CAMPAIGN FINANCE REPOR WISCONSIN LOCAL COMMITT								
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	OFFICE USE ONLY							
Please check if address is different than previously reported								
NAME OF REPORT								
January 2024 Continuing			Spring	I				
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A		Column B	Audited Totals				
1. RECEIPTS	Т	his Period	YTD	Office Use Or	nly			
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	\$	3,238.55						
Total Receipts	\$	-						
Subtotal	\$	3,238.55						
Total Disbursements	\$	15.00						
CASH BALANCE AT END OF REPORT	\$	3,223.55						
INCURRED OBLIGATIONS (at close of period)	\$	-						
LOANS (at close of period)	\$	50.00						
	•		1					
I certify that I have examined this report and to the best of my knowled	dge an	d belief it is true	, correct and complete	2.	2-Feb-24			
Type or Print Name of Candidate or Treasurer	· ·							
Christopher C Schmidt	Maid Siller of							
	Email	@chrisschmid	P 4	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

IN-KIND	DATE	<u>NO</u>	ADDRESS	CITY	<u>ST</u>	ZIP	<u>PURPOSE</u>	AMOUNT	COMMENTS
	11/30/23	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

						Outstanding		Cumulative	Outstanding	
						Balance Beg	New Loans	Payments This	Balance End	Guarantor (if any)
DATE	<u>NAME</u>	NO NO	CITY	ST	ZIP	of Period	This Period	<u>Period</u>	of Period	Name and Address
04/10/17	Arvina Martin	4901 Waukesha St	Madison	WI	53705	\$ 50.00	\$0.00	\$ -	\$ 50.00	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
	January 2023									
	Continuing								\$ -	