

**CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? YES NO

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Holly Hatcher
 Address: [REDACTED]
 City, State, ZIP: Middleton, WI 53562

OFFICE USE ONLY

Please check if address is different than previously reported

NAME OF REPORT Jan 20__ Continuing Pre-Primary 20__ Spring Fall Special
 July 2021 Continuing Pre-election 20__ Spring Fall Special
 September 20__ Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 0 -	0		
B. Contributions from Committees (Transfers-In)	\$ 0 -	0		
C. Other Income and Commercial Loans	\$ -			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 0 -	\$ 0 -		

2. DISBURSEMENTS

A. Gross Expenditures	\$ 0 -	0		
B. Contributions to Committees (Transfers-Out)	\$ 100 -	100.00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 100 -	\$ 100 -		

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 1161.13		
Total Receipts	\$ 0 -		
Subtotal	\$ -		
Total Disbursements	\$ 100 -		
CASH BALANCE AT END OF REPORT	\$ 1061.13		
INCURRED OBLIGATIONS (at close of period)	\$ 0 -		
LOANS (at close of period)	\$ 0 -		

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 <u>Holly A Hatcher</u>	Signature of Candidate or Treasurer <u>Holly A. Hatcher</u>	Date <u>6/30/21</u>
	Email <u>hhatcherma@gmail.com</u>	Daytime Phone <u>608-219-7602</u>

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)

Complete Committee Name
Friends of Holly Hatcher

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
4/15/21	Friends of Dianne Hesselbein 1420 N Highpoint Rd Middleton, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 100.00	100.00