CAMPAIGN FINANCE REPOR WISCONSIN LOCAL COMMITT						
Is this report an Amendment?		YES				
COMMITTEE IDENTIFICATION	_					
Name of Committee Juliana For District 2 Alder						
Address 102 N Franklin St Apt 201						
City, State, ZIP Madison, WI 53703					OFFICE US	E ONLY
Please check if address is different than previously reported _					-	
NAME OF REPORT				Spring	Fall	Special
January Continuing 2024				Spring	Fall	Special
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A		Column B	Audited Tot	als
1. RECEIPTS	١,	This Period		YTD	Office Use	Only
A. Contributions including Loans from Individuals	\$	-	\$	-		
B. Contributions from Committees (Transfers-In)	\$	_	\$	_		
C. Other Income and Commercial Loans						
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$	-	\$	-		
2. DISBURSEMENTS	_					
A. Gross Expenditures		\$0.00	\$	-		
B. Contributions to Committees (Transfers-Out)	\$	10.00	\$	-		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)		\$10.00	\$	-		
CASH SUMMARY						
Cash Balance at Beginning of Report	\$	492.70				
Total Receipts	\$	-				
Subtotal	\$	492.70				
Total Disbursements	\$	10.00				
CASH BALANCE AT END OF REPORT	\$	482.70				
INCURRED OBLIGATIONS (at close of period)	\$	-				
LOANS (at close of period)						
I certify that I have examined this report and to the best of my know	wleds	ge and belief it is t	rue.	correct and comp	lete.	•
Type or Print Name of Candidate or Treasurer		nature of Candidate			Date	01/29/24
Nada Elmikashfi	Ema	$\Rightarrow$	La	#	Daytime Phone	608 960-9063
	julia	anaforthepeople@g	mail	l.com		

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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)

SCHEDULE 1-A Contributions Including Loans from Individuals

<u>IN-KIND</u>	CONDUI	<u>DATE</u>	<u>LAST</u>	<u>FIRST</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	ZIP	OCCUPATION	AMOUNT	<u>YTD</u>	COMMENTS
							-					

SCHEDULE 1-B

### **Contributions from Committees**

KIN KIN	<u>DATE</u>	COMMITTEE NAME	Ethics ID#	ADDRESS	CITY	<u>ST</u>	<u>ZIP</u>	AMOUNT	<u>YTD</u>	COMMENTS

### SCHEDULE 1-C

### Other Income and Commercial Loans

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	CITY	<u>ST</u>	<u>ZIP</u>	REASON FOR INCOME	AMOUNT	COMMENTS

SCHEDULE 2-A Gross Expenditures

<u>IN-KIND</u>	<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>PURPOSE</u>	AMOUNT	<u>COMMENTS</u>

SCHEDULE 2-B

### **Contributions to Committees**

IN-	DATE	<u>NAME</u>	Ethics ID#	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	AMOUNT	YTD	COMMENTS

## SCHEDULE 3-A Incurred Obligations Excluding Loans

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	PURPOSE	Outstanding Balance Beg of Period	New Obligations This Period	Payment This Period	Outstanding Bal Close of Period
	<del> </del>	<b>1</b>				<b>1</b>				
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -

SCHEDULE 3-B Loans: Individual, Committee or Commercial

<u>DATE</u>	NAME	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	Outstanding Balance Beg of Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address

# SCHEDULE 4 TERMINATION REQUEST

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the obligations and cash balance have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.

Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

THIS	DISPOSAL OF RESIDUAL FUNDS S INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-	-A AND/OR 2-B.
DATE	RECIPIENT	AMOUNT

I hereby for committee.	LOAN OR DEBT FORGIVENESS  rgive all personal loans or have assumed responsibility for any and all debts of	of my campaign
DATE	Endorser, Guarantor, or Creditor	AMOUNT

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer	Date