CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE

Is this report an Amendment? **NO**

COMMITTEE IDENTIFICATION

Name of Committee	Juliana For District 2 Alder
Address	102 N Franklin St Apt 201
City, State, ZIP	Madison, WI 53703

OFFICE USE ONLY

Please check if address is different than previously reported ____

NAME OF REPORT

	Spring	Fall	Special
January Continuing	**Spring**	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS	**Column A This Period**	**Column B YTD**	**Audited Totals Office Use Only**	
1. RECEIPTS				
A. Contributions including Loans from Individuals	$ -	$ -		
B. Contributions from Committees (Transfers-In)	$ -	$ -		
C. Other Income and Commercial Loans				
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	$ -	$ -		
2. DISBURSEMENTS				
A. Gross Expenditures	$0.00	$ -		
B. Contributions to Committees (Transfers-Out)	$ -	$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$0.00	$ -		
CASH SUMMARY				
Cash Balance at Beginning of Report	$ 1,883.69			
Total Receipts	$ -			
Subtotal	$ -			
Total Disbursements	$ -			
CASH BALANCE AT END OF REPORT	**$ 1,883.69**			
INCURRED OBLIGATIONS (at close of period)	$ -			
LOANS (at close of period)				

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** 01/29/24
Nada Elmikashfi	**Email** julianaforthepeople@gmail.com	**Daytime Phone** 608 960-9063

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)

SCHEDULE 1-A **Contributions Including Loans from Individuals**

IN-KIND	CONDUI	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	AMOUNT	YTD	COMMENTS

SCHEDULE 1-B

Contributions from Committees

IN-KIND	DATE	COMMITTEE NAME	Ethics ID#	ADDRESS	CITY	ST	ZIP	AMOUNT	YTD	COMMENTS

SCHEDULE 1-C

Other Income and Commercial Loans

DATE	NAME	ADDRESS	CITY	ST	ZIP	REASON FOR INCOME	AMOUNT	COMMENTS

SCHEDULE 2-A

Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT	COMMENTS

SCHEDULE 2-B

Contributions to Committees

IN-	DATE	NAME	Ethics ID#	ADDRESS	CITY	ST	ZIP	AMOUNT	YTD	COMMENTS

SCHEDULE 3-A

Incurred Obligations Excluding Loans

DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -

SCHEDULE 3-B

Loans: Individual, Committee or Commercial

DATE	NAME	ADDRESS	CITY	ST	ZIP	Outstanding Balance Beg of Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address

SCHEDULE 4 TERMINATION REQUEST

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the obligations and cash balance have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.

DATE	RECIPIENT	AMOUNT

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.

DATE	Endorser, Guarantor, or Creditor	AMOUNT

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer Date