finance activity. Completic	required by the Ethics Commission for re on of this form is mandatory for local com o use any personally identifiable informat	imitte	es. It is not the		Office (Jse Only
Is this re	port an amendment?					
COMMITTEE IDENTII	FICATION					
Committee Name	Maia For School Board					
Mailing Address	PO BOX 259267, Madison, WI, 53725					
Email	vote4maia@gmail.com		Daytime Phone	6089	9572836	
FILING PERIOD						
					Report Year	2023
					Is this a Termi	nation Report?
SUMMARY OF MONE	ETARY RECEIPTS AND DISBURSE	MEN	ITS			
			This Period	Y	/ear-to-Date	Office Use Only
	Beginning Cash On-Hand	\$	1,540.98			
1 Money	Received (Receipts)	8888				
1-A. Monetary Contrib		\$	25.00	\$	25.00	
	utions from Committees (Transfers-In)	\$		۳	20.00	
1-C. Other Income and		\$				
1 0. Gallor moonie dire	Total Monetary Receipts		25.00	\$	25.00	
	rotal Monetary (Neccipts	Ψ	20.00	Ψ	25.00	
2. Money S	Spent (Disbursements)					
2-A. Gross Monetary E	xpenditures	\$	124.99	\$	390.99	
2-B. Monetary Contrib	utions to Committees (Transfers-Out)	\$	-			
	Total Monetary Disbursements	\$	124.99	\$	390.99	
	Ending Cash On-Hand	\$	1,440.99	30303	***************************************	
	Ending Cash On-Hand	Φ	1,440.99			
SUMMARY OF OUTS	TANDING DEBTS					
3-A. Incurred Obligation	ns (Unpaid Bills)	\$	-			
3-B. Outstanding Loan	Balance	\$	-			
l certif	that I have examined this report and to the b	est of	my knowledge and b	elief, i	t is true, correct, and co	omplete.

Print Name

Date

Signature of the candidate or treasurer

Schedule 1-A Page 1 of 1

Name	Address	City	ST	Zip	Occupation	Comments	Amount
Andrea Missureli	5128 Spaanem Avenue	Madison	WI	53716	MMSD Teacher		\$25.00
			,	,			

Schedule 1-B Page 1 of 1

Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Schedule 1-C Page 1 of 1

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount

Schedule 2-A Page 1 of 1

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
12/31/2023	Canva	22 Lacey St	Surey Hills	AU		Graphic tool		\$119.99
12/31/2023	Summit Credit Union	2424 Rimrock Road	Madison	WI	53713	Annual card fee		\$5.00

Schedule 2-B Page 1 of 1

Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Schedule 3-A Page 1 of 1

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

Schedule 3-B Page 1 of 1

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