activity. Completion of this t intention to use any person	quired by the Ethics Commission for report form is mandatory for local committees. It is ally identifiable information from this form for eport an amendment?	Office	e Use Only	
COMMITTEE IDENTIFIC	CATION			
Committee Name		Friends of Rich W	illiams	
Mailing Address	1	706 Waterbend Drive Ve	rona WI 53593	
Email	dcwilliams555@gmail.com	Daytime Phone	6087	7701432
FILING PERIOD				
			Report Year	
			Is this a Terr	mination Report?
	Jan 2023-June 2023			
SUMMARY OF MONET	ARY RECEIPTS AND DISBURSEME	NTS		
		This Period	Year-to-Date	Office Use Only
	Beginning Cash On-Hand	\$ 623.73		
1. Money	/ Received (Receipts)			
1-A. Monetary Contributi	ons from Individuals	\$ -		
1-B. Monetary Contributi	ons from Committees (Transfers-In)	\$ -		
1-C. Other Income and C	Commercial Loans	\$ 0.03	\$ 0.03	
	Total Monetary Receipts	\$ 0.03	\$ 0.03	
2. Money	Spent (Disbursements)			
2-A. Gross Monetary Exp	penditures	\$ -		
2-B. Monetary Contributi	ons to Committees (Transfers-Out)	\$ -		
	Total Monetary Disbursements	\$ -	\$ -	
	Ending Cash On-Hand	\$ 623.76		
SUMMARY OF OUTSTA	ANDING DEBTS			
3-A. Incurred Obligations	s (Unpaid Bills)	\$ -		
3-B. Outstanding Loan B	alance	\$ -		
l ce	rtify that I have examined this report and to the b	est of my knowledge and be	elief, it is true, correct, and con	nplete.
	Deborah Williams	Deborah Williams	7/21/2023	
Signature of the candidate or to	reasurer	Print Name		Date

Table 1

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount

Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
2/28/23	Wells Fargo					Interest		0.01
4/28/23	Wells Fargo					Interest		0.01
6/30/23	Wells Fargo					Interest		0.01

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount

Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period

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