

**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

*Friends of Jim Schmitt*

Street Address

*2517 N 88*

City, State and Zip Code

*Wauwatosa WI 53226*

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 *2019*             Spring             Fall             Special             Termination Report  
 September Continuing \_\_\_\_\_             Pre-Election \_\_\_\_\_            *also complete Schedule 4*

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ <i>4500</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>4500</i>	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>1,983.55</i>
Total Receipts	\$
Subtotal	\$ <i>1,983.55</i>
Total Disbursements	\$ <i>4500</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>1,533.55</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$

MCEC REQ-190718 PM0306

*JS*

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 <i>James J Schmitt</i>	Signature of Candidate or Treasurer <i>James J Schmitt</i>	Date: <i>7/18/19</i>
	Email: <i>james.schmitt@milwaukee</i>	Daytime Phone: <i>278-4573</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 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

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1-22-19	Warwick Chamber of Commerce 10437 W Innovation DR Roslindale MA 01926	Annual event Warwick Chamber of Commerce	45.00
	Check if: <input type="checkbox"/> In-Kind Offset		
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	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 45.00
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 45.00