

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2**

COMMITTEE IDENTIFICATION

| | | |
|---------------------------------------|------------------------|---|
| Filing Period Name: | July Continuing 2011 | OFFICE USE ONLY GAB ID: 0105116 |
| Name of Committee/Corporation: | Friends of James Smith | |
| Street Address: | 3012 Glendale Ave | |
| City, State and Zip: | La crosse, WI 54601 | |

| SUMMARY OF RECEIPTS AND DISBURSEMENTS | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|-----------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$0.00 | \$0.00 |
| 1B. Contributions from Committees (Transfers-In) | \$750.00 | \$750.00 |
| 1C. Other Income and Commercial Loans | \$0.00 | \$0.00 |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$750.00 | \$750.00 |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$750.00 | \$750.00 |
| 2B. Contributions to Committees (Transfers-Out) | \$0.00 | \$0.00 |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$750.00 | \$750.00 |

CASH SUMMARY

| | | |
|---|---------------|--|
| Cash Balance Beginning of Report* | \$0.00 | |
| Total Receipts | \$750.00 | |
| Subtotal | \$750.00 | |
| Total Disbursements | \$750.00 | |
| CASH BALANCE END OF REPORT* | \$0.00 | |
| INCURRED OBLIGATIONS | | |
| (Balance at the Close of This Period-3A) | \$0.00 | |
| LOANS (Balance at the Close of This Period-3B) | \$0.00 | |

*Cash Balance as reported by committee

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: Smith, James Daniel | Signature of Candidate or Treasurer | Date: Daytime Phone: |
|--|-------------------------------------|-------------------------|

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-2 (Rev. 12/03) This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS
Contributions From Individuals**

Complete Committee Name: Friends of James Smith

| Date | Full Name | Address | Occupation | Employer Name | Employer Address | Amount | YTD |
|--------------------------------|-----------|---------|------------|---------------|------------------|--------|-----|
| Total Unitemized Contributions | | | | | | \$0.00 | |
| Total Anonymous Contributions | | | | | | \$0.00 | |
| Grand Total | | | | | | \$0.00 | |
| Non-Monetary (-): | | | | | | \$0.00 | |
| Loan Forgiven (-): | | | | | | \$0.00 | |
| Total | | | | | | \$0.00 | |

SCHEDULE 1-B**RECEIPTS
Contributions from Committees
(Transfers-In)**

Complete Committee Name: Friends of James Smith

| Date | Full Name | Address | Amount | YTD |
|--------------------------|-------------------------------|---|----------|----------|
| In-Kind | | | | |
| 06/06/2011 | Republican Party of Wisconsin | 148 East Johnson Street, Madison, WI 53703 | \$750.00 | \$750.00 |
| Sub Total | | | \$750.00 | |
| Grand Total | | | \$750.00 | |
| Non-Monetary (-): | | | \$0.00 | |
| Total | | | \$750.00 | |

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Friends of James Smith

| Date | Full Name | Address | Amount | YTD |
|-------|-----------|---------|--------|-----|
| Total | | | \$0.00 | |

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name: Friends of James Smith

| Date | Full Name | Address | Vendor Name | Vendor Address | Expense Purpose | Amount |
|--------------------------|--------------------------------|--|-------------|----------------|-----------------|----------|
| In-Kind | | | | | | |
| 06/06/2011 | Republican Party of Wisconsin | 148 East Johnson Street, Madison, WI 53703 | | | Postage | \$750.00 |
| | Comment(s): postage & printing | | | | | |
| Sub Total | | | | | | \$750.00 |
| Grand Total | | | | | | \$750.00 |
| Non-Monetary (-): | | | | | | \$0.00 |
| Total | | | | | | \$750.00 |

SCHEDULE 2-B**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name: Friends of James Smith

| Date | Full Name | Address | Vendor Name | Vendor Address | Amount |
|--|-----------|---------|-------------|----------------|--------|
| Grand Total | | | | | \$0.00 |
| Non-Monetary (-): | | | | | \$0.00 |
| Registrant In-Kind Sub Total (-): | | | | | \$0.00 |
| Total | | | | | \$0.00 |

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans**Complete Committee Name:** Friends of James Smith**Incurred Obligation Outstanding Amount:** \$0.00

| Date | Full Name | Address | Amount |
|--------------------|-----------|---------|--------|
| Grand Total | | | \$0.00 |

| Date | Full Name | Amount Paid |
|--------------------|-----------|-------------|
| Grand Total | | \$0.00 |

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial**Complete Committee Name:** Friends of James Smith**Loans Outstanding Amount:** \$0.00

| Date | Lender Name | Address | Loan Amount | Loan Payment + Forgiven Amount | Outstanding Amount |
|--------------------|-------------|---------|-------------|-----------------------------------|--------------------|
| Grand Total | | | | | \$0.00 |