


CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE				OFFICE USE ONLY	
Is this report an Amendment? NO					
COMMITTEE IDENTIFICATION					
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 <input type="checkbox"/>					
NAME OF REPORT					
January 2026 Continuing				Spring	
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A This Period	Column B YTD	Audited Totals Office Use Only	
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)		\$ -			
2. DISBURSEMENTS					
A. Gross Expenditures		\$ 15.00	\$ 15.00		
B. Contributions to Committees (Transfers-Out)		\$ -			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)		\$ 15.00	\$ 15.00		
CASH SUMMARY					
Cash Balance at Beginning of Report		\$ 3,208.55			
Total Receipts		\$ -			
Subtotal		\$ 3,208.55			
Total Disbursements		\$ 15.00			
CASH BALANCE AT END OF REPORT		\$ 3,193.55			
INCURRED OBLIGATIONS (at close of period)		\$ -			
LOANS (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  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.

Gross Expenditures

IN-KIND	DATE	NO	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT	COMMENTS
	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								\$ -	