# CAMPAIGN FINANCE REPORT
## LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment:  ☐ Yes  ☒ No

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

## COMMITTEE IDENTIFICATION

Name of Committee
Committee to Elect James Davies

Street Address
1311 Monroe Ave

City, State and Zip Code
South Milwaukee, WI 53172

**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 _____
☒ July Continuing **2019**
☐ September Continuing _____

☐ Pre-Primary _____
☐ Pre-Election _____

☐ Spring   ☐ Fall   ☐ Special

☐ Termination Report
*also complete Schedule 4*

| SUMMARY OF RECEIPTS AND DISBURSEMENTS | Column A This Period | Column B Calendar Year-To-Date |
|---|---|---|
| **1. RECEIPTS** | | |
| 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 | $ 12.00 | $ 24.00 |
| 2B. Contributions to Committees (Transfers-Out) | $ 0 | $ 100.00 |
| **TOTAL DISBURSEMENTS** (Add totals from 2A and 2B) | $ 12.00 | $ 124.00 |

## CASH SUMMARY

| | |
|---|---|
| Cash Balance Beginning of Report | $ 335.81 |
| Total Receipts | $ 0.00 |
| Subtotal | $ 335.81 |
| Total Disbursements | $ 12.00 |
| **CASH BALANCE END OF REPORT** | $ 323 81 |
| **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: 9/30/2019 |
|---|---|---|
| James Davies | [signature] | Email daviesjamesg@gmail.com  Daytime Phone: 262 880 7815 |

**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.

ETHCF-2L (Rev. 01/16)    The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

# DISBURSEMENTS
## Gross Expenditures

Complete Committee Name

Committee to Elect James Davies

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 |
|---|---|---|---|
| 3/24/2019 | Google In. 1600 Amphitheater Parkway<br>Check if: ☐ In-Kind Offset | annual web registration | 12.00 |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |
| | Check if: ☐ In-Kind Offset | | |

| | |
|---|---|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | $ 12.00 |
| TOTAL ITEMIZED EXPENDITURES | $ 12.00 |
| TOTAL UNITEMIZED EXPENDITURES | $ 0 |
| TOTAL EXPENDITURES | $ 12.00 |