

✓ O.K. 7-16-19

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:  Yes  No

CITY OF FITCHBURG

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

JUL 16 2019

**COMMITTEE IDENTIFICATION**

Name of Committee

RICE FOR ALDER

Street Address

2755 Jasmine Dr

City, State and Zip Code

Fitchburg WI 53711

RECEIVED

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

**NAME OF REPORT**

January Continuing

Pre-Primary

July Continuing

Spring

Fall

Special

September Continuing

Pre-Election

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals

\$ 24.27 / \$ 2359.78

1B. Contributions from Committees (Transfers-In)

\$ — / \$ —

1C. Other Income and Commercial Loans

\$ — / \$ —

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 24.27 / \$ 2359.78

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 24.27 / \$

2B. Contributions to Committees (Transfers-Out)

\$ — / \$

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 24.27 / \$

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 0

Total Receipts

\$ 24.27

Subtotal

\$

Total Disbursements

\$ 24.27

**CASH BALANCE END OF REPORT**

\$ 0

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$

**LOANS** (Balance at the Close of This Period-3B)

\$ 24.27

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

Jamett Rice

Signature of Candidate or Treasurer

Date

7-14-2019

Email

Daytime Phone:

40853

3135

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.

Complete Committee Name  
*Rice for Abby*

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
<i>4/13</i>	<i>Janeil Rice 2755 Jasmine Dr</i>	<i>Sales</i>	<i>24.27</i>	<i>2359.78</i>
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

*24.27 2359.78*

**TOTAL ITEMIZED CONTRIBUTIONS**

*24.27 2359.78*

**TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS**

\$ \_\_\_\_\_

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ \_\_\_\_\_

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name

*File for Alder*

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/2	Voice Broadcasting	ROBODIAL	10.62
	Check if: <input type="checkbox"/> In-Kind Offset		
4/3	Voice Broadcasting	ROBODIAL	5.65
	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		
	Check if: <input type="checkbox"/> In-Kind Offset		

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$ 24.27
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$ 24.27
<b>TOTAL UNITEMIZED EXPENDITURES</b>	\$ —
<b>TOTAL EXPENDITURES</b>	\$ 24.27