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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Aut	thorized Com	mittee		0	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	ample: If typing, er the lines.	type	12FE4M5	
FRIENDS OF PETER	RTHERON					1
ADDRESS (number and street)	1021 SEQUOIA T	KAIL 				
▼ Check if different						
than previously reported. (ACC)	MADISON		<u> </u>		WI 53	3713
. FEC IDENTIFICATION I	NIIMRED V	CITY ▲		S	TATE A	ZIP CODE ▲
I EO IDENTIFICATION I	NOMBER V					STATE ▼ DISTRICT
C C00450353		3. IS THIS REPORT	x NEW (N)	OR	AMENDEI (A)	O
I. TYPE OF REPORT (C(a) Quarterly Reports:	Choose One) (I	b) 12-Day PRE	-Election Report	for the:		
(a) Quarterly Reports:			Primary (12P)		General (120	Runoff (12R)
April 15 Quarterly	Report (Q1)	П	Convention (12	C)	Special (12S)
July 15 Quarterly	Report (Q2)					
October 15 Quart	terly Report (Q3)	Election on	M = M /	D D /	Y - Y - Y - Y	in the State of
January 31 Year-I	End Report (YE)	c) 30-Day POS	T-Election Repor	t for the:		
		П	General (30G)		Runoff (30R)	Special (30S)
Termination Repo	rt (TER)	_	(5.2.)			
remination nepo	it (ILn)	Election on	M M /	D D /	Y Y Y Y	in the State of
	·					
5. Covering Period	10 / 01 /	^Y 2021	through	м м 12	31	2021
certify that I have examined	this Report and to the	ne best of mv kr	nowledge and be	lief it is tru	e, correct and o	omplete.
Type or Print Name of Treasur	BROOKS, CHRI		3			•
	ROOKS, CHRISTINE, , ,			5	м м м	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature of Treasurer			[Electronically File	eaj Da	ate	
IOTE: Submission of false, erro	neous, or incomplete	information may	subject the persor	n signing th	is Report to the	penalties of 52 U.S.C. §3010
Office Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name FRIENDS OF PETER THERON

Report Covering the Period:	From:	M M	/ D D D	/ Y Y Y Y Y 2021	To:	12 M	31 /	^Y 2021 Y

		COLUMN A This Period	COLUMN B Election Cycle-to-Date
	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	0.00	940.00
	(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	940.00
	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	0.00	1649.52
	(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	445.20
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	1204.32
	Cash on Hand at Close of Reporting Period (from Line 27)	4458.74	
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2460.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

FRIENDS OF PETER THERON

10 12 01 2021 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 915.00 0.00 (ii) Unitemized (iii) TOTAL of contributions 0.00 915.00 from individuals 0.00 25.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 940.00 0.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 445.20 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 1385.20 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	0.00	1649.52		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS:				
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	10000.00		
	(b) Of All Other Loans	0.00	0.00		
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	10000.00		
20.	REFUNDS OF CONTRIBUTIONS TO:				
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees (such as PACs)	0.00	0.00		
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00		
21.	OTHER DISBURSEMENTS	0.00	0.00		
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	11649.52		
	III. CASH SU	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPOR	rting period	4458.74		
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00		
25.	SUBTOTAL (add Line 23 and Line 24)		4458.74		
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	0.00		
27.	7. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)				

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF

FOR LINE NUMBER: (check only one)

13a 13b

NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON			Trans	saction ID : SC/10.5416		
LOAN SOURCE Full Name (Last, First, Market Theron, Peter, , ,	Middle Initial)		☐ Memo Ite	Election: 2016 X Primary General		
Mailing Address 102 Sequioa Trail		Other (specify) ▼				
City	State	ZIP Code				
Madison	WI	53713	13 Personal Funds of the Candid			
Original Amount of Loan	Cumulative Pa	ment To Date	e В	dalance Outstanding at Close of This Period		
4000.00			0.00	4000.00		
TERMS Date Incurred	Г	ate Due	Interest R (If none, er			
M10 ^M / D21 ^D / Y Ž01Š Y	M M / D D	[/] 12/Ŏ1/2	2016 Y	1.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source					
1. Full Name (Last, First, Middle Initial)		Nar	me of Employer			
Mailing Address		Oce	Occupation			
		Am	Amount			
City	ZIP Code		aranteed tstanding:	7 7		
2. Full Name (Last, First, Middle Initial)		Nar	me of Employer			
Mailing Address		Oco	Occupation			
			ount			
City	ZIP Code		tstanding:	7		
3. Full Name (Last, First, Middle Initial)		Nar	me of Employer			
Mailing Address		Occ	cupation			
City State	ZIP Code		ount			
_	211 0000		tstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
4. Full Name (Last, First, Middle Initial)		i Nar	me of Employer			
Mailing Address		Occ	cupation			
O't.	710.01-		ount			
City	ZIP Code		tstanding:	9 9		
	·					
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line of	TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, 5	Schedule D, for this	line. If no S	chedule D, carry fo	orward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

