	CAMPAIGN FINANCE REPOR						
	Is this report an Amendment?	١	res <b>no</b>				
COMMITTEE IDENTI	FICATION					1	
Name of Committee	Friends of Christian Albouras					]	
Address	8317 Red Granite Road						
City, State, ZIP	Madison, WI 53719					OFFICE USE ON	ILY
Please check if address is	s different than previously reported						
NAME OF REPORT	Jan Continuing 2024 Pre-Primary	20			Spring 2022	Fall	Special
	July Continuing 2024				Spring	Fall	Special
	September 20 Continuing						
SUMMARY OF RECE	EIPTS AND DISBURSEMENTS		Column A		Column B	Audited Totals	
1. RECEIPTS		Т	his Period		YTD	Office Use Only	
A. Contributions inclu	ding Loans from Individuals	\$	-	\$	10,975.00		
B. Contributions from	Committees (Transfers-In)	\$	-	\$	800.00		
C. Other Income and	Commercial Loans	\$	0.18	\$	288.45		
TOTAL RECEIPTS (A	Add totals from 1A, 1B, and 1C)	\$	0.18	\$	12,063.45		
2. DISBURSEMENTS							
A. Gross Expenditure	s	\$	-	\$	9,654.89		
B. Contributions to Co	ommittees (Transfers-Out)	\$	100.00	\$	800.00		
TOTAL DISBURSEM	ENTS (Add totals from 2A and 2B)	\$	100.00	\$	10,454.89		
CASH SUMMARY							
Cash Balance at Begi	nning of Report	\$	5,887.84				
Total Receipts		\$	0.18				
Subtotal		\$	5,888.02				
Total Disbursements			100.00				
CASH BALANCE AT	END OF REPORT	\$	5,788.02				
INCURRED OBLIGATION	<b>FIONS</b> (at close of period)	\$	-				
LOANS (at close of po	eriod)	\$	-				
I certify that I have exami	ned this report and to the best of my knowl	edge d	and belief it is tru	ıe, co	orrect and comple	te.	
Type or Print Name of Candida	Signa	ture of Candidate or	Treas	surer	Date		
Jonathan D. Gramling	Email	Jonathan I	). <sub>Æ</sub>	Granling	7/3/2024		
		gran	nling@capitalo	cityh	ues.com	608-469-0009	

**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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)

						REASON FOR			
<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	INCOME	AMO	TNUC	COMMENTS
01/31/24	Summit Credit Union	2939 S. Fish Hatchery Road	Fitchburg	WI	53711	Divfidend	\$	0.03	
02/29/24	Summit Credit Union	2939 S. Fish Hatchery Road	Fitchburg	WI	53711	Divfidend	\$	0.03	
03/31/24	Summit Credit Union	2939 S. Fish Hatchery Road	Fitchburg	WI	53711	Divfidend	\$	0.03	
04/30/24	Summit Credit Union	2939 S. Fish Hatchery Road	Fitchburg	WI	53711	Divfidend	\$	0.03	
05/31/24	Summit Credit Union	2939 S. Fish Hatchery Road	Fitchburg	WI	53711	Divfidend	\$	0.03	
06/30/24	Summit Credit Union	2939 S. Fish Hatchery Road	Fitchburg	WI	53711	Divfidend	\$	0.03	

## SCHEDULE 2-A Gross Expenditures

IN-KIND	<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>PURPOSE</u>	AMOUNT	COMMENTS
	09/30/23	Summit Credit Union	2939 S. Fish Hatchery R	Fitchburg	WI	53711	Annual Card Fee		

## SCHEDULE 2-B Contributions to Committees

<u>IN-KIND</u>	DATE	<u>NAME</u>	Ethics ID#	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	AMOUNT	<u>YTD</u>	COMMENTS
	3/25/2024	Friends of Matt Veldron		5738 Kronke Drive	Madison	WI	53711	100.00		1044