CAMPAIGN	FINANCE REPOR	Г					
LOCAL COMM		CORRETE					
Is This Report an Amendment: 🗌 Yes	BGEINEU						
Instructions for completing schedules are on the back of each schedule.							
COMMITTEE IDENTIFICATION							
COMMITTEE TO ELECT SHERI CARTER MADISON CITY CLERK							
Street Address OFFICE USE ONLY							
City, State and Zip Code Madison WI 53	713						
Please check if address is different than previously reported, and	l complete the Campaign Reg	gistration State	ment in the b	oack of this form.			
NAME OF REPORT	,						
January Continuing ZOZZ Pre-Primary July Continuing September Continuing Pre-Election	Spring	Fall 🗌 S	pecial	Termination Report also complete Schedule 4			
SUMMARY OF RECEIPTS AND	Column A	Colum	ın B				
DISBURSEMENTS	This Period	Calen Year-To					
1. RECEIPTS							
IA. Contributions (Including Loans) from Individuals	\$	\$ 11,025.20					
1B. Contributions from Committees (Transfers-In)	\$	\$ 2,1	00.00				
1C. Other Income and Commercial Loans	\$ 1.78	\$	1.28				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1.78	\$ 13,1	26,48				
2. DISBURSEMENTS							
2A. Gross Expenditures	\$ 125,95	\$					
2B. Contributions to Committees (Transfers-Out)	\$	\$					
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 125.95	\$					
CASH SUMMARY							
Cash Balance Beginning of Report	\$ 13, 817.92						
Total Receipts	\$ 1.78						
Subtotal	\$ 13,819,70						
Total Disbursements	Total Disbursements \$ 125.95						
CASH BALANCE END OF REPORT \$ 13,693.75							
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) \$							
LOANS (Balance at the Close of This Period-3B) \$ 612,36							
I certify that I have examined this report and to the best of m		s true, correct	and comple	<i>te.</i>			
	ature of Candidate or Treasurer	1/1	Date:	13-2022			
DONALD R. HOLEC, Treasurer Email and F. file Daytime Phone:							

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.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 2-A	SC	HE	DU	LE	2-A
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Complete Commi	THE TO ELECT SHERI CARTER		
	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
10-22	SQUARE WEEBLY 460 Bryant St Ste 100 San Francisco, CA 94/07 Check if: In-Kind Offset	WEB PAGE SUPPORT	.29,95
	SQUARE WEEBLY 460 Bryant St SAN FRANCISCO, CA 94107 Check if: In-Kind Offset	WEB PAGE RENEWAL	96.00
	Check if: 🔲 In-Kind Offset	<i>z</i>	
	Check if:		
	Check if:		
	Check if:		
	Check if:		
		OTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 125.95
		TOTAL ITEMIZED EXPENDITURES	\$ 125.95 \$ 125.95

TOTAL UNITEMIZED EXPENDITURES

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TOTAL EXPENDITURES \$ 125.95

Income Schedule 1-A COMMITTEE TO ELECT SHERI CARTER Monetary Contributions from Individuals (Including Personal Loans)						Page 1 of 1			
Date		Name	Address	City	ST	Zip	Occupation	Comments	Amount
7-1	2-31	SUMMIT	P.O. Box 8046	MADISON	wi	53708		DNIDENBS	1.78