CAMPAIGN FINANCE REPOR WISCONSIN LOCAL COMMITT				
Is this report an Amendment?	YES NO)		
COMMITTEE IDENTIFICATION			Ī	
Name of Committee Friends OF Hol	14 Hatel	798		
Address 3548 Valley Ridge City, State, ZIP Middle ton	BR 53	562	OFFICE USE ONLY	
Please check if address is different than previously reported				
NAME OF REPORT Jan 20 Continuing Pre-Primary 2	20	Spri	ing Fall Special	
July 202 ∫ Continuing Pre-election 2 September 20 Continuing	20	Spri	ing Fall Special	
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A	Column B	Audited Totals	
1. RECEIPTS	This Period	YTD	Office Use Only	
A. Contributions including Loans from Individuals	\$ 0 -	Ø		
B. Contributions from Committees (Transfers-In)	\$ 0/ -	1		
C. Other Income and Commercial Loans	\$ / -			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 🕢 -	\$ Q -	**************************************	
2. DISBURSEMENTS				
A. Gross Expenditures	\$ 6	1000		
B. Contributions to Committees (Transfers-Out)	\$ /00-	100,		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 100-	<u> </u>		
CASH SUMMARY				
Cash Balance at Beginning of Report	\$ // 6/, /-	3		
Total Receipts	\$ Ø -			
Subtotal	\$ -			
Total Disbursements	\$ 100 -			
CASH BALANCE AT END OF REPORT \$ /4		/.3		
INCURRED OBLIGATIONS (at close of period)	\$ 0 -			
LOANS (at close of period)	\$ Ø -			
I certify that I have examined this report and to the best of my knowl	ledge and belief it is	s true, correct and comp	plete.	
Type or Print Name of Candidate or Treasurer HOlly A Hat IRC	Signature of Candidate or Treasurer Loley a, Xath 6/30/21 Email Daytime Phone hhather may a mail. com			

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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page ______ of _____

Complete Committee Name	Holly	Hatcher	
Instructions for completing schedu			`

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
		100.00	
4/15/21	thends of Dianne Messelbern,	100,00	100,00
עןטוןיו	Frends of Dianne Hesselbein 1920 N Highpoint Rd Check if: In-Kind I Loan Middleton, Wi		
	Check if: I In-Kind I Loan		
	11144101010,001		
	Check if: i In-Kind Loan		
	Check if: In-Kind Loan		
		-	
	Check if: 🔄 In-Kind 🗒 Loan		
	OREGO B. C. IPPARTU C. COMP.		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: 📵 In-Kind 🗍 Loan		
	Check if: In-Kind T Loan		
	Once II. I III III III III III III III III		
	Check if: In-Kind Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	
			10000
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 100.00	100,00