### CAMPAIGN FINANCE REPORT STATE OF WISCONSIN CF-2

#### COMMITTEE IDENTIFICATION

July Continuing 2025		OFFICE U	JSE ONLY
Covers all activity from 01/01	/2025 through 06/30/2025		
Friends of Van Wanggaard			1. I
1246 Blaine Avenue		Committee ID:	0104422
Racine, WI 53405			
			_
	Covers all activity from 01/01 Friends of Van Wanggaard  1246 Blaine Avenue	Covers all activity from 01/01/2025 through 06/30/2025 Friends of Van Wanggaard  1246 Blaine Avenue  Racine, WI 53405	Covers all activity from 01/01/2025 through 06/30/2025  Friends of Van Wanggaard  1246 Blaine Avenue  Racine, WI 53405  Committee ID:

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$0.00	\$0.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.80	\$0.80
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$0.80	\$0.80
2. DISBURSEMENTS		
2A. Gross Expenditures	\$2,307.85	\$2,307.85
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$2,307.85	\$2,307.85

#### CASH SUMMARY

Cash Balance Beginning of Report*	\$15,509.64	
Total Receipts	\$0.80	
Subtotal	\$15,510.44	
Total Disbursements	\$2,307.85	
CASH BALANCE END OF REPORT*	\$13,202.59	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$0.00	

<sup>\*</sup>Cash Balance as reported by committee

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:	Daytime Phone:
Wangggaard, Mary Jo	Friends of Van Wanggaard	Email:	vwanggaard@gmail.com

**NOTE:** The information on this form is required by 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.

CF-2 (Rev. 04/16) This form is prescribed by the Wisconsin Ethics Commission, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

# SCHEDULE 1-A

# RECEIPTS Contributions From Individuals

Date	Full Name	Address	Occupation	Amount	YTD
			Total Anonymous Contributions	\$0.00	
			Grand Total	\$0.00	
			Non-Monetary (-):	\$0.00	
			Loan Forgiven (-):	\$0.00	
			Total	\$0.00	

# SCHEDULE 1-B

# RECEIPTS Contributions from Committees (Transfers-In)

Date	Full Name	Address	Amount	YTD
	Grand Total			
		\$0.00		
		Total	\$0.00	

# SCHEDULE 1-C

# RECEIPTS Other Income and Commercial Loans

Date	ate Full Name Address		Date Full Name Addres		Amount	YTD
Other Income						
06/30/2025	Educators Credit Union	1400 N Newman Rd, Racine, WI 53406	\$0.80	\$0.80		
	Comment(s): interest on account					
		Total	\$0.80			

# SCHEDULE 2-A

#### DISBURSEMENTS Gross Expenditures

Date	Communication Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Monetary							
01/16/2025		US Celluar	Box 205, Palatine, IL			Utilities - Phone / Cell Phone	\$200.00
01/27/2025		CrossRhodes Strategies	4557 AMERICAN WAY, COTTAGE GROVE, WI 53527			Consulting Fees - General	\$500.00
03/04/2025		Walmart	3049 Oakes Rd, Sturtevant, WI 53177			Parade Expenses - Fees, candy	\$457.85
03/06/2025		US Celluar	Box 205, Palatine, IL			Utilities - Phone / Cell Phone	\$200.00
03/12/2025		Wisconsin Ethics Commission	101 E. Wilson Street, Suite 127, PO Box 7125, Madison, WI 53707-7125			Forfeitures	\$950.00
Sub Total					\$2,307.85		
Grand Total					\$2,307.85		
Non-Monetary (-):					\$0.00		
Total					\$2,307.85		

# SCHEDULE 2-B

# DISBURSEMENTS Contributions To Committees (Transfers-Out)

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

# SCHEDULE 3-A

#### **ADDITIONAL DISCLOSURE**

#### **Incurred Obligations Excluding Loans**

Complete Committee Name: Friends of Van Wanggaard

**Beginning Incurred Obligation Amount:** \$0.00

Date	Full Name	Address	Amount
		Grand Total	\$0.00

Date	Full Name	Amount Paid
	Grand Total	
Outstanding Incurred Obligations End of Report		\$0.00

### SCHEDULE 3-B

#### **ADDITIONAL DISCLOSURE**

#### Loans

#### **Individual, Committee or Commercial**

Complete Committee Name: Friends of Van Wanggaard

**Beginning Loan Balance:** \$0.00

Date	Full Name	Address	Amount
		Grand Total	\$0.00

Date	Full Name	Amount Paid
	Grand Total	\$0.00
	Outstanding Loans End of Report	\$0.00