

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.



COMMITTEE IDENTIFICATION

Name of Committee
Friends of Rich Williams

Street Address
1706 Waterbend Dr

City, State and Zip Code
Verona WI 53593

OFFICE USE ONLY
TIMELY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

<input checked="" type="checkbox"/> January Continuing _____	<input type="checkbox"/> Pre-Primary _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Special _____	<input type="checkbox"/> Termination Report also complete Schedule 4
<input type="checkbox"/> July Continuing _____	<input type="checkbox"/> Pre-Election _____				
<input type="checkbox"/> September Continuing _____					

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

Column A This Period	Column B Calendar Year-To-Date
\$ 0	\$ 0

1B. Contributions from Committees (Transfers-In)

\$ 0	\$ 0
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1C. Other Income and Commercial Loans

\$ 0.03	\$ 0.06
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TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 0.03	\$ 0.06
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2. DISBURSEMENTS

2A. Gross Expenditures

\$ 0	\$ 0
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2B. Contributions to Committees (Transfers-Out)

\$ 0	\$ 0
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TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 0	\$ 0
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CASH SUMMARY

Cash Balance Beginning of Report

\$ 623.45

Total Receipts

\$ 0.03

Subtotal

\$ 623.48

Total Disbursements

\$ 0

CASH BALANCE END OF REPORT

\$ 623.48

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0

LOANS (Balance at the Close of This Period-3B)

\$ ~~0~~ 0 *dw*

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

Deborah Williams

Signature of Candidate or Treasurer

DW

Date:

1/12/19

Email

Daytime Phone: *608.848.7221*

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.

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Rich Williams

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Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
8/31/18	Wells Fargo	Interest	\$0.01
10/31/18	Wells Fargo	Interest	\$0.01
12/31/18	Wells Fargo	Interest	\$0.01

SUBTOTAL OTHER INCOME THIS PAGE	\$	<i>0.03</i>
TOTAL ITEMIZED OTHER INCOME	\$	<i>6</i>
TOTAL OTHER INCOME	\$	<i>0.03</i>