

✓ ok 9/10/2020

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: Yes No

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

CITY OF FITCHBURG

SEP 9 2020

RECEIVED
OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Tom Clauder

Street Address

2583 Norwich Street

City, State and Zip Code

Fitchburg, WI 53711

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 _____ Spring _____ Fall _____ Special _____ Termination Report also complete Schedule 4
 July Continuing 2020 _____ Pre-Election _____
 September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$ —
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 868.27 ✓	\$ 868.27 ✓
2B. Contributions to Committees (Transfers-Out)	\$ 175.00 ✓	\$ 175.00 ✓
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1043.27 ✓	\$ 1043.27 ✓

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1324.10 ✓
Total Receipts	\$ — ✓
Subtotal	\$ 1324.10 ✓
Total Disbursements	\$ 1043.27 ✓
CASH BALANCE END OF REPORT	\$ 280.83 ✓
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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

Tom Clauder

Signature of Candidate or Treasurer

Tom Clauder

Date: 9-8-2020

Email tomclauder@gmail.com

Daytime Phone: 608-577-5289

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.

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Tom Clauday

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

Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
2/10/20	Friends of Scott Lehman 5023 County Rd M Fitchburg WI 53575 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	50.00	50.00	
2/15/20	Friends of Shann Strassman 5410 Nobel Dr #204 Fitchburg WI 53711 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	50.00	50.00	
3/30/20	Friends of Dave Herbst 2629 King James Way Fitchburg WI 53719 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	75.00	75.00	
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 175.00		

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Tom Clauder

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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
<i>2/11/20</i>	<i>Tom Clauder 2583 Norwich St Fitchburg WI 53711</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>pay back loan to Campaign</i>	<i>818.70</i>
<i>4/17/20</i>	<i>Tom Clauder</i> Check if: <input type="checkbox"/> In-Kind Offset	<i>ink for printer for campaign</i>	<i>49.57</i>
	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	\$ <i>868.27</i>
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ <i>868.27</i>