

Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Is this report an amendment?

Office Use

COMMITTEE IDENTIFICATION

Committee Name	Friends of Will Ochowicz		
Mailing Address	306 N Blair Street, Unit 101, Madison, WI 53703		
Email	friendsofwillochowicz@gmail.com	Daytime Phone	(608) 301-1111

FILING PERIOD

Summer Continuing	Report Year	2011
	Is this a Term Report	No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date
Beginning Cash On-Hand	\$ 3,273.03	
1. Money Received (Receipts)		
1-A. Monetary Contributions from Individuals		
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -	
1-C. Other Income and Commercial Loans	\$ -	
<i>Total Monetary Receipts</i>	<i>\$ -</i>	<i>\$ -</i>
2. Money Spent (Disbursements)		
2-A. Gross Monetary Expenditures	\$ -	\$ 212.00
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ 200.00	\$ -
<i>Total Monetary Disbursements</i>	<i>\$ 200.00</i>	<i>\$ 212.00</i>
Ending Cash On-Hand	\$ 3,073.03	

SUMMARY OF OUTSTANDING DEBTS

3-A. Incurred Obligations (Unpaid Bills)	\$ -	
3-B. Outstanding Loan Balance	\$ -	

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of the candidate or treasurer: Will Ochowicz

Print Name: Will Ochowicz

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Date: 18JUL2026

Date	Name	Address	City	ST	Zip	Occupation	Comments

Amount

Date	Committee Name	Address	City	ST	Zip	Comments

Amount

Table 1

Date	Name	Address	City	ST	Zip	Reason for Income	Comments

Amount

Date	Name	Address	City	ST	Zip	Purpose	Comments

Amount

Date	Committee Name	Address	City	ST	Zip	Comments
27MAY2026	Juliana for the People	PO Box 264	Madison	WI	53703	

Amount
200.00

Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period

Outstanding Balance, Close of Period

Date	Name	Address	City	ST	Zip	Guarantor (if Any)	Outstanding Balance, Beginning of Period	New Loan Amount This Period

Outstanding Balance, Close of Period