

**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.

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**Is this report an amendment?**

### COMMITTEE IDENTIFICATION

Committee Name	Friends of Rich Williams		
Mailing Address	1706 Waterbend Dr Verona WI 53593		
Email	<a href="mailto:dcwilliams555@gmail.com">dcwilliams555@gmail.com</a>	Daytime Phone	608-77

### FILING PERIOD

January continuing	Report Year
	Is this a Term

### SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date
<b>Beginning Cash On-Hand</b>	\$ 623.76	
<b>1. Money Received (Receipts)</b>		
1-A. Monetary Contributions from Individuals	\$ -	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -	
1-C. Other Income and Commercial Loans	\$ 0.03	\$ 0.06
<i>Total Monetary Receipts</i>	\$ 0.03	\$ 0.06
<b>2. Money Spent (Disbursements)</b>		
2-A. Gross Monetary Expenditures	\$ -	
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -	
<i>Total Monetary Disbursements</i>	\$ -	\$ -
<b>Ending Cash On-Hand</b>	\$ 623.79	

### 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.*

Deborah Williams

Deborah Williams

1/6/2023

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Signature of the candidate or treasurer

Print Name

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Date

Date	Name	Address	City	ST	Zip	Occupation	Comments

Amount

Date	Committee Name	Address	City	ST	Zip	Comments

Amount



Date	Name	Address	City	ST	Zip	Reason for Income	Comments
8/31/23	Wells Fargo					Interest	
10/31/23	Wells Fargo					Interest	
12/29/23	Wells Fargo					Interest	

Amount
0.01
0.01
0.01

Date	Name	Address	City	ST	Zip	Purpose	Comments

Amount

Date	Committee Name	Address	City	ST	Zip	Comments

Amount

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