CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE STATE OF WISCONSIN

STATE OF WISCONSIN	
Note : Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.	
Is this report an amendment? Yes Vo	

COMMITTEE IDENTIF	FICATION								
Committee Name		Friends of Rebecca Kemble							
Mailing Address		4217 School	Rd						
Email	kemble4district18@gmail.com	emble4district18@gmail.com Daytime Phone 608-347-8097							
FILING PERIOD									
January Continuing	Spring Pre-Primary 🗌 Fall Pre-Primary	Special Pre-Primary	Report Year	2023					
July Continuing	Spring Pre-Election 🗌 September	Special Pre-Election	Is this a Tern	nination Report?					
	Fall Pre-Election	Special Post-Election	✓ Yes	No					
SUMMARY OF MONE	TARY RECEIPTS AND DISBURS	EMENTS							
		This Period	Year-to-Date	Office Use Only					
	Beginning Cash On-Hand	\$ 689.90							
1. Money	Received (Receipts)								
1-A. Monetary Contribu	utions from Individuals	\$-							
1-B. Monetary Contribu	utions from Committees (Transfers-In)	\$-							
1-C. Other Income and	l Commercial Loans	\$ -							
	Total Monetary Receipts	\$ -	\$ -						
2. Money S	Spent (Disbursements)								
2-A. Gross Monetary E	xpenditures	\$ -							
2-B. Monetary Contribu	utions to Committees (Transfers-Out)	\$ 689.90							
	Total Monetary Disbursements	\$ 689.90	\$ -						
	Ending Cash On-Hand	\$ -							
SUMMARY OF OUTS	TANDING DEBTS								
3-A. Incurred Obligatio	ns (Unpaid Bills)	\$ -							
3-B. Outstanding Loan	Balance	\$ -							

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Rebecca Kemble

17-Jul-23

Signature of the candidate or treasurer

Print Name

Date

Income S	Schedule 1-A	^{2 1-A} Monetary Contributions from Individuals (Including Loans from Individuals)							of 8
Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount	

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount

Income So	hedule 1-B Mo	Monetary Contributions from Committees (Transfers-In)						8
Date	Committee Name	Address	City	ST	Zip	Comments	Amount	

Incom	e Schedule 1-C							
Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount

Disburse	ursements Schedule 2-A Gross Monetary Expenditures							Page 5 of 8
Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount

Disbursen	nents Schedule 2-B	Monetary Contributions to C	ut)	Page 6 of 8				
Date	Committee Name	Address	City	ST	Zip	Comments	A	mount
2/262003	Friends of Phair	925 Arden Ln	Madison	WI	53711		\$	200.00
2/26/2023	Friends of Yannette for District 10	4327 Milford Rd	Madison	WI	53711		\$	200.00
2/26/2023	Friends of Michelle Ellinger Linley	4209 Hanover St	Madison	WI	53704		\$	289.90

Incurred Obligations Excluding Loans (Unpaid Bills)

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Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period
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Loans (Personal, Committee, Commercial)

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Date	Name	Address	City	ST	Zip	Guarantor (if Any)	Outstanding Balance, Beginning of Period	New Loan Amount This Period	Outstanding Balance, Close of Period
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CF-13

TERMINATION REQUEST

Complete Committee Name

Ethics ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUA THIS INFORMATION SHO	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS							
I hereby forgive all persone	al loans or have assumed responsibility for any and all debts of my campaigr	i committee.					
Date	Endorser, Guarantor, or Creditor	Amount					

This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.

I do not owe the \$100 filing fee.

Mulle

Signature of Candidate or Treasurer

Date

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.