CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN						
IsThisReport an Amendment: Yes No				N FEB 02 2015		
Instructions for completing schedules are on the back of each schedule.						
COMMITTEE IDENTIFICATION	MADISO	N CITY CLERK				
Name of Committee Friends of Rich Williams Street Address 1706 Waterbend Drive				OFFICE USE ONLY		
1706 Waterbend Drive						
City, State and Zip Code Verona WI 53593				F		
Please check if address is different than previously reported, a	nd complete the Campaign F	Registration State	ement in the	back of this form.		
NAME OF REPORT			<del></del>			
January Continuing Pre-Primary	Spring	Specia	al	☐ Termination Report		
July Continuing   Pre-Election	Spring Fall	1 Specia	al	also complete Schedule 4		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column Calenda Year-To-D	ar			
1. RECEIPTS		,				
1A. Contributions (Including Loans) from Individuals	\$ Ø	\$ \$				
1B. Contributions from Committees (Transfers-In)	\$ Ø	\$ \$		•		
1C. Other Income and Commercial Loans	\$ 0,03	\$ 0,06				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0,03	\$ 0.06	6			
2. DI SBURSEMENTS						
2A. Gross Expenditures	\$ Ø	\$ Ø				
2B. Contributions to Committees (Transfers-Out)	\$ Ø	\$ Ø				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 6	\$ Ø	5			
CASH SUMMARY						
Cash Balance Beginning of Report	\$ 623.20	<b>!</b>				
Total Receipts	\$ 0.03					
Subtotal	\$ 623.23					
Total Disbursements	s Ø					
CASH BALANCE END OF REPORT	\$ 623.23					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s &					
LOANS (Balance at the Close of This Period-3B)	\$ \$	1				
I certify that I have examined this report and to the best of	of my knowledge and belief	it istrue, corre	ct and comp	dete.		

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 131/15

Daytime Phone: 608. 848.7221

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.



## RECEIPTS Other Income and Commercial Loans

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0,03

**TOTAL OTHER INCOME** 

Complete Committee Name Friends of Rich Williams	Complete Committe	e Name		 
	Friends	of Rich	Williams	

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Type of income Amount of Source of Income wells Fargo Interest 0.01 Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income 10/31/14 Wells Fargo Interest \$0.01 Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income 12/31/14 Wells Fargo Interest \$ 0.01 Full Name, Mailing Address and Zlp Code Date Type of Income Amount of Source of Income 1 1 Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income 1 1 Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income 1 1 Full Name, Mailing Address and Zip Code Date Type of Income Amount of Source of Income Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income Date Full Name, Mailing Address and Zip Code Type of Income Amount of Source of Income Full Name, Mailing Address and Zip Code Date Type of Income Amount of Source of Income 1 0.03 SUBTOTAL OTHER INCOME THIS PAGE Ø TOTAL ITEMIZED OTHER INCOME Ф TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS