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 Chris Schmidt**

Street Address: **4210 Odana Rd**

City, State and Zip Code: **Madison, WI, 53711**

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

☐ January Continuing _____   ☐ Pre-Primary _____   ☐ Spring   ☐ Fall   ☐ Special

■ July Continuing 2017   ☐ 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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 0	$ 0
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)	$ 0	$ 0
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 20	$ 30
2B. Contributions to Committees (Transfers-Out)	$ 0	$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 20	$ 30

CASH SUMMARY

Cash Balance Beginning of Report	$ 693.70
Total Receipts	$ 0
Subtotal	$ 693.70
Total Disbursements	$ 20
CASH BALANCE END OF REPORT	$ 673.70
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 0
LOANS (Balance at the Close of This Period-3B)	$ 0

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: chris@chrisschmidt.org

Date: 25 July 2017

Daytime Phone: 608-238-7494

NOTE: 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.

GAB-2L (Rev. 12/09)   This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Chris Schmidt

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/31/17	Summit Credit Union 670 W. Washington Madison, WI 53703 Check if: ☐ In-Kind Offset	Service Fee	$5
4/30/17	Summit Credit Union Check if: ☐ In-Kind Offset	Service Fee	$5
5/31/17	Summit Credit Union Check if: ☐ In-Kind Offset	Service Fee	$5
6/30/17	Summit Credit Union Check if: ☐ In-Kind Offset	Service Fee	$5
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		
/ /	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 20
TOTAL ITEMIZED EXPENDITURES	$ 20
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$ 0
TOTAL EXPENDITURES	$ 20