

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

COMMITTEE IDENTIFICATION

211 AUG -7 A 9:56

Name of Committee

Friends of Jim Schmitt

Street Address

2517 N 88

City, State and Zip Code

Wauwatosa, WI

RECEIVED
OFFICE USE ONLY

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 _____
 July Continuing *2017* Spring Fall Special Termination Report
 September Continuing _____ Pre-Election _____ *also complete Schedule 4*

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$

\$

1B. Contributions from Committees (Transfers-In)

\$

\$

1C. Other Income and Commercial Loans

\$

\$

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

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$

92.25

\$

92.25

2B. Contributions to Committees (Transfers-Out)

\$

\$

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

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$

3,355.80

Total Receipts

\$

Subtotal

\$

~~*92.25*~~

Total Disbursements

\$

92.25

CASH BALANCE END OF REPORT

\$

3,263.55

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$

LOANS (Balance at the Close of This Period-3B)

\$

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

James J Schmitt

Signature of Candidate or Treasurer

James J Schmitt

Date: *8-07-17*

Email: *James.Schmitt@milwaukee*

Daytime Phone: *414 278-4273*

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

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

| Date | Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount |
|---------|---|--|--------|
| 3-14-17 | Deluxe Checkfree 1114 W Center St TOSA 530025 Check if: <input type="checkbox"/> In-Kind Offset | | 17.25 |
| 3-14-17 | Wawa West #495 Check if: <input type="checkbox"/> In-Kind Offset | We Are People's student DC trip fundraiser | 75.00 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | 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 | \$ | 92.25 | 92.25 |
| TOTAL ITEMIZED EXPENDITURES | \$ | — | |
| TOTAL UNITEMIZED EXPENDITURES | \$ | — | |
| TOTAL EXPENDITURES | \$ | 92.25 | |