

**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 Tim 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 JAN 2020 - APR DEC 2020

January Continuing Pre-Primary Spring Fall Special
 July Continuing Pre-Election
 September Continuing Pre-Election
 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	\$	\$
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	\$ <u>450.00</u>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>1,838.55</u>
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$ <u>450.00</u>
CASH BALANCE END OF REPORT	\$ <u>1,388.55</u>
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 <u>James J Schmitt</u>	Signature of Candidate or Treasurer <u>James J Schmitt</u>	Date: <u>5-08-2021</u>
	Email: <u>jgschmitt65@gmail.com</u>	Daytime Phone: <u>414 778-0405</u>

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.

MDEC REQ 210513 PM 12:38 MKH

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Tom Schmitt

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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
2-21 2020	Vote for Lipscomb 229 E WISE AVE Suite 910 MILLW, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Campaign donation	250.00
3-09 2020	MILLW Symphony Orchestra 1101 North Market St. Suite 100 MILLW, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	Annual Appeal Donation	100.00
4-06 2020	United Methodist Children's Services 3840 W Lisbon Ave. MILLW, WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Donation	100.00
	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		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 450.00

TOTAL ITEMIZED EXPENDITURES \$ 450.00

TOTAL UNITEMIZED EXPENDITURES \$ -

TOTAL EXPENDITURES \$ 450.00