

**CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? **YES** **NO**

COMMITTEE IDENTIFICATION

Name of Committee Friends of Britt Cudaback
 Address
 City, State, ZIP Madison, WI 53704

OFFICE USE

Please check if address is different than previously reported _____

NAME OF REPORT	Jan 20__ Continuing	Pre-Primary 20__	Spring	Fall
	July 2018 Continuing	Pre-election 20__	Spring	Fall
	September 20__ Continuing			

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Total Office Use O
A. Contributions including Loans from Individuals	\$ 200.00		
B. Contributions from Committees (Transfers-In)	\$ -		
C. Other Income and Commercial Loans	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 200.00	\$ -	

2. DISBURSEMENTS

A. Gross Expenditures	\$ 5,349.03		
B. Contributions to Committees (Transfers-Out)	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 5,349.03	\$ -	

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 5,274.36		
Total Receipts	\$ 200.00		
Subtotal	\$ 5,474.36		
Total Disbursements	\$ 5,349.03		
CASH BALANCE AT END OF REPORT	\$ 125.33		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ 181.26		

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

Britt Cudaback

Signature of Candidate or Treasurer



Email

brittcudaback@gmail.com

Date

7/16/2018

Daytime Phone

3084402939

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)