12

13b Transaction ID: SC/10.5535 NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Theron, Peter, , , General Mailing Address Other (specify) \blacktriangledown 102 Sequioa Trail City State ZIP Code X Personal Funds of the Candidate WI 53713 Madison Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 1.00 D01D M 02M ž016 Y12/01/2016Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF FOR LINE NUMBER: **X** 13a (check only one)

12

13b Transaction ID: SC/10.5622 NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 Memo Item Primary Theron, Peter, , , General X Mailing Address Other (specify) 102 Sequioa Trail City State ZIP Code X Personal Funds of the Candidate WI 53713 Madison Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 4000.00 4040.00 -40.00**TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 1.00 ^D16^D M 06M ž016 Y12/01/2016 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... -40.00TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON	1	Transaction ID : SC/10.6451			
LOAN SOURCE Full Name (Last, First Theron, Peter, , ,	, Middle Initial)	Memo Item Election: 2020 X Primary General			
Mailing Address 102 Sequioa Trail		Other (specify) ▼			
City	State	ZIP Code			
Madison	WI	53713 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
100.00		1700.00 - 1600.00			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M04M / D04D / Y Ž02Ŏ Y	M M / D D	1.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if a	ny) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	te ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	te ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed			
,	te ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City Sta	te ZIP Code	Amount Guaranteed			
Oity	le Zii Gode	Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3	, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

13a 13b

		100
NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON	N	Transaction ID : SC/10.6453
LOAN SOURCE Full Name (Last, First	, Middle Initial)	Memo Item Election: 2020
Theron, Peter, , ,		Primary General
Mailing Address 102 Sequioa Trail		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Madison	WI	53713
Original Amount of Loan	Cumulative Pa	syment To Date Balance Outstanding at Close of This Period
100.00		0.00
TERMS Date Incurred	ו	Date Due Interest Rate Secured: (If none, enter 0)
M04M / D06D / Y Z020 Y	M M / D D	¹ 12/31/2020 1.00
List All Endorsers or Guarantors (if a	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optio	onal)	100.00
TOTALS This Period (last page in this line	,	, 100.00
		7 7
Carry outstanding balance only to LINE 3	, Schedule D, for thi	is line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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X 13a 13b

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Transaction ID: SC/10.6455 NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Theron, Peter, , , General Mailing Address Other (specify) \blacktriangledown 102 Sequioa Trail City State ZIP Code X Personal Funds of the Candidate WI 53713 Madison Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 200.00 10000.00 -9800.00**TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 1.00 ^D13^D M 04M **2020** Y12/31/2020 x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... -9800.00TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 11 OF FOR LINE NUMBER: (check only one)

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X 13a Detailed Summary Page 13b Transaction ID: SC/10.6456 NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Theron, Peter, , , General Mailing Address Other (specify) \blacktriangledown 102 Sequioa Trail City State ZIP Code X Personal Funds of the Candidate WI 53713 Madison Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 1300.00 0.00 1300.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 1.00 ^D20^D M 04M **2020** Y12/31/2020 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 1300.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER:
(check only one)

X 13a

		100
NAME OF COMMITTEE (In Full) FRIENDS OF PETER THERON		Transaction ID : SC/10.6457
LOAN SOURCE Full Name (Last, First, M	ddle Initial)	Memo Item Election: 2020
Theron, Peter, , ,	,	Memo Item Primary General
Mailing Address 102 Sequioa Trail		Other (specify) ▼
City	State	ZIP Code SOZIA Personal Funds of the Candidate
Madison	WI	53713
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
2500.00	,	0.00 2500.00
TERMS Date Incurred	Г	ate Due Interest Rate Secured: (If none, enter 0)
^M 05 ^M / ^D 04 ^D / Y Ž02Ŏ Y	M M / D D	/ ^Y 12/31/2020
List All Endorsers or Guarantors (if any)	to Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		2500.00
TOTALS This Period (last page in this line on	ly)	2460.00
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.