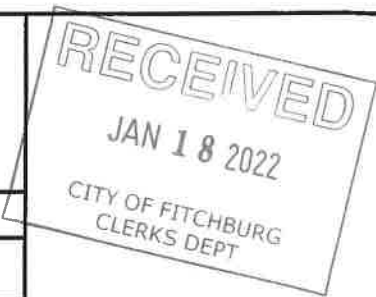


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF JULIA ARATA-FRATTA

Street Address

2011 MELISSA CIRCLE

City, State and Zip Code

FITCHBURG WI 53711

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

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 200 - ✓	\$ 6,193. ⁰⁶ ✓
1B. Contributions from Committees (Transfers-In)	\$ /	\$ 600 - ✓
1C. Other Income and Commercial Loans	\$	\$ /
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 200 - ✓	\$ 6,793. ⁰⁶ ✓

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 116.89 ✓	\$ 6,282.15 ✓
2B. Contributions to Committees (Transfers-Out)	\$ /	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 116.89 ✓	\$ 6,282.15 ✓

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,245.48 ✓
Total Receipts	\$ 200 - ✓
Subtotal	\$ 1,445.48 ✓
Total Disbursements	\$ 116.89 ✓
CASH BALANCE END OF REPORT	\$ 1,328.59 ✓
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	Signature of Candidate or Treasurer	Date:
JULIA ARATA-FRATTA	<i>[Signature]</i>	
	Email silarata@e-mail.com	Daytime Phone: (608) 698-6256

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
FRIENDS OF JULIA ARATA-TRATA

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
12/04/21	Ann DeGarmo 855 Garden Way Fitzhugh W 53 711 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	State employee	200	200
	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#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 200 /	
TOTAL ITEMIZED CONTRIBUTIONS	\$ /	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ /	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 200 /	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF JULIA ARATA-FRATTA

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
11/29/21	Emily Edelman 5241 Teabery Lane Fitchburg MA 01537 Check if: <input type="checkbox"/> In-Kind Offset	graphic designer	\$ 75
12/11/21	Blve Host 1500 N. Priest Drive Tempe AZ 85281 Check if: <input type="checkbox"/> In-Kind Offset	Domain name & registration	\$33.99
	ActBlve PO Box 4411146 Sommerville MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	fees	7.90
	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	\$	116.89
TOTAL ITEMIZED EXPENDITURES	\$	/
TOTAL UNITEMIZED EXPENDITURES	\$	/
TOTAL EXPENDITURES	\$	116.89