

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2

COMMITTEE IDENTIFICATION

Filing Period Name:	July Continuing 2014 Covers all activity from 05/09/2014 through 06/30/2014	OFFICE USE ONLY GAB ID: 0105599
Name of Committee/Corporation:	Tyler Schultz for State Assembly	
Street Address:	504 26th Street	
City, State and Zip:	Monroe, WI 53566	

<i>SUMMARY OF RECEIPTS AND DISBURSEMENTS</i>	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$1,230.00	\$1,230.00
1B. Contributions from Committees (Transfers-In)	\$500.00	\$500.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$1,730.00	\$1,730.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$500.00	\$500.00
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$500.00	\$500.00

CASH SUMMARY

Cash Balance Beginning of Report *	\$0.00	
Total Receipts	\$1,730.00	
Subtotal	\$1,730.00	
Total Disbursements	\$500.00	
CASH BALANCE END OF REPORT *	\$1,230.00	
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: Figli, Michael A.	Signature of Candidate or Treasurer: Michael A Figli	Date: _____	Daytime Phone: _____
		Email: mfigicpa@tds.net	

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: Tyler Schultz for State Assembly

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Monetary							
06/16/2014	Timm, Brad	N629 Clarno Rd, Monroe, WI 53566				\$100.00	\$100.00
06/16/2014	Sulzer, Fred	2704 3rd Ave, Monroe, WI 53566				\$50.00	\$50.00
06/20/2014	Shelton, Harley	N2015 Alphorn Rd, Monroe, WI 53566				\$50.00	\$50.00
06/07/2014	Schultz, Gene	112 N 12th Ave, Monroe, WI 53566	Excavator	Schultz Excavating	112 N 12th Ave, Monroe, WI 53566	\$500.00	\$500.00
06/07/2014	Schultz, Neva	112 N 12th Ave, Monroe, WI 53566	Office Manager	Shane R Figi Insurance Agency Inc.	825 6th Ave W, Monroe, WI 53566	\$500.00	\$500.00
05/09/2014	Schultz, Tyler Gene	504 26th Street, Monroe, WI 53566				\$30.00	\$30.00
Sub Total						\$1,230.00	
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$1,230.00	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$0.00	
Total						\$1,230.00	

SCHEDULE 1-B**RECEIPTS
Contributions from Committees
(Transfers-In)****Complete Committee Name:** Tyler Schultz for State Assembly

Date	Full Name	Address	Amount	YTD
In-Kind				
06/27/2014	Republican Party of Wisconsin	148 East Johnson Street, Madison, WI 53703	\$500.00	\$500.00
	Comment(s): In-Kind contribution for mailing list of voters in district.			
Sub Total			\$500.00	
Grand Total			\$500.00	
Non-Monetary (-):			\$0.00	
Total			\$500.00	

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

Complete Committee Name: Tyler Schultz for State Assembly

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name: Tyler Schultz for State Assembly

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
In-Kind						
06/27/2014	Republican Party of Wisconsin	148 East Johnson Street, Madison, WI 53703			Mailing List	\$500.00
	Comment(s): Voter List as valued by Republican Party of WI.					
Sub Total						\$500.00
Grand Total						\$500.00
Non-Monetary (-):						\$0.00
Total						\$500.00

SCHEDULE 2-B**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)****Complete Committee Name:** Tyler Schultz for State Assembly

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:** Tyler Schultz for State Assembly**Beginning Incurred Obligation Amount:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Incurred Obligations End of Report		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial**Complete Committee Name:** Tyler Schultz for State Assembly**Beginning Loan Balance:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Loans End of Report		\$0.00