

**CAMPAIGN FINANCE REPORT  
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment?      **NO**

OFFICE USE ONLY

**COMMITTEE IDENTIFICATION**

Name of Committee    Friends of Max Prestigiacomo

Address                    625 Elm Drive, Rm 112

City, State, ZIP        Madison, WI 53706

Please check if address is different than previously reported   

**NAME OF REPORT**

January - Continuing

Spring	Fall	Special
Spring	Fall	Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

A. Contributions including Loans from Individuals	\$ -	\$ 680.00		
B. Contributions from Committees (Transfers-In)	\$ -	\$ 223.90		
C. Other Income and Commercial Loans	\$ -			

**TOTAL RECEIPTS** (Add totals from 1A, 1B, and 1C)    \$ -

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ -	\$ (874.87)		
B. Contributions to Committees (Transfers-Out)	\$ 200.00	\$ (200.00)		

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)    \$ 200.00

**CASH SUMMARY**

Cash Balance at Beginning of Report    \$ -

Total Receipts                                \$ -

Subtotal    \$ -

Total Disbursements

**CASH BALANCE AT END OF REPORT**                    \$ 339.99

**INCURRED OBLIGATIONS** (at close of period)    \$ -

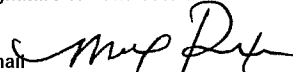
**LOANS** (at close of period)                                \$ -

*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

**Max Prestigiacomo**

Signature of Candidate or Treasurer



Date    01/14/21

Email    maxformadison@gmail.com

Daytime Phone 608 630-3986

**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.

Print the completed report and file with your local clerk or election commission by the filing deadline.  
ETHCF-2LE (01/16)

