

Is This Report an Amendment:  Yes Due on 1/15/21  No

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

**COMMITTEE IDENTIFICATION**

Name of Committee: Friends of Charles  
 Street Address: 1500 Drewry Lane  
 City, State and Zip Code: Madison, WI: 53704

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 2021  Pre-Primary  Spring  Fall  Special  Termination Report  
 July Continuing  Pre-Election  Termination Report also complete Schedule 4  
 September Continuing

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

|  | Column A<br>This Period | Column B<br>Calendar<br>Year-To-Date |
|--|-------------------------|--------------------------------------|
| <b>1. RECEIPTS</b>                                     |                         |                                      |
| 1A. Contributions (Including Loans) from Individuals   | \$ 595.00               | \$ 595.00                            |
| 1B. Contributions from Committees (Transfers-In)       | \$ 0                    | \$ 0                                 |
| 1C. Other Income and Commercial Loans                  | \$ 0                    | \$ 0                                 |
| <b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>  | <b>\$ 595.00</b>        | <b>\$ 595.00</b>                     |
| <b>2. DISBURSEMENTS</b>                                |                         |                                      |
| 2A. Gross Expenditures                                 | \$ 5.00                 | \$ 5.00                              |
| 2B. Contributions to Committees (Transfers-Out)        | \$ 0                    | \$ 0                                 |
| <b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b> | <b>\$ 5.00</b>          | <b>\$ 5.00</b>                       |

**CASH SUMMARY**

|   |                  |
|---|------------------|
| Cash Balance Beginning of Report  | \$ 0.00          |
| Total Receipts  | \$ 595.00        |
| Subtotal  | \$ 595.00        |
| Total Disbursements   | \$ 5.00          |
| <b>CASH BALANCE END OF REPORT</b>                                       | <b>\$ 590.00</b> |
| <b>INCURRED OBLIGATIONS</b><br>(Balance at the Close of This Period-3A) | \$ 0.00          |
| <b>LOANS</b> (Balance at the Close of This Period-3B)                   | \$ 0.00          |

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<br>Betty Thompson, Treasurer | Signature of Candidate or Treasurer<br><i>Betty Thompson</i> | Date: February 7, 2021        |
|   | Email: betty32704@yahoo.com                                  | Distric Phone: (608) 241-3000 |

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0401, 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.

ETHICS-31 (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

**SCHEDULE 1-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

Complete Committee Name

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 |
|----------|---|--|------------------------|-------------|
| 12/21/20 | Charles Myadze<br>1509 Drewry Ln<br>Madison, WI. 53704<br><br>Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____ | Union Worker                                     | 595.00                 | 595.00      |
|          | 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**

\$ 595.00 595.00

**TOTAL ITEMIZED CONTRIBUTIONS**

\$ 595.00 595.00

\$ 0.00 0.00

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name: Friends of Charles

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| Date       | Full Name, Mailing Address and Zip Code<br>Of Person or Business to Whom Payment is Made                            | Specific Purpose of Expenditure | Amount  |
|------------|---|---------------------------------|---------|
| 12/21/2020 | Summit Credit Union<br>P.O. Box 8046<br>Madison, WI. 53708<br><br>Check if: <input type="checkbox"/> In-Kind Offset | Annual Fee                      | \$ 5.00 |
| 1/10/21    | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |
|            | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |
|            | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |
|            | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |
|            | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |
|            | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |
|            | <br><br>Check if: <input type="checkbox"/> In-Kind Offset   |                                 |         |

**SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE** \$ 5.00

**TOTAL ITEMIZED EXPENDITURES** \$ 5.00

**TOTAL UNITEMIZED EXPENDITURES** \$ 5.00

**TOTAL EXPENDITURES** \$ 5.00