RRA - PG 1 of 2

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.

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Richelle Andrae

Street Address: [redacted]

City: Madison WI 53705

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 _____

☐ September Continuing _____ ☐ Pre-Election _____

also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date	
1. RECEIPTS			
1A. Contributions (Including Loans) from Individuals	$ Ø	$ [redacted]	706.00
1B. Contributions from Committees (Transfers-In)	$ Ø	$ 250.00	
1C. Other Income and Commercial Loans	$ Ø	$ Ø	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ Ø	$ 956.00	
2. DISBURSEMENTS			
2A. Gross Expenditures	$ 108.00	$ 1943.04	
2B. Contributions to Committees (Transfers-Out)	$ Ø	$ Ø	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 108.00	$ 1943.04	

CASH SUMMARY	
Cash Balance Beginning of Report	$ 1907.08
Total Receipts	$ Ø
Subtotal	$ Ø
Total Disbursements	$ 108.00
CASH BALANCE END OF REPORT	$ 1799.08
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ Ø
LOANS (Balance at the Close of This Period-3B)	$ Ø

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	Signature of Candidate or Treasurer / Date / Email / Daytime Phone
Richelle Andrae	Signature: Randrae Date: 1/14/21 Email: Richelle4DaneCounty@gmail.com Daytime Phone: 414.469.6664

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.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Richelle Andrae

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
7/14/20	Squarespace - 225 Varick St. 12th Floor. New York, NY. 10014 Check if: ☐ In-Kind Offset	monthly subscription for website.	16.00
8/14/20	Squarespace - 225 Varick St. 12th Flr New York, NY 10014 Check if: ☐ In-Kind Offset	Monthly subscription for website	16.00
9/14/20	Squarespace - 225 Varick St. 12th Flr New York NY 10014 Check if: ☐ In-Kind Offset	Monthly subscription for website	16.00
10/14/20	Squarespace - 225 Varick St. 12th Flr New York NY 10014 Check if: ☐ In-Kind Offset	Monthly subscription for website	16.00
11/14/20	Squarespace - 225 Varick St. 12th Flr New York NY 10014 Check if: ☐ In-Kind Offset	Monthly subscription for website	16.00
12/8/20	Google - 1600 Ampitheater PKWY, Mountain View CA 94043 Check if: ☐ In-Kind Offset	Google website domain renewal Richelle4DaneCounty.org	12.00
12/14/20	~~Google~~ Squarespace - 225 Varick St. 12th Flr New York NY 10014 Check if: ☐ In-Kind Offset	~~Google website domain renewal~~ website subscription	16.00
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 108.00
TOTAL ITEMIZED EXPENDITURES	$ 108.00
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ 108.00