

**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: *Wausau, 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 2021 thru April 2021*

- January Continuing Pre-Primary
 July Continuing Spring Fall Special
 September Continuing Pre-Election

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

Column A This Period Column B Calendar Year-To-Date

\$ \$

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

\$ *1,388.55* \$

2B. Contributions to Committees (Transfers-Out)

\$ \$

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

\$ \$

CASH SUMMARY

Cash Balance Beginning of Report

\$ *1,388.55*

Total Receipts

\$

Subtotal

\$

Total Disbursements

\$ *1,388.55*

CASH BALANCE END OF REPORT

\$ *- 0 -*

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: *5-08-2021*

Email: *jbschmitt65@gmail.com*

Daytime Phone: *414-778-0405*

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.

MCEC REC'D 210513 PM 1238

MKH

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Jim Schmitt

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
1-14 2021	MacCannon Brown Homeless Shelter 2461 W Center MILWAUKEE WI 53206 Check if: <input type="checkbox"/> In-Kind Offset	Donation	200.00
1-17 2021	United Methodist Childrens Services 3940 W LISBON AVE MILWAUKEE WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Donation	200.00
3-08 2021	Marquette University High School 3401 W WISC AVE MILWAUKEE WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Donation	300.00
4-23 2021	MacCannon Brown Homeless Shelter 2461 W Center MILWAUKEE WI 53206 Check if: <input type="checkbox"/> In-Kind Offset	Donation	250.00
4-26 2021	United Methodist Childrens Services 3940 W LISBON AVE MILWAUKEE WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Donation	250.00
4-27 2021	ST FRANCIS ASSISI PARISH 327 W BROWN MILWAUKEE WI 53212 Check if: <input type="checkbox"/> In-Kind Offset	Donation	188.55
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1,388.55
TOTAL ITEMIZED EXPENDITURES	\$ 1,388.55
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 1,388.55

TERMINATION REQUEST

Complete Committee Name

Friends of Jim Schmitt

Ethics ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

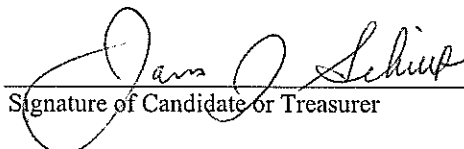
Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

Date	Endorser, Guarantor, or Creditor	Amount

- This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
- I do not owe the \$100 filing fee.


Signature of Candidate or Treasurer

5-08-2021
Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.



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