

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 intent of the Commission to use any personally identifiable information from this form for any other purpose.

Office Use Only
Received 7/21/2023
Dane County Clerk

Is this report an amendment? Yes No

COMMITTEE IDENTIFICATION

Committee Name	Friends of Holly Hatcher		
Mailing Address	[REDACTED] Middleton, WI 53542		
Email	hhatcherrn@gnail	Daytime Phone	608 219 7602

FILING PERIOD

<input type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary	Report Year
<input checked="" type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election	Is this a Termination Report?
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election		<input type="checkbox"/> Yes <input type="checkbox"/> No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date	<i>Office Use Only</i>
Beginning Cash On-Hand	1589.16	1589.16	
1. Money Received	Ø	Ø	
1-A. Monetary Contributions from Individuals	\$ Ø -	Ø	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ Ø -	Ø	
1-C. Other Income and Commercial Loans	\$ Ø -	Ø	
Total Monetary Receipts	\$ Ø -	\$ Ø -	
2. Money Spent	750.00		
2-A. Gross Monetary Expenditures	\$ 50 -		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ 100 -		
Total Monetary Disbursements	\$ 150 -	\$ -	
Ending Cash On-Hand	\$ 1439.16		

SUMMARY OF OUTSTANDING DEBTS

3-A. Incurred Obligations (Unpaid Bills)	\$ Ø -	Ø	
3-B. Outstanding Loan Balance	\$ Ø -	Ø	

SUMMARY OF NON-MONETARY / IN-KIND ACTIVITY

1-D. In-Kind Contributions Received	\$ Ø -	Ø	
2-C. In-Kind Contributions Made	\$ Ø -	Ø	

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

	Holly Hatcher	7/17/23
Signature of the candidate or treasurer	Print Name	Date

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 Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
2/22/23	Alex Joers 703 Cricket Lane # 3 Middleton, WI 53562 Check if: <input type="checkbox"/> In-Kind Offset	contribution to committee	100.00
4/4/23	Middleton Kiwanis 1720 Mayflower Dr. Middleton, WI Check if: <input type="checkbox"/> In-Kind Offset	Donation	50.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 150 ⁻
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 150 ⁻