


<b>CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE</b>			
Is this report an Amendment?		NO	
<b>COMMITTEE IDENTIFICATION</b>			
Name of Committee	Friends of Arvina Martin		
Address	4901 Waukesha St		
City, State, ZIP	Madison, WI, 53705		
Please check if address is different than previously reported			OFFICE USE ONLY
			<input type="checkbox"/>
<b>NAME OF REPORT</b>			
March 2021 Continuing		Spring	
<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>			
<b>1. RECEIPTS</b>	<b>Column A This Period</b>	<b>Column B YTD</b>	<b>Audited Totals Office Use Only</b>
A. Contributions including Loans from Individuals	\$ 25.00	\$ 25.00	
B. Contributions from Committees (Transfers-In)	\$ -		
C. Other Income and Commercial Loans	\$ -		
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	\$ 25.00	\$ 25.00	
<b>2. DISBURSEMENTS</b>			
A. Gross Expenditures	\$ 0.99	\$ 0.99	
B. Contributions to Committees (Transfers-Out)	\$ -		
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 0.99	\$ 0.99	
<b>CASH SUMMARY</b>			
Cash Balance at Beginning of Report	\$ 3,244.54		
Total Receipts	\$ 25.00		
Subtotal	\$ 3,269.54		
Total Disbursements	\$ 0.99		
<b>CASH BALANCE AT END OF REPORT</b>	\$ 3,268.55		
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -		
<b>LOANS</b> (at close of period)	\$ 50.00		
<i>I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.</i>			
Type or Print Name of Candidate or Treasurer Christopher C Schmidt	Signature of Candidate or Treasurer 	Date	29-Mar-21
	Email <a href="mailto:chris@chrisschmidt.org">chris@chrisschmidt.org</a>	Daytime Phone	608-239-0940

**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.

SCHEDULE 1-A **Contributions Including Loans from Individuals**

IN-KIND	CONDUIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	AMOUNT	YTD	COMMENTS
		01/27/21	Thomas	Gypsy	3 Kewaunee Ct	Madison	WI	53705	Physician Assistant	\$ 25.00	\$ 25.00	
											Total:	\$ 25.00

**Gross Expenditures**

<u>IN-KIND</u>	<u>DATE</u>	<u>NO</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>COMMENTS</u>
	02/27/21	ActBlue Technical Services	P.O. Box 441446	Somerville	MA	02144	Contribution processing fee	\$ 0.99	
						Total:	\$ 0.99		

SCHEDULE 3-B

**Loans: Individual, Committee or Commercial**

<u>DATE</u>	<u>NAME</u>	<u>NO</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>Outstanding Balance Beg. of Period</u>	<u>New Loans This Period</u>	<u>Cumulative Payments This Period</u>	<u>Outstanding Balance End of Period</u>	<u>Guarantor (if any) Name and Address</u>
04/10/17	Arvina Martin	4901 Waukesha St	Madison	WI	53705	\$ 50.00	\$0.00	\$ -	\$ 50.00	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	