



AA

WIS

04/11/98

2151 10th St 103

MAILING

LAST	SUFFIX	Date Processed	NAME	NICKNAME
PLEASE), APT / SUITE #,	CITY,	Date Imaged	CAMPAIGN	STREET ADDRESS (NO PO BOX)

(Residence or Business)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

April Williams Moore

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

CANDIDATE / OFFSHOLDER

Page 1 of 2

NAME: [Redacted]
ADDRESS: [Redacted]
CITY: [Redacted] **STATE:** [Redacted] **ZIP:** [Redacted]
PHONE: [Redacted] **FAX:** [Redacted]
EMAIL: [Redacted]

PROFESSION: [Redacted]
EDUCATION: [Redacted]
EMPLOYMENT: [Redacted]
REFERENCES: [Redacted]
COMMENTS: [Redacted]

DECLARATION: [Redacted]
SIGNATURE: [Redacted]
DATE: [Redacted]

DECLARATION: [Redacted]
SIGNATURE: [Redacted]
DATE: [Redacted]

1 Total pages Schedule A1:

7. Amount of contribution (S)

Date

Range Defining

com

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

CONTRIBUTOR'S

DATE RECEIVED

AMOUNT

CONTRIBUTOR'S

The restricted date applies how to complete this form.

2 FILER NAME

Adrian J. ...

3 How to (Include Contribution Filed)

...

OFFICIAL NAME OF CONTRIBUTOR (NAME OF CONTRIBUTOR'S ORGANIZATION)

Continuation of

description

...

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Ranking

Event Expense
Fees

Loan Repayment/Reimbursement
Office/Out-of-Pocket Expenses

Solicitation/Fundraising Expense

LOANS

SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

The instructions apply to completing this form.

1 Total pages Schedule E: