

**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.

*Office Use Only*

Is this report an amendment?  Yes  No

COMMITTEE IDENTIFICATION			
Committee Name	Friends of Regina for Madison (Regina Vidaver)		
Mailing Address	2314 Chamberlain Ave Madison, WI 53726		
Email	jeffpfund@yahoo.com	Daytime Phone	6082381253

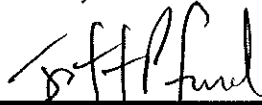
FILING PERIOD			
<input checked="" type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary
<input type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election	
Report Year			2020
Is this a Termination Report?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			<i>Office Use Only</i>
	This Period	Year-to-Date	
Beginning Cash On-Hand	\$ -		
<b>1. Money Received</b>			
1-A. Monetary Contributions from Individuals	\$ 995.00	\$ 995.00	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -		
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ 995.00	\$ 995.00	
<b>2. Money Spent</b>			
2-A. Gross Monetary Expenditures	\$ 25.51	\$ 25.51	
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
<i>Total Monetary Disbursements</i>	\$ 25.51	\$ 25.51	
Ending Cash On-Hand	\$ 969.49		

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

SUMMARY OF NON-MONETARY / IN-KIND ACTIVITY		
1-D. In-Kind Contributions Received	\$ -	
2-C. In-Kind Contributions Made	\$ -	

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



jeff pfund  
Print Name

1/15/21  
Date

Signature of the candidate or treasurer

## Monetary Contributions from Individuals (Including Personal Loans)

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
12.14.20	Thielman, Shannon	113 Lexington Circle	Chapel Hill	NC	27516	not employed		\$ 25.00
12.14.20	Page, Juliet	2137 Chadbourne Ave	Madison	WI	53726	Self-employed		\$50.00
12.14.20	Litovsky, Ruth	1836 Summit Ave	Madison	WI	53726	Professor		\$100.00
12.14.20	Kaplan, Melissa	2005 N. Daniel Street #203	Arlington	VA	22201	Senior Policy Advocate		\$25.00
12.14.20	Marts, Sherry	7607 12th Street NW	Washington	DC	20012	Consultant		\$50.00
12.14.20	Miller, Sarah	2728 Chamberlain Ave	Madison	WI	53705	Director		\$50.00
12.15.20	Akhtar, Wajiha	3158 Buena Vista Street	MADISON	WI	53704	Epidemiologist		\$20.00
12.15.20	Pfund, Chris	2718 Van Hise Ave	Madison	WI	53705	Scientist		\$250.00
12.16.20	Craig-Shashko, Alison	13 veblen pl	madison	WI	53705	physician		\$50.00
12.17.20	Richmond, Erica	1222 Shorewood Blvd	Madison	WI	53705	Educator		\$25.00
12.11.20	Regina Vidaver	2314 Chamberlain Ave	Madison	WI	53726	Section Chief		\$ 250.00
12.11.20	Rick Ezell/Kristen Bernard	2513 Kendall Ave	Madison	WI	53726	not employed/education		\$ 100.00

**Monetary Contributions from Committees (Transfers-In)**

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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**Other Income and Commercial Loans**

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
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**In-Kind Contributions Received / Non-Monetary Income**

Date	Name	Address	City	ST	Zip	Comments	Value
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**Gross Monetary Expenditures**

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
12.20.20	Act Blue Technical Svs	366 Summer Street	Somerville	MA	02144	payment processing fee		\$ 25.51

**Monetary Contributions to Committees (Transfers-Out)**

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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**In-Kind Contributions Made**

Date	Name	Address	City	ST	Zip	Comments	Value
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**Incurred Obligations Excluding Loans (Unpaid Bills)**

Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period
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**Loans (Personal, Committee, Commercial)**

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