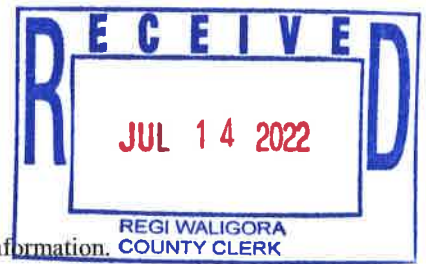




CAMPAIGN FINANCE REGISTRATION STATEMENT
STATE OF WISCONSIN



Note: An amended registration statement must be filed within 10 days of any changes in information.

Committee Number

1. Is this an Amendment? No Yes If yes, please enter your committee number:

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name Friends Of Brooks Litz		A2. Registrant Type (Choose One) <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee	
A3. Email blitz5367@yahoo.com	A4. Phone 847-553-6990		
A5. Mailing Address 4962 107th Pl		A6. City Pleasant Prairie	A7. State WI
		A8. Zip 53158	
Depository Institution Information			
A9. Institution Name Johnson Bank	A10. Street Address 8046 39th Av	A11. City Kenosha	A12. State WI
		A13. Zip 53142	
Treasurer/Administrator Information			
A14. Name Rebecca S Litz		A15. Email Rlitz_rn@yahoo.com	A16. Phone 224-595-1429
A17. Mailing Address 4962 107th Pl		A18. City Pleasant Prairie	A19. State WI
		A20. Zip 53158	
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>			
A21. Name	A22. Title	A23. Email	A24. Phone
A25. Name	A26. Title	A27. Email	A28. Phone
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>		A29. Exemption Affirmation <input checked="" type="checkbox"/> Yes, this registrant is eligible for exemption <input type="checkbox"/> No, this registrant is not eligible for exemption	

SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch) Kenosha County Board Supervisor District 17		B2. Political Party non-partisan	B3. Election Date 04/05/2022
Candidate Information			
B4. Name Brooks T. Litz		B5. Email blitz5367@yahoo.com	B6. Phone 847-553-6990
B7. Mailing Address 4962 107th Pl		B8. City Pleasant Prairie	B9. State WI
		B10. Zip 53158	
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>		B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input checked="" type="checkbox"/> No, this is my second candidate committee in Wisconsin	
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.			

SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

SECTION D: PAC, IEC, AND CONDUITS

D1. Sponsoring Organization	D2. Email	D3. Phone		
D4. Mailing Address	D5. City	D6. State	D7. Zip	

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

E1. Political Party (Name candidates appear under on a ballot)		E2. Does the Committee have a Segregated Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Segregated Fund Depository Institution Information (if applicable)				
E3. Institution Name	E4. Street Address	E5. City	E6. State	E7. Zip

SECTION F: REFERENDA COMMITTEES

F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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SECTION G: CERTIFICATION

Accurate Information

I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.

Timely Amendments

I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.

Records Retention

I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.

Ongoing Compliance

This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.

Treasurer/Administrator

G1. Printed Name Rebecca S. Litz	G2. Signature 	G3. Date 07/14/2022
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Candidate (if applicable)

G4. Printed Name Brooks T. Litz	G5. Signature 	G6. Date 07/14/2022
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**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

FRIENDS OF BROOKS LITZ

Street Address

4962 107TH PL

City, State and Zip Code

PLEASANT PRAIRIE, WI 53158

OFFICE USE ONLY

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 _____ Pre-Primary _____
 July Continuing **2022** Spring Fall Special
 September Continuing _____ Pre-Election _____
- Termination Report
also complete Schedule 4

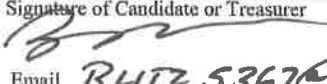
SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ —	\$ 100 ⁻
1B. Contributions from Committees (Transfers-In)	\$ —	\$ 500 ⁻
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 600 ⁻
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 95.46	\$ 867.80
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 95.46	\$ 867.80

CASH SUMMARY

Cash Balance Beginning of Report	\$ 344.54
Total Receipts	\$ —
Subtotal	\$ 344.54
Total Disbursements	\$ 95.46
CASH BALANCE END OF REPORT	\$ 249.08
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	Signature of Candidate or Treasurer	Date: 07/14/2022
BROOKS T. LITZ		
	Email BLITZ.5367@VAADCO.COM	Daytime Phone: 847-553-6490

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name
FRIENDS OF BROOKS LITZ

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
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	_____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
FRIENDS OF BROOKS LITZ

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	/
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
FRIENDS OF BROOKS LITZ

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount

SUBTOTAL OTHER INCOME THIS PAGE \$

TOTAL ITEMIZED OTHER INCOME \$

TOTAL OTHER INCOME \$

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF BROOKS LITZ

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
04/06/2017	KENOSHA GOP Kenosha PO BOX 853 KENOSHA, WI 53141 Check if: <input checked="" type="checkbox"/> In-Kind Offset	GOTV TEXT MESSAGES	95.46
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 95.46
TOTAL ITEMIZED EXPENDITURES	\$ 95.46
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 95.46

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name:
FRIENDS OF BROOKS LITZ

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	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		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$	

Complete Committee Name
FRIENDS OF BROOKS LITZ

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$

TOTAL ITEMIZED OBLIGATIONS \$

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$

TOTAL INCURRED OBLIGATIONS \$

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

Complete Committee Name
FRIENDS OF BROOKS LITZ

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

List All Endorsers or Guarantors (if any)

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$
TOTAL OUTSTANDING LOANS	\$