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CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

CITY OF FITCHBURG

Is This Report an Amendment: Yes No

AUG 4 2021

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

RECEIVED

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Matt Pulda

OFFICE USE ONLY

Street Address
2783 Ledgemont St

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 _____
- July Continuing _____
- September Continuing _____
- Pre-Primary _____
- Spring _____
- Fall _____
- Special _____
- 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	\$ _____	\$ _____
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	\$ 1.00	\$ 1.00
2B. Contributions to Committees (Transfers-Out)	\$ _____	\$ _____
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 1.00	\$ 1.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1.00
Total Receipts	\$ 0.00
Subtotal	\$ 1.00
Total Disbursements	\$ 1.00
CASH BALANCE END OF REPORT	\$ 0.00
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.

Filed 8/3/21
6/30

Type or Print Name of Candidate or Treasurer Matthew D. Pulda	Signature of Candidate or Treasurer <i>Matthew D. Pulda</i>	Date: 8/3/21
	Email: mattpulda@gmail.com	Daytime Phone: (608) 609-7800

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
Gross Expenditures**

Complete Committee Name

Friends of Matt Pulda

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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
6/28/21	Matthew D. Pulda 2783 Ledgemont St Fitchburg, WI 53711 Check if: <input type="checkbox"/> In-Kind Offset	Termination of campaign, disposal of funds	1.00 ✓
	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		
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	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	\$ 1.00
TOTAL ITEMIZED EXPENDITURES	\$ 1.00
TOTAL UNITEMIZED EXPENDITURES	\$ 0.00
TOTAL EXPENDITURES	\$ 1.00