

Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Office Use Only

Is this report an amendment? Yes No

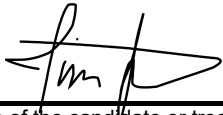
COMMITTEE IDENTIFICATION			
Committee Name	Friends of John W Duncan		
Mailing Address	PO BOX 44533, Madison, WI 53744-4533		
Email	duncanformadison@gmail.com	Daytime Phone	(608) 620-3395

FILING PERIOD			
<input checked="" type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary
<input type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election	
Report Year			2025
Is this a Termination Report?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			
	This Period	Year-to-Date	<i>Office Use Only</i>
Beginning Cash On-Hand	\$ 2,345.73		
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ 425.00	\$ 425.00	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -	\$ -	
1-C. Other Income and Commercial Loans	\$ -	\$ -	
<i>Total Monetary Receipts</i>	\$ 425.00	\$ 425.00	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ 399.30	\$ 575.30	
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -	\$ -	
<i>Total Monetary Disbursements</i>	\$ 399.30	\$ 575.30	
Ending Cash On-Hand	\$ 2,371.43		

SUMMARY OF OUTSTANDING DEBTS			
3-A. Incurred Obligations (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.

 Signature of the candidate or treasurer	Tim Schaefer, treasurer Print Name	01/04/2024 Date
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Monetary Contributions from Individuals (Including Loans from Individuals)

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
12/20/2024	John Biggan	817 Forest Crossing Dr	Hurst	TX	76053	Data Scientist		\$ 100.00
12/20/2024	Steven Morrison	8 Greenside Cir	Verona	WI	53593	Executive Director Emeritus		\$ 25.00
12/21/2024	Edith Kenneally	58 Willow Rd	Nahant	MA	01908	Not Employed		\$ 25.00
12/21/2024	J. Timothy Reynolds	689 Nantasket Avenue	Hull	MA	02045	Not Employed		\$ 50.00
12/21/2024	Jerry Halbert	2217 Oak Hill Rd	Fort Worth	TX	76112	Not Employed		\$ 50.00
12/21/2024	Victor Crentsil	391 Fairmount Ave apt 204	Oakland	CA	94611	Manager		\$ 50.00
12/25/2024	Gregory Kleiner	119 Carroll Street	Keene	NH	03431	Accounting Manager		\$ 25.00
12/31/2024	Shannon Barry	1209 Menomonie Lane	Madison	WI	53704	Executive Director		\$ 100.00

Monetary Contributions from Committees (Transfers-In)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Other Income and Commercial Loans

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
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Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
11/22/2024	Wix.com LTD	Yunitsman 5	Tel Aviv, Israel		6936066	Domain registration		\$ 34.49
12/8/2024	Wix.com LTD	Yunitsman 5	Tel Aviv, Israel		6936066	Website hosting		\$ 348.00
12/22/2024	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 11.87
12/29/2024	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 0.99
12/31/2024	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 3.95

Monetary Contributions to Committees (Transfers-Out)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Incurred Obligations Excluding Loans (Unpaid Bills)

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