CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN					ECEIVED		
Is This Report an Amendment:		No		=_	M	FEB 0 2 2023	
Instructions for completing schedules are on the b	ack of	each schedule.				DISON CITY CLERK	
COMMITTEE IDENTIFICATION		-61 == 1126= h	eu I	BIS .	MAI	DISON CITY CLERK	
Name of Committee French Strick Williams							
Name of Committee  Frends of Rich Williams  Street Address  1766 Waterbeard Drive  City, State and Zip Code	^^	İ			Ol	FFICE USE ONLY	
City, State and Zip Code Verma WI 53593							
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 Pre-Election		Spring	] Fall		Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A This Period	-	Colun Calen	ıdar		
1. RECEIPTS		,		Year-To			
1A. Contributions (Including Loans) from Individuals	\$	6	\$	6	-		
1B. Contributions from Committees (Transfers-In)	\$	Φ	\$	<u></u>		, ,	
1C. Other Income and Commercial Loans	\$	0.03	\$	0,0	7		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	0.03	\$	0,0	57		
2. DISBURSEMENTS							
2A. Gross Expenditures	\$	\$	\$	Q	S		
2B. Contributions to Committees (Transfers-Out)	\$	ф	\$	Į.	り		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	6	\$	(	6		
CASH SUMMARY	'					7	
Cash Balance Beginning of Report	\$	623.70		18			
Total Receipts	\$	0.03					
Subtotal	\$	623.73					
Total Disbursements	\$	$\phi$					
CASH BALANCE END OF REPORT	\$	623.73					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	$\phi$					
LOANS (Balance at the Close of This Period-3B)	\$	ø					
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: 1/28/23							
Déboul Williams Email de Milliams 555 à grant, compaytime Phone: 608.770.1432							
NOTE THE COLUMN AT A COLUMN AT	11.000:						

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.



## RECEIPTS Other Income and Commercial Loans

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Complete Committee Name Friends of Rich Williams

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
8/31/22	Wells Fago	Interst	\$ 0.01
10(31/22	wells Fazo	Interest	\$0.01
12/3/22	west Fugo	Interest	\$0.01
	,		
		SUBTOTAL OTHER INCOME THIS PAGE	\$ 0.03

SUBTOTAL OTHER INCOME THIS PAGE		0,03
TOTAL ITEMIZED OTHER INCOME		\$
TOTAL OTHER INCOME	\$	0.03