

**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
<b>RECEIVED</b>
<b>DANE COUNT CLERK</b>
<b>JULY 21, 2025</b>

Is this report an amendment? ☐ Yes ☒ No

COMMITTEE IDENTIFICATION			
Committee Name	Friends of Henry Fries		
Mailing Address	[REDACTED]		
Email	Henryfordistrict5@gmail.com	Daytime Phone	608-509-4561

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 checked="" 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			2025
Is this a Termination Report?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			Office Use Only
	This Period	Year-to-Date	
Beginning Cash On-Hand	\$ 455.10		
<b>1. Money Received</b>			
1-A. Monetary Contributions from Individuals	\$ -	\$ -	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -		
1-C. Other Income and Commercial Loans	\$ -		
Total Monetary Receipts	\$ -	\$ -	
<b>2. Money Spent</b>			
2-A. Gross Monetary Expenditures	\$ 51.00		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
Total Monetary Disbursements	\$ 51.00	\$ -	
Ending Cash On-Hand	\$ 404.10		

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.

Signature of the candidate or treasurer \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Monetary Contributions from Individuals (Including Personal Loans)**

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
------	------	---------	------	----	-----	------------	----------	--------

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

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
------	----------------	---------	------	----	-----	----------	--------

Date	Name	Address	City	ST	Zip	Reason for Income
------	------	---------	------	----	-----	-------------------

Comments	Amount
----------	--------

**In-Kind Contributions Received / Non-Monetary Income**

Date	Name	Address	City	ST	Zip
------	------	---------	------	----	-----

Comments	Value
----------	-------

## Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
4/16/2025	United States Postal Service	441 N Lake St	Madison	WI	53715	PO BOX		\$ 51.00



## Monetary Contributions to Committees (Transfers-Out)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
------	----------------	---------	------	----	-----	----------	--------

## In-Kind Contributions Made

Date	Name	Address	City	ST	Zip	Comments	Value
------	------	---------	------	----	-----	----------	-------

## 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
------	------	---------	------	----	-----	---------	---	-------------------------------	--

## 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
------	------	---------	------	----	-----	--------------------	---	-----------------------------------	--