

✓ok 1/21/2020

**CAMPAIGN FINANCE REPORT  
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment?

**CITY OF FITCHBURG**

JAN 21 2020

**RECEIVED**

OFFICE USE ONLY

**COMMITTEE IDENTIFICATION**

Name of Committee Friends of Carol Poole  
Address 4518 Crescent Rd  
City, State, ZIP Fitchburg, WI 53711

Please check if address is different than previously reported

**NAME OF REPORT** Jan 2020\_X\_ Continuing Pre-Primary 20\_\_ Spring Fall Special  
July 2020\_\_ Continuing Pre-election 20\_\_ Spring Fall Special

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals				
B. Contributions from Committees (Transfers-In)	\$ -			
C. Other Income and Commercial Loans	\$ -			
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	\$ -	\$ -		

**2. DISBURSEMENTS**

A. Gross Expenditures	\$ 58.50	\$ 117.00		
B. Contributions to Committees (Transfers-Out)		\$ -		
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 58.50	\$ 117.00		

**CASH SUMMARY**

Cash Balance at Beginning of Report	\$ 533.32	\$ 591.82		
Total Receipts	\$ -			
Subtotal	\$ 533.32	\$ 591.82		
Total Disbursements	\$ 58.50	117.00		
<b>CASH BALANCE AT END OF REPORT</b>	\$ 474.82	474.82		
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -			
<b>LOANS</b> (at close of period)	\$ 300.00	300.00		

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 <b>CAROL W. POOLE</b>	Signature of Candidate or Treasurer <i>Carol W. Poole</i>	Date <b>1-20-2020</b>
	Email <b>lorac511@sbcglobal.net</b>	Daytime Phone <b>(608) 405-8950</b>

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.  
Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.



