CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN					
Is This Report an Amendment: 🛛 Yes	☑ No		Received 3/29/20 Dane County Clerk		
Instructions for completing schedules are on the back	x of each schedule.				
COMMITTEE IDENTIFICATION					
Name of Committee Friends of Heidi Wegleitner					
Street Address			OFFICE USE ONLY		
City, State and Zip Code Madison, WI 53704-4718					
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the b	ack of this form.	
NAME OF REPORT					
January Continuing July Continuing July Continuing July Continuing	□ July Continuing Spring □ Fall □ Special			Termination Report	
September Continuing Pre-Election 2020				also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS	Column A This Period	Column B Calendar Year-To-Date			
	¢ 25				
1A. Contributions (Including Loans) from Individuals	\$25 -	\$25 •			
1B. Contributions from Committees (Transfers-In)	\$	\$			
1C. Other Income and Commercial Loans	\$125	\$125			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 150	\$150			
2. DISBURSEMENTS					
2A. Gross Expenditures	\$338.13	\$338.13			
2B. Contributions to Committees (Transfers-Out)	\$	\$			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$338.13	\$338.13			
CASH SUMMARY					
Cash Balance Beginning of Report	\$ 3872.38				
Total Receipts	\$ 150				
Subtotal	\$4022.38				
Total Disbursements	\$ 338.13				
CASH BALANCE END OF REPORT	\$3684.25				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	§ 0				
LOANS (Balance at the Close of This Period-3B)	<u></u> \$0				
I certify that I have examined this report and to the best of m	y knowledge and belief it i	s true, correct	t and comple	te.	

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 03/29/20
Diane Farsetta, Treasurer	Dioni Fanstia	
	Email farsettad@gmail.com	Daytime Phone: 608-886-9398

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.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Complete Comr	^{nittee Name} nds of Heidi Wegleitner				
		nedule.			
Date	r completing schedules are on the back of each sch Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date	total exceeds \$200)	Amount of Contribution	Y-T-D Total
2/13/20	Kristen Audet 4045 Rockwell Madison WI 53714	Program Mar UWHealth	nager,	25	
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#				
	Check if: 🔲 In-Kind 🔲 Loan 🗌 Conduit – Ethics ID#				
	Check if: 🔲 In-Kind 📋 Loan 🛙 Conduit – Ethics ID#				
	Check if: 🔲 In-Kind 🔲 Loan 🛛 Conduit – Ethics ID#				
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#				
	Check if: 🔲 In-Kind 🔲 Loan 🖬 Conduit – Ethics ID#				
	Check if: In-Kind Loan Conduit – Ethics ID#				
L				\$ 25	
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$25 \$25		
TOTAL ITEMIZED CONTRIBUTIONS					
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ 0		

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$25

RECEIPTS Other Income and Commercial Loans

Complete Committee Name Friends of Heidi Wegleitner

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
2/9/20	MOSES - Madison Organizing in Strength, Equality, and Solidarity PO Box 7031 Madison WI 53705	Reimbursement for overpayment of yearbook ad - see related expense	125
		SUBTOTAL OTHER INCOME THIS PAGE	_{\$} 125
		TOTAL ITEMIZED OTHER INCOME	_{\$} 125
			د125 د

TOTAL OTHER INCOME \$ 125

Complete Committee Name Friends of Heidi Wegleitner

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	
1/3/20	NationBuilder 520 S Grand Ave 2nd floor Los Angeles CA 90071	website monthly fee	29	
	Check if: In-Kind Offset			
1/6/20	MOSES - Madison Organizing in Strength, Equality, and Solidarity PO Box 7031 Madison WI 53705 Check if:	yearbook ad (overpaid; see related reimbursement)	250	
2/3/20	NationBuilder 520 S Grand Ave 2nd floor Los Angeles CA 90071	website monthly fee	29	
2/6/20	Democracy Engine 2125 14th St NW Washington DC 20009 Check if:	donation management fees	1.13	
3/3/20	NationBuilder 520 S Grand Ave 2nd floor Los Angeles CA 90071 Check if: 🔲 In-Kind Offset	website monthly fee	29	
	Check if: 🔲 In-Kind Offset			
	Check if: 🔲 In-Kind Offset			
	Check if: 🔲 In-Kind Offset			
	SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			
		TOTAL ITEMIZED EXPENDITURES	_{\$} 338.13	
		TOTAL UNITEMIZED EXPENDITURES	\$ 0	

TOTAL EXPENDITURES \$338.13