

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Committee to Elect Joan Ballweg

Street Address

170 W. Summit Street

City, State and Zip Code

Markesan, WI 53946

RECEIVED
AUG 10 10:05 AM '12

CLERK OF BOARD
OFFICE USE ONLY

GAB ID Number: 104243

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
 July Continuing Pre-Election Spring Fall Special Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ 12,575.00
1B. Contributions from Committees (Transfers-In)	\$ -0-	\$ 6,250.00
1C. Other Income and Commercial Loans	\$ -0-	\$ -0-
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -0-	\$ 18,825.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 7,818.25	\$ 16,107.14
2B. Contributions to Committees (Transfers-Out)	\$ -0-	\$ 400.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 7,818.15	\$ 16,507.14

CASH SUMMARY

Cash Balance Beginning of Report	\$ 16,172.84
Total Receipts	\$ -0-
Subtotal	\$ 16,172.84
Total Disbursements	\$ 7,818.25
CASH BALANCE END OF REPORT	\$ 8,354.59
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -0-
LOANS (Balance at the Close of This Period-3B)	\$ 2,000.00

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

Marie L. Schmidt

Signature of Candidate or Treasurer

Marie L. Schmidt

Date: 08/03/12

Daytime Phone: (920) 398-3417

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. |
ss.11.60, 11.61, Wis. Stats.
GAB-2S (Rev. 12/09)

Form prescribed by the Government Acco
608-266-8005.



0104243-105

of

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Committee to Elect Joan Ballweg

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

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7/1/12	Republican Party of Wisconsin 148 E. Johnson Street Madison, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset	Consulting Fees/General Campaign Services	7,500.00
7/1/12	Heinzen Printing, Inc. 550 South Central Avenue Marshfield, WI 54449 Check if: <input type="checkbox"/> In-Kind Offset	Pocket Schedules	273.25
7/24/12	U.S. Postmaster 735 N. Margaret Markesan, WI 53946 Check if: <input type="checkbox"/> In-Kind Offset	Postage	45.00
	 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			\$ 7,818.25
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 7,818.25

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

Complete Committee Name
Committee to Elect Joan Ballweg

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
04/05/05	Joan Ballweg 170 W. Summit Street P.O. Box 78 Markesan, WI 53946	2,000.00	-0-	-0-	2,000.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$
TOTAL OUTSTANDING LOANS	\$ 2,000.00

July 30th, 2012 (covers 7/1 - 7/30/12)

Gov. Accountability Board,

Please find enclosed Steve Kauffeld's required
July Continuing Campaign Finance Report Form
GAB-25 Schedule 1-A Receipts from Individuals
& Schedule 2-A Disbursements. The other forms
did not apply to Steve, nothing is submitted
in them.

Linda Kauffeld

Questions? 920-261-3267

LindaKauffeld@msn.com



M & M Steve Kauffeld
W9168 Middle Rd
Watertown WI 53098-4143

