

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?

COMMITTEE IDENTIFICATION			
Committee Name	Friends of Michele Ritt		
Mailing Address	[REDACTED]		
Email	rittfordanecounty@gmail.com	Daytime Phone	608-335-6827

FILING PERIOD		
Spring Pre Election	Report Year	2026
Is this a Termination Report?		

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			
	This Period	Year-to-Date	
Beginning Cash On-Hand	\$ 4,327.85		<i>Office Use Only</i>
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ -		
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -		
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ -	\$ -	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ -		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ 1,375.00		
<i>Total Monetary Disbursements</i>	\$ 1,375.00	\$ -	
Ending Cash On-Hand			
	\$ 2,952.85		

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.

<i>Martha Kemble</i>	Martha Kemble	3/30/2026
Signature of the candidate or treasurer	Print Name	Date

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
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Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
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Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
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Date	Committee Name	Address	City	ST	Zip	Comments	Amount
1/19/2026	Rick Rose for Dane County						\$ 500.00
1/19/2026	Brandmeier Dane County						\$ 50.00
2/1/2026	Marren for Dane						\$ 300.00
2/1/2026	Friends of Nicki Vandermuelen						\$ 500.00
2/1/2026	Dem Party of Dane County						\$ 25.00

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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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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