	FINANCE REPOR			
Is This Report an Amendment: 🛛 Yes	🗹 No			
Instructions for completing schedules are on the bac	k of each schedule.			
COMMITTEE IDENTIFICATION				
Name of Committee Nichelle Nichols for Public Schools				
Street Address 5320 Park Meadow Drive			OF	FICE USE ONLY
City, State and Zip Code Madison, WI 53704				
Please check if address is different than previously reported, and	l complete the Campaign Reg	gistration State	ement in the b	oack of this form.
NAME OF REPORT				
□ January Continuing □ Pre-Primary   ☑ July Continuing □ Pre-Election   □ September Continuing □ Pre-Election	Spring	Fall 🗌 S	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colur Caler Year-Te	ndar	
1. RECEIPTS			0-Date	
1A. Contributions (Including Loans) from Individuals	<u></u> \$ 0	<u></u> \$ 0		
1B. Contributions from Committees (Transfers-In)	\$ O	\$ 0		
1C. Other Income and Commercial Loans	\$ O	<u></u> \$0		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ O	<u></u> \$0		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 324.00	\$ 324.00		
2B. Contributions to Committees (Transfers-Out)	\$ O	\$ O		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 324.00	\$ 324.00		
CASH SUMMARY				
Cash Balance Beginning of Report	§ 1326.38			
Total Receipts	\$ O			
Subtotal	\$ 1326.38			
Total Disbursements	\$ 324.00			
CASH BALANCE END OF REPORT	\$ 1002.38			
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ <sup>0</sup>			
LOANS (Balance at the Close of This Period-3B)	<u></u> \$0			

certify that report and to the best of my knowledge and belief it is true, correct and col nave examinea this mpieie.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: July 15, 2023
Nichelle Nichols	Email nichelle4mmsd@gmail.com	Daytime Phone: 608-658-5252

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.

Complete Committee Name

Nichelle Nichols for Public Schools

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

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/7/23	Wix 500 Terry A Francois Boulevard Sixth Flr San Francisco, CA 94158 USA	renewal of Wix website hosting for www.nichelle4mmsd.com	\$324.00
	Check if: 🔄 In-Kind Offset		
	Check if: 🔲 In-Kind Offset		
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	<b>\$</b> 324.00		
		TOTAL ITEMIZED EXPENDITURES	<b>\$</b> 324.00
		TOTAL UNITEMIZED EXPENDITURES	\$

TOTAL EXPENDITURES \$ 324.00