CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE STATE OF WISCONSIN

| finance activity. Completic Commission's intention to any other purpose. | equired by the Ethics Commission for re n of this form is mandatory for local con use any personally identifiable informati | mittees. It is not the | Office | Use Only | | | | |
|--|---|-----------------------------------|-------------------------------|-----------------|--|--|--|--|
| COMMITTEE IDENTIF | ICATION | | | | | | | |
| Committee Name | | Friends of John W | Duncan | | | | | |
| Mailing Address | PO | BOX 44533, Madison, WI 53744-4533 | | | | | | |
| Email | duncanformadison@gmail.com | Daytime Phone | (608) | 620-3395 | | | | |
| FILING PERIOD | | | | | | | | |
| January Continuing | Spring Pre-Primary 🗌 Fall Pre-Primary | Special Pre-Primary | Report Year 2024 | | | | | |
| July Continuing | ✓ July Continuing | | Is this a Termination Report? | | | | | |
| | Fall Pre-Election | Special Post-Election | Yes | ✓ No | | | | |
| SUMMARY OF MONE | TARY RECEIPTS AND DISBURSI | EMENTS | | | | | | |
| | | This Period | Year-to-Date | Office Use Only | | | | |
| | Beginning Cash On-Hand | \$ 2,521.73 | | | | | | |
| 1. Money | Received (Receipts) | | | | | | | |
| 1-A. Monetary Contribu | tions from Individuals | \$- | | | | | | |
| 1-B. Monetary Contribu | tions from Committees (Transfers-In) | \$ - | | | | | | |
| 1-C. Other Income and | Commercial Loans | \$- | | | | | | |
| | Total Monetary Receipts | \$- | \$ - | | | | | |
| 2. Money S | pent (Disbursements) | | | | | | | |
| 2-A. Gross Monetary Ex | kpenditures | \$ 176.00 | \$ 176.00 | | | | | |
| 2-B. Monetary Contribu | tions to Committees (Transfers-Out) | \$- | \$ - | | | | | |
| | Total Monetary Disbursements | \$ 176.00 | \$ 176.00 | | | | | |
| | Ending Cash On-Hand | \$ 2,345.73 | | | | | | |
| SUMMARY OF OUTS | TANDING DEBTS | | | | | | | |
| 3-A. Incurred Obligation | ns (Unpaid Bills) | \$- | | | | | | |
| 3-B. Outstanding Loan | Balance | \$ - | | | | | | |

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

W

Signature of the cand date or treasurer

Tim Schaefer Print Name

07/02/2024 Date

Monetary Contributions from Individuals (Including Loans from Individuals)

| | [| Date | Name | Address | City | ST | Zip | Occupation | Comments | Amount |
|--|---|------|------|---------|------|----|-----|------------|----------|--------|
|--|---|------|------|---------|------|----|-----|------------|----------|--------|

Monetary Contributions from Committees (Transfers-In)

| | Γ | Date | Committee Name | Address | City | ST | Zip | Comments | Amount |
|--|---|------|----------------|---------|------|----|-----|----------|--------|
|--|---|------|----------------|---------|------|----|-----|----------|--------|

Income Schedule 1-C

Other Income and Commercial Loans

| | Date | Name | Address | City | ST | Zip | Reason for Income | Comments | Amount |
|--|------|------|---------|------|----|-----|-------------------|----------|--------|
|--|------|------|---------|------|----|-----|-------------------|----------|--------|

Disbursements Schedule 2-A

Gross Monetary Expenditures

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| Date | Name | Address | City | ST | Zip | Purpose | Comments | Α | mount |
|--|------|----------------|---------|----|------|---------------|----------|----|--------|
| 1/16/2024 United States Postal Service | | 733 Struck St. | Madison | WI | 5371 | PO BOX Rental | | \$ | 176.00 |

Disbursements Schedule 2-B

Monetary Contributions to Committees (Transfers-Out)

| Date Committee Name Address City ST Zip Comments Amount |
|---|
|---|

Incurred Obligations Excluding Loans (Unpaid Bills)

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| Date | Name | Address | City | ST | Zip | Purpose | Outstanding Balance, Beginning of Period | New Obligation This Period | Outstanding Balance, Close of Period |
|------|------|---------|------|----|-----|---------|---|-------------------------------|--|
|------|------|---------|------|----|-----|---------|---|-------------------------------|--|

Loans (Personal, Committee, Commercial)

| Date | Name | Address | City | ST | Zip | Guarantor (if Any) | Outstanding Balance, Beginning of Period | New Loan Amount This Period | Outstanding Balance, Close of Period | |
|------|------|---------|------|----|-----|--------------------|---|-----------------------------------|--|--|
|------|------|---------|------|----|-----|--------------------|---|-----------------------------------|--|--|