

**CAMPAIGN FINANCE REPORT
STATE 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

Citizens for Jacob J. Schmidt

Street Address

318 N. Broom St.

City, State and Zip Code

Madison, WI 53703

OFFICE USE ONLY

WSEB ID Number:

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 Spring Fall Special
 July Continuing 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

Audited Totals
Office Use Only

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals	\$ 300.00	\$ 300.00	\$	\$
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)	\$ 300.00	\$ 300.00	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0	\$ 0	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 0	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 300.00
Subtotal	\$ 300.00
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 300.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

RECEIVED
FEB 2 2009
MADISON CITY CLERK

\$
\$
\$
\$
\$
\$
\$
\$

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>Jacob J. Schmidt</i>	Signature of Candidate or Treasurer <i>Jacob J. Schmidt</i>	Date: 2/2/09
		Daytime Phone: 414-405-3226

The information on this form is required by ss 11 06, 11 20, Wis. Stats Failure to provide the information may subject you to the penalties of ss 11 60, 11 61, Wis Stats

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

Contributions (Including Loans) From Individuals

Complete Committee Name
Citizens for Jacob J. Schmidt

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Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
12/9/08	Jacob J. Schmidt 318 N Brown St Madison WI 53703		300.00	300.00 Office Use
/ /				Calendar Year-to-Date Total Office Use
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 300.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 300.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 300.00