



Complete Committee Name  
**FRIENDS OF JASON JOHNSON**

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
10/15/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$72.00	\$72.00
11/15/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$43.44	\$43.44
10/04/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$100.00	\$100.00
11/17/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$35.85	\$35.85
11/19/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$67.00	\$67.00
12/15/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$32.44	\$32.44
12/27/21	JASON JOHNSON P.O. BOX 28421 GREEN BAY, WI 54324 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	ENGINEER	\$47.46	\$47.46
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 398.25	398.25
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 398.25	398.25

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**FRIENDS OF JASON JOHNSON**

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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
10/15/21	CELL COM P.O. BOX 5370 DEPERE, WI 54115 Check If: <input type="checkbox"/> In-Kind Offset	CELL PHONE	\$72.06
11/15/21	CELL COM P.O. BOX 5370 DE PERE, WI 54115 Check If: <input type="checkbox"/> In-Kind Offset	CELL PHONE	\$43.44
11/17/21	VISTA PRINT 170 DATA DRIVE WALTHAM, MA 02451 Check If: <input type="checkbox"/> In-Kind Offset	BUSINESS CARDS	\$25.85
11/19/21	UNITED STATES POSTAL SERVICE 790 HANSEN RD GREEN BAY, WI 54304-5124 Check If: <input type="checkbox"/> In-Kind Offset	P.O. BOX	\$67.00
12/15/21	CELL COM P.O. BOX 5370 DEPERE, WI 54115 Check If: <input type="checkbox"/> In-Kind Offset	CELL PHONE	\$32.44
12/27/21	VISTA PRINT 170 DATA DRIVE WALTHAM, MA 02451 Check If: <input type="checkbox"/> In-Kind Offset	BUSINESS CARDS	\$47.46
	Check If: <input type="checkbox"/> In-Kind Offset		
	Check If: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 298.25

TOTAL ITEMIZED EXPENDITURES \$ 298.25

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$ 298.25