CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE Richelle Andrae STATE OF WISCONSIN

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.

Received 7/15/2022 Dane County Clerk

Office Use Only

Is this report an amendment?

Ves

Vo

COMMITTEE IDENTIFICATION									
Committee Name		Friends of Richelle Andrae							
Mailing Address	Mad	ison WI 53705							
Email <u>Richelle4Dane</u>	County@gmail.com	Daytime Phone	414-4	69-6664					
FILING PERIOD									
□ January Continuing □ Spring Pre-Primary	•	Special Pre-Primary	Report Year	2022					
July Continuing Spring Pre-Election	Special Pre-Election Special Post-Election	Is this a Terr □ Yes	nination Report? ☑ No						
SUMMARY OF MONETARY RECEIF	TS AND DISBURS	EMENTS	•						
		This Period	Year-to-Date	Office Use Only					
Beginn	ing Cash On-Hand	\$ 2,158.00							
1. Money Receive	d								
1-A. Monetary Contributions from Individuals		\$ 160.00							
1-B. Monetary Contributions from Committees (Transfers-In)		\$-							
		\$-							
Total	Monetary Receipts	\$ 160.00	\$-						
2. Money Spent									
2-A. Gross Monetary Expenditures		\$ 973.64							
2-B. Monetary Contributions to Commit	ees (Transfers-Out)	\$ -							
Total Mone	tary Disbursements	\$ 973.64	\$-						
End	ing Cash On-Hand	\$ 1,344.36							
SUMMARY OF OUTSTANDING DEE	BTS								
3-A. Incurred Obligations (Unpaid Bills)		\$ -							
3-B. Outstanding Loan Balance		\$-							
SUMMARY OF NON-MONETARY /	N-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.

Ridelle Ondrae

Richelle Andrae

7/15/2022

Form: CF-2LE (Rev. 02/2018) Prescribed by: State of Wisconsin, Ethics Commission

Signature of the candidate or treasurer

Print Name

Date

Income Schedule 1-A

Monetary Contributions from Individuals (Including Personal Loans)

Page 3 of 11

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
3/23/2022	Derek Field	5117 Violet Ln.	Madison	WI	53714	not employed		\$ 30.00
3/23/2022	Paula Bonner	2812 Oxford Rd.	Madison	WI	53705	not employed		\$ 100.00
3/28/2022	Thomas Whittaker	313 Orchard Dr.	Madison	WI	53705	liaison		\$ 30.00

Date Committee Name Address City ST Zip Comments Amount

Page 4 of 11

Incom	e Schedule 1-C	Other Inc	ome and Cor	nme	rcial L	Pa	age 5 of 11	
Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount

Incom	e Schedule 1-D	In-Kind Contribution	In-Kind Contributions Received / Non-Monetary Income					
Date	Name	Address	City	ST	Zip	Comments	Value	

Disbursements Schedule 2-A **Gross Monetary Expenditures** Page 7 of 11 Date Name Address City ST Zip Purpose Comments Amount printing and mailing for 3/26/2022 Wells Printing 3121 Watford Way Madison WI 53711 spring mailer \$ 919.30 04/14/22 SquareSpace website 225 Varick Street, 12th Flo New York NY 10014 Monthy subscription for website \$ 16.00 05/14/22 SquareSpace website 225 Varick Street, 12th Flo New York 10014 Monthy subscription for website \$ 16.00 NY 06/14/22 SquareSpace website \$ 225 Varick Street, 12th Flo New York NY 10014 Monthy subscription for website 16.00 \$ 03/23/22 ActBlue Technical Services 1.19 P.O. Box 441146 Sommerville MA 2144 ActBlue Processing Fee \$ 3.96 3/23/2022 ActBlue Technical Services P.O. Box 441146 Sommerville MA 2144 ActBlue Processing Fee \$ 1.19 3/28/2022 ActBlue Technical Services P.O. Box 441146 Sommerville MA 2144 ActBlue Processing Fee

Disbur	sements Schedule 2-B Monetar	y Contributions to Co	ut)	Page 8 of 11			
Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Disbursements Schedule 2-C		In-Ki	ind Contribut	e Pa	Page 9 of 11		
Date	Name	Address	City	ST	Zip	Comments	Value

Incurred Obligations Excluding Loans (Unpaid Bills)

Page 10 of 11

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	
------	------	---------	------	----	-----	--------------------	---	-----------------------------------	--	--