CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				EGEIVE
Is This Report an Amendment:				IAN The age
Instructions for completing schedules are on the bac	ck of each schedule.		- L	JAN 16 2018
COMMITTEE IDENTIFICATION	1		M	ADISON CITY CLERK
Name of Committee Friends of Arvina Martin			7	OH CLASSIN
Street Address			OF	FICE USE ONLY
4901 Waukesha St City, State and Zip Code	1			
Madison, WI 53705		1		1 1
Please check if address is different than previously reported, an	d complete the Campaign Re	gistration State	ment in the b	oack of this form.
NAME OF REPORT				designation (Core Strainback Apply Access
	- ⊠ Spring □	Fall S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colun	nn B	
DISBURSEMENTS	This Period	Calen	ıdar	
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$ 0.00	\$ 8239.88		- 14 ²
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 1610.39		
1C. Other Income and Commercial Loans	\$ 0	\$ 0		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 9850.27		
2. DISBURSEMENTS	,		31.	
2A. Gross Expenditures	\$ 15.00	\$ 10152.7	5	
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 15.00	\$ 10152.7	5	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 2976.37			
Total Receipts	\$ 0.00	,		
Subtotal	\$ 2976.37			
Total Disbursements	\$ 15.00			
CASH BALANCE END OF REPORT	\$ 2962.37			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ O			
LOANS (Balance at the Close of This Period-3B)	\$ 750			

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	Signature of Candidate or Treasurer	Date: 16 January 2018	
Christopher C. Schmidt	Email chris@chrisschmidt.org	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

DISBURSEMENTS Gross Expenditures

Complete Committee Name Friends of Arvina Martin Arvina Martin 4901 Waukesha St Madison, Wl 53705

Instructions for	completing schedules are on the back of each schedule.	iviadison, vvi 55705	•	
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	
30 Nov 2017	Summit Credit Union 670 W. Washington Ave Madison, WI 53703 Check if:	Annual Debit Card Fee	\$15.00	
	Check ii. 📋 in-Kind Oliset			
	Check if: ☐ In-Kind Offset			
	onode in the onode			
	Check if: ☐ In-Kind Offset			
	Check if: In-Kind Offset			
	Check if:			
	Check if:			
	Check if:			
	Check if:			
1	15.00 \$			
	15.00			
	\$			
	\$			
		TOTAL EVERNETURE	15.00	
TOTAL EXPENDITURES [\$				

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TOTAL OUTSTANDING LOANS \$ 750

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Complete Committee Name Friends of Arvina Martin

instructions to	r completing schedules are on the back of ea	ach schedule.						
	Full Name, Mailing Address and Zip Code of Loa	n Source	Outstanding		Cumulative	Outstanding		
	Arvina Martin 4901 Waukesha St		Obligations		Payments	Obligations		
			Beginning of This	New Loans This	This Period	End of This Period		
Date			Period	Period				
	Madison, WI 53705		\$750	\$0	0	\$750		
4/10 /2017				·		4.55		
List All Endorse	s or Guarantors (if any)							
Full Name Mail	ng Address and Zip Code	Occupation			<u> </u>			
of Guarantor		Codupation						
		Amount Guarante	Amount Guaranteed Outstanding					
		\$						
Full Name, Maili	ng Address and Zip Code	Occupation						
of Guarantor	ng manese and Eip code	Goodparion						
		Amount Guarante	eed Outstanding	-				
		\$						
				· •				
	Full Name, Mailing Address and Zip Code of Loan	Source	Outstanding		Cumulative	Outstanding		
			Obligations Beginning of This	New Loans This	Payments This Period	Obligations End of This Period		
Data			Period	Period				
Date								
/ /								
List All Endorser	s or Guarantors (if any)							
P. J. M	Add							
Full Name, Mailing Address and Zip Code of Guarantor		Occupation	Occupation					
		Amount Guarante	Amount Guaranteed Outstanding					
		\$	· I					
		Ψ						
Full Name, Mailir	g Address and Zip Code	Occupation						
of Guarantor		·						
		Amount Guarante	Amount Guaranteed Outstanding					
		\$						
	Full Name, Mailing Address and Zip Code of Loan	Source	Outstanding		Cumulative	Outstanding		
			Obligations		Payments	Obligations		
			Beginning of This Period	New Loans This Period	This Period	End of This Period		
Date								
1 1								
List All Endorsers	or Guarantors (if any)							
	g Address and Zip Code	Occupation						
of Guarantor								
		Amount Guarantee	ed Outstanding					
		\$						
Tull Name Mailin	Address and 7in Onde							
-uli Name, Mailin of Guarantor	g Address and Zip Code	Occupation						
		Amount Guaranteed Outstanding						
			-					
		 \$						
			CHIDTOTAL OF	JTSTANDING LOAP	NO TUIC DAGE	* 750		
			JUDIUJAL UL	JIJIMIUNING LUAI	*** TIO AGE	ا ت ت		