

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 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 checked="" 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	\$ 2,371.43		
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ 300.00	\$ 300.00	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ 450.00	\$ 450.00	
1-C. Other Income and Commercial Loans	\$ -	\$ -	
<i>Total Monetary Receipts</i>	\$ 750.00	\$ 750.00	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ 195.84	\$ 195.84	
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -	\$ -	
<i>Total Monetary Disbursements</i>	\$ 195.84	\$ 195.84	
Ending Cash On-Hand	\$ 2,925.59		

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.



Tim Schaefer, treasurer

03/22/2025

Signature of the candidate or treasurer

Print Name

Date

Monetary Contributions from Individuals (Including Loans from Individuals)

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
1/1/2025	Bryan Pickel	10 Executive Park West NE	Brookhaven	GA	30329	Quality Control Support Specialist		\$ 25.00
1/14/2025	Dennis Jolley	9062 Paddington Pkwy	Verona	WI	53593	Vice President		\$ 250.00
1/29/2025	Brenda Konkel	30 N Hancock St	Madison	WI	53703	Exeuctive Director		\$ 25.00

Monetary Contributions from Committees (Transfers-In)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
2/22/2025	Progressive Dane	1	Madison	WI	53703		\$ 50.00
3/5/2025	WI People Conference 500380EB	PO BOX 8003	Madison	WI	53708	Check #6221	\$ 400.00

Other Income and Commercial Loans

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

Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
1/5/2025	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 0.99
1/17/2025	United States Postal Service	733 Struck St	Madison	WI	53711	PO Box Renewal		\$ 182.00
1/19/2025	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 9.88
2/2/2025	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 0.99
2/23/2025	ActBlue Technical Services	366 Summer St	Somerville	MA	02144	Contribution Processing Fee		\$ 1.98

Monetary Contributions to Committees (Transfers-Out)

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

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
------	------	---------	------	----	-----	---------	--	----------------------------	--------------------------------------

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
------	------	---------	------	----	-----	--------------------	--	-----------------------------	--------------------------------------