. 121st Street		
City, State, ZIP	Hales Corners, WI 53130		
			OFFICE USE ONLY
			<b>GAB # ID</b>
<b>NAME OF REPORT</b>	Jan 2017 Continuing	Pre-Primary 20__	Spring Fall Special
	July 20__ Continuing	Pre-election 20__	Spring Fall Special
<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>			
	Column A	Column B	Audited Totals
<b>1. RECEIPTS</b>	This Period	YTD	Office Use Only
A. Contributions including Loans from Individuals	\$ -		
B. Contributions from Committees (Transfers-In)	\$ -		
C. Other Income and Commercial Loans	\$ -		
<b>TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)</b>	\$ -	\$ -	
<b>1. DISBURSEMENTS</b>			
A. Gross Expenditures	\$ -		
B. Contributions to Committees (Transfers-Out)	\$ -		
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$ -	\$ -	
<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 (at close of period)</b>	\$ -		
<b>LOANS (at close of period)</b>	\$ -		
<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	Signature of Candidate or Treasurer		Date
Donald G. Schwartz			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.