

**CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? **NO**

COMMITTEE IDENTIFICATION

Name of Committee	Friends of Arvina Martin
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Address	4901 Waukesha St
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City, State, ZIP	Madison, WI, 53705
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OFFICE USE ONLY

Please check if address is different than previously reported

NAME OF REPORT

January 2026 Continuing

Spring

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

A. Contributions including Loans from Individuals	\$ -
B. Contributions from Committees (Transfers-In)	\$ -
C. Other Income and Commercial Loans	\$ -

TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -
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**Column A
This Period**

**Column B
YTD**

**Audited Totals
Office Use Only**

2. DISBURSEMENTS

A. Gross Expenditures	\$ 15.00
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B. Contributions to Committees (Transfers-Out)	\$ -
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TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 15.00
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\$ 15.00

\$ 15.00

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 3,208.55
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Total Receipts	\$ -
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Subtotal	\$ 3,208.55
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Total Disbursements	\$ 15.00
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CASH BALANCE AT END OF REPORT	\$ 3,193.55
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INCURRED OBLIGATIONS (at close of period)	\$ -
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LOANS (at close of period)	\$ 50.00
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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

Christopher C Schmidt

Signature of Candidate or Treasurer


Email chris@chrisschmidt.org

Date 15-Jan-26

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 2-A

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>
	11/30/25	Summit Credit Union	670 West Washington Ave	Madison	WI	53703	Annual debit card fee	\$ 15.00	
							Total:	\$ 15.00	

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	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
	January 2023 Continuing								\$ -	