

**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.

COMMITTEE IDENTIFICATION

Name of Committee

Blair Mosner Feltham for Madison Schools

Street Address

2254 Myrtle Street

City, State and Zip Code

Madison WI 53704

OFFICE USE ONLY

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 2025 Pre-Primary _____ Spring Fall Special Termination Report
 July Continuing _____ Pre-Election _____ Termination Report
 September Continuing _____ Termination Report
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	\$ 0	\$
1B. Contributions from Committees (Transfers-In)	\$ 0	\$
1C. Other Income and Commercial Loans	\$ 0	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 115	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$
CASH BALANCE END OF REPORT	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 BLAIR MOSNER FELTHAM	Signature of Candidate or Treasurer BLAIR MOSNER FELTHAM Email bmf4mmsd@gmail.com	Date: 2/1/25 Daytime Phone: 9144177316
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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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
BLAIR MOSNER FELTHAM FOR MADISON SCHOOLS

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
Aug. 24	WIX.COM Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE HOSTING	\$23
SEPT 24	WIX.COM Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE HOSTING	\$23
OCT 24	WIX.COM Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE HOSTING	\$23
NOV 24	WIX.COM Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE HOSTING	\$23
DEC 24	WIX.COM Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE HOSTING	\$23
	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			\$ 115
TOTAL ITEMIZED EXPENDITURES			\$ 115
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$ 115