**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.

## Is this report an amendment?

COMMITTEE IDENTIF	FICATION										
Committee Name	Committee Name Young People for MGR Govindarajan										
Mailing Address	Mailing Address 112 N Orchard St, Apt 20, Madison, WI, 53715										
Email mgrfordistrict8@gmail.com			Daytime Phone	6085	6099119						
FILING PERIOD											
				Report Year	2025						
				Is this a Termina	ation Report?No						
SUMMARY OF MONE	TARY RECEIPTS AND DISBURS	EM	ENTS								
			This Period	Year-to-Date	Office Use Only						
	Beginning Cash On-Hand	\$	5.00								
1. Money Received (Receipts)											
1-A. Monetary Contribu	utions from Individuals	\$	-								
1-B. Monetary Contribution	utions from Committees (Transfers-In)	\$	500.00								
1-C. Other Income and	I Commercial Loans	\$	-								
	Total Monetary Receipts	\$	500.00	\$ -							
2. Money S	Spent (Disbursements)										
2-A. Gross Monetary E	xpenditures	\$	-								
2-B. Monetary Contribution	utions to Committees (Transfers-Out)	\$	-								
	Total Monetary Disbursements	\$	-	\$ -							
	Ending Cash On-Hand	\$	505.00								
SUMMARY OF OUTS	TANDING DEBTS										
3-A. Incurred Obligatio		\$	-								
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.

/s/ MGR GovindarajanMGR Govindarajan1/15/2025Signature of the candidate or treasurerPrint NameDate

Office Use Only

	Date	Committee Name	Address	City	ST	Zip	Comments	Amount
L	9/6/2024	Friends of MGR Govindarajan	1216 Spring St, Apt 704	Madison	WI	53715		\$ 500.00