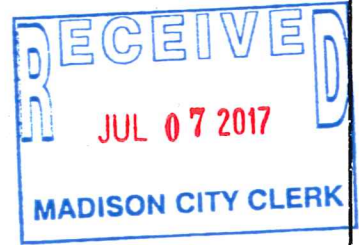


**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

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



**COMMITTEE IDENTIFICATION**

Name of Committee  
*Friends of Nicki Vander Meulen*

Street Address  
*309 W. Washington Ave Unit 204*

City, State and Zip Code  
*Madison, WI 53703*

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             Pre-Primary             Spring             Fall             Special  
 July Continuing *17*             Pre-Election             Termination Report  
 September Continuing             also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 0.00	\$ 1,560.00
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 600.00
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 2,160.00
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 216.28	\$ 3736.06
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 216.28	\$ 3736.06

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 693.52
Total Receipts	\$ 0.00
Subtotal	\$ 693.52
Total Disbursements	\$ 216.28
<b>CASH BALANCE END OF REPORT</b>	\$ 477.24
<b>INCURRED OBLIGATIONS</b> (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 <i>NICKI VANDER MEULEN</i>	Signature of Candidate or Treasurer <i>Nicki Vander Meulen</i>	Date: <i>7-7-17</i>
	Email: <i>nkvander@yahoo.com</i>	Daytime Phone: <i>608-332-2807</i>

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.

**SCHEDULE 2-A**

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
Friends of Nicki Vander Meulen

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
6/11/17	Nathan Meister 4705 Elkins Ave Nashville, TN 37209 Check if: <input type="checkbox"/> In-Kind Offset	website design & setup	\$216.28
	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		
	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	\$ 216.28
TOTAL ITEMIZED EXPENDITURES	\$ 216.28
TOTAL UNITEMIZED EXPENDITURES	\$ 0.00
TOTAL EXPENDITURES	\$ 216.28

