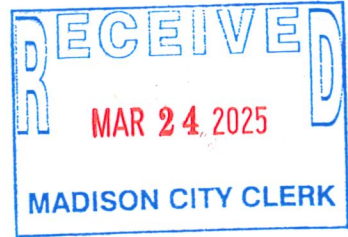


**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes             No

Instructions for completing schedules are on the back of each schedule.



**OFFICE USE ONLY**

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of Ryan Koglin*

Street Address

*158 Jackson St.*

City, State and Zip Code

*Madison WI 53704*

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.   

**NAME OF REPORT**

- January Continuing \_\_\_\_\_     Pre-Primary \_\_\_\_\_  
 July Continuing \_\_\_\_\_     Spring     Fall     Special     Termination Report  
 September Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_    *attach CF-13, Termination Request*

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1950	\$ 1950
1B. Contributions from Committees (Transfers-In)	\$ 100	\$ 100
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 2050	\$ 2050

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 1715	\$ 1715
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 140
Total Receipts	\$ 2190
Subtotal	\$ 2190
Total Disbursements	\$ 1715
<b>CASH BALANCE END OF REPORT</b>	\$ 475
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 700

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: <i>3-21-25</i>
<i>Ryan Koglin</i>	<i>Ryan Koglin</i>	Daytime Phone: <i>262-719-3121</i>
	Email: <i>Ryan.koglin@district15.wisconsin.gov</i>	

**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.

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**Friends of Ryan Koslin**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
1-9	Liz Dannenbaum 4313 Major Madison WI 53716  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100	100
1-9	Kristi Kaylo 242 oak st. Madison WI 53704  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		150	150
1-13	David Ahrens 4117 Major Ave Madison, WI 53716  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		100	100
1-23	Lissa McLaughlin 3453 Hargrove Madison, WI 53714  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25	25
<del>1-27</del> 1-27	Jennifer Christensen 4308 Major Madison, WI 53716  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25	25
2-9	Liz Dannenbaum 4313 Major Ave Madison WI 53716  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25	521
3-2	Sarah Pasko 1827 E. Washington Madison WI 53704  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		25	25
<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>			\$ 450	450
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>			\$ 450	450
<b>TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS</b>			\$ -	
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>			\$ 450	450

Complete Committee Name \_\_\_\_\_

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3-5	Kelly Koslin 158 Jackson St. Madison, WI 53704  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	UW Hospital	400	400
3-5	Ryan Koslin 158 Jackson St. Madison, WI 53704  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	small business owner	400	400
3-5	Ryan Koslin 158 Jackson St. Madison, WI 53704  Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____	small business owner	700	700
3-9	Liz Dannenbaum 4313 Major Ave Madison, WI 53716  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		25	150
3-12	Anonymous  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		15	15
3-12	Anonymous  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____		10	25
	  Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1525	1525
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1525	1525
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 25	25
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1550	1550

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
2-22	PROGRESSIVE DAVE 1202 WILLIAMSON ST. ST101 MADISON WI 53703 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	50
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		\$ 50
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		\$ 50

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
**Friends of Ryan Kaslin**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1-16	Budget Signs 2225 Industrial Drive Madison, WI 53713 Check if: <input type="checkbox"/> In-Kind Offset	Yard signs Promo banner	1715
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 1715
TOTAL ITEMIZED EXPENDITURES	\$ 1715
TOTAL UNITEMIZED EXPENDITURES	\$ <del>3000</del> 0
TOTAL EXPENDITURES	\$ 1715

**Loans  
Individual, Committee or Commercial  
ADDITIONAL DISCLOSURE**

Complete Committee Name  
**Friends of Ryan Koglin**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
3/15/25	Ryan Koglin 158 Jackson St. Madison WI 53704	0	700	0	700

List All Endorsers or Guarantors (if any)  
**NONE**

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$ <b>700</b>
<b>TOTAL OUTSTANDING LOANS</b>	\$ <b>700</b>