

**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

NAMATH 65th ASSEMBLY

Street Address

6109-25th AVE.

City, State and Zip Code

KENOSHA, WI. 53143

GAB ID Number: **0101425**

RECEIVED
2007 AUG -8 AM 9:00

GOVERNMENT
ACCOUNTABILITY BOARD

OFFICE USE ONLY

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

July Continuing Pre-Election 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	\$ 90.00	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 90.00	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 135.27	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 58.44
Total Receipts	\$ 90.00
Subtotal	\$ 148.44
Total Disbursements	\$ 135.27
CASH BALANCE END OF REPORT	\$ 13.17
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 13.17
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 ALBERT NAMATH	Signature of Candidate or Treasurer <i>Albert Namath</i>	Date: 8-6-12 Daytime Phone: 262 902 1004
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. 11.60, 11.61, Wis. Stats. GAB-2S (Rev. 12/09)

Form prescribed by the Government
608-266-8005.



0101425-105

penalties of
84

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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
7/3/12	COPY CENTER 5038-6 000 000 KONOSHAMA, WI. 53140 Check if: <input type="checkbox"/> In-Kind Offset	7,000 CANDIDATES' CARDS	\$70
7/17/12	COPY CENTER 5038-6 000 000 KONOSHAMA, WI. 53140 Check if: <input type="checkbox"/> In-Kind Offset	PAID OFF BALANCE UPON RECEIVING CARDS	58.71
	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	\$ 128.71
TOTAL ITEMIZED EXPENDITURES	\$ 128.71
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 6.56
TOTAL EXPENDITURES	\$ 135.27