

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

STANDING FOR WISCONSIN FAMILIES INC

ADDRESS (number and street)

PO BOX 7486

☐ Check if different than previously reported. (ACC)

MADISON

WI

53707

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 00528893

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☒ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY
10 / 01 / 2019

through

MM / DD / YYYY
12 / 31 / 2019

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 Treasurer Leslie Harrison

Signature of Treasurer

Leslie Harrison

Date

MM / DD / YYYY
01 / 02 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

STANDING FOR WISCONSIN FAMILIES INC

Report Covering the Period: From:

MM / DD / YYYY
10 / 01 / 2019

To:

MM / DD / YYYY
12 / 31 / 2019

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<div>2019</div>	<div>300.00</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>290.00</div>	
(c) Total Receipts (from Line 19)	<div>0</div>	<div>.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>290.00</div>	<div>.00</div>
7. Total Disbursements (from Line 31)	<div>00</div>	<div>10.00</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>290.00</div>	<div>290.00</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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EP14F July 2013

VISIT

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P

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STANDING FOR WISCONSIN FAMILIES
PO BOX 7486
Madison WI 53708

C000

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Federal Election Commission
999 E Str, NW
Washington DC 20463-0001


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Federal Election Commission
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PREPARER 	01/06/20 DATE PREPARED

(3/2015)