

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES 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

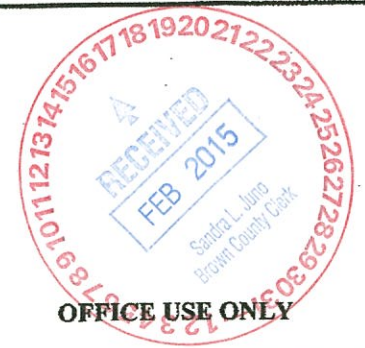
RKS for BCCC

Street Address

119 BADER STREET

City, State and Zip Code

GREEN BAY WI 54302



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

**NAME OF REPORT**

- January Continuing 15     Pre-Primary \_\_\_\_\_     Spring     Fall     Special  
 July Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

Column A  
This Period

Column B  
Calendar  
Year-To-Date

1A. Contributions (Including Loans) from Individuals	\$ -0-	\$ 1670.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$ 1670.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 870.00	\$ 1670.00
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 870.00	\$ 1670.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 870.00
Total Receipts	\$ -0-
Subtotal	\$ 870.00
Total Disbursements	\$ 870.00
<b>CASH BALANCE END OF REPORT</b>	\$ -0-
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ -0-
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ -0-

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>RODNEY K. SCHROEDER</u>	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-2L (Rev. 12/09)    This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name RKS for BCCC

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
10/29/14	DENMARK PRESS NEWS PO BOX 728 DENMARK WI 54208 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN AD #1001	\$ 200.00
10/29/14	KALIH WISAKS (ONEIDA LIFE NEWS) PO BOX 365 ONEIDA WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	CAMPAIGN AD #1002	\$ 76.00
11/15/14	CASH - RODNEY K. SCHROEDER 119 BADER STREET GREEN BAY WI 54302 Check if: <input type="checkbox"/> In-Kind Offset	GAS; PICK-UP SIGNS	\$ 20.00
11/15/14	FOX COMMUNITIES CREDIT UNION 3401 E. CALUMET STREET APPLETON WI 54915 Check if: <input type="checkbox"/> In-Kind Offset	CREDIT UNION FEE	\$ 33.22
12/1/14	RODNEY K. SCHROEDER 119 BADER STREET GREEN BAY WI 54302 Check if: <input type="checkbox"/> In-Kind Offset	CLOSE ACCOUNT	\$ 480.78
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
1/1/	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 870.00

TOTAL ITEMIZED EXPENDITURES \$ 870.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ —

TOTAL EXPENDITURES \$ 870.00

**SCHEDULE 3-E**

**ADDITIONAL DISCLOSURE**  
Contributions Returned to Contributor

Complete Committee Name

RKS for BCCC

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
10-20-14	RODNEY K. SCHROEDER 119 BADER STREET GREEN BAY WI 54302	\$ 480.78
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$ 480.78
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$ —
TOTAL RETURNED CONTRIBUTIONS		\$ 480.78

**SCHEDULE 3-F**

**ADDITIONAL DISCLOSURE**  
Contributions Donated to Charity or Common School Fund

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
<del> </del>			
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name  
RKS for BCCC

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS <i>THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.</i>		
Date	Recipient	Amount
12-1-14	RODNEY K. SCHROEDER 119 BADER STREET GREEN BAY WI 54302	\$480.78

LOAN OR DEBT FORGIVENESS <i>I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.</i>		
Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

\_\_\_\_\_  
Signature of Candidate or Treasurer

\_\_\_\_\_  
Date

**\*\*\*End of Report\*\*\***

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