

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

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GOVERNMENT
ACCOUNTABILITY BOARD
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Pol Church
Street Address: 64050 Northwoods Trail
City, State and Zip Code: Watson WI 54962

GAB ID Number: 0105115

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

REPORT PERIOD

January Continuing _____ Pre-Primary _____ Spring _____ Fall _____ Special _____ Termination Report also complete Schedule 4
 July Continuing 2011 Pre-Election _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ <u>750</u>	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <u>750</u>	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ <u>750</u>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>0</u>
Total Receipts	\$ <u>750</u>
Subtotal	\$ <u>750</u>
Total Disbursements	\$ <u>750</u>
CASH BALANCE END OF REPORT	\$ <u>0</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 <u>Pol Church</u>	Signature of Candidate or Treasurer <u>[Signature]</u>	Date: <u>7/5/11</u>
		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-2S (Rev. 12/09)

Form prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
60R-266-F



RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Rev Church

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee GAB ID Number	Amount of Contribution	Y-T-D Total
4/6/11	Republican Party of WI Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	0300173	750	750
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$ 750	750
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ 750	750

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
Friends of Pol Church

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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
6/6/11	Republican Party of WI 148 East Johnson St Madison, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	printing, postage copies	\$ 750
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 750
TOTAL ITEMIZED EXPENDITURES	\$ 750
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ —
TOTAL EXPENDITURES	\$ 750