

## CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE

Is this report an Amendment?    YES    NO

### COMMITTEE IDENTIFICATION

Name of Committee: Amenda for Dan Co  
 Address: [REDACTED]  
 City, State, ZIP: Madison, WI 53714

OFFICE USE ONLY

Please check if address is different than previously reported

**NAME OF REPORT**

Jan 20__ Continuing	Pre-Primary 20 <u>19</u>	<u>May 7</u>	Spring	Fall	<input checked="" type="radio"/> Special
July 20__ Continuing	Pre-election 20__		Spring	Fall	Special
September 20__ Continuing					

### SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$ 396.53-			
B. Contributions from Committees (Transfers-In)	\$ -			
C. Other Income and Commercial Loans	\$ -			
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	<b>\$ 396.53</b>	<b>\$ -</b>		

### 2. DISBURSEMENTS

A. Gross Expenditures	\$ 331.53-			
B. Contributions to Committees (Transfers-Out)	\$ -			
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	<b>\$ 331.53</b>	<b>\$ -</b>		

### CASH SUMMARY

Cash Balance at Beginning of Report	\$ -			
Total Receipts	\$ -			
Subtotal	\$ -			
Total Disbursements	\$ -			
<b>CASH BALANCE AT END OF REPORT</b>	<b>\$ 65 -</b>			
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -			
<b>LOANS</b> (at close of period)	<b>\$ 100.00</b>			

*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  	Signature of Candidate or Treasurer Date <u>4/29/19</u>  Email Daytime Phone
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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.

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

REC  
APR 29 2019

DANE CO.

SCHEDULE 3-B

**Loans: Individual, Committee or Commercial**

DATE	NAME	ADDRESS	CITY	ST	ZIP	Outstanding Balance Beg of Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of Period	Guarantor (if any) Name and Address
4/29	Amanda McKaig	3709 Dennett Dr	Madison	WI	53714		100.00		\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	
									\$ -	

RT  
 APR 29 2019  
 DANE COUNTY

SCHEDULE 2-A

Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	CITY	ST	ZIP	PURPOSE	AMOUNT
✓	3/22/19	Amgabella MCKaig	3709 Dennett Dr	Madison	WI	53714	business cards	59.19
✓	4/11/19	Amalia MCKaig	3709 Dennett Dr	Madison	WI	53714	website (2 yr)	216.00
✓	3/29/19	Amabella MCKaig	3709 Dennett Dr	Madison	WI	53714	website domain name	21.34
	4/11/19	Amabella MCKaig	3709 Dennett Dr	Madison	WI	53714	WI elections voter info	35.00

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SCHEDULE 1-A Contributions Including Loans from Individuals

IN-KIND	CONDUIT	DATE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	AMOUNT	YTD	COMMENTS
✓		3/22/19	McKaig	Amanda	3709 Dennett Dr	Madison	WI	53714		59.19		
✓		3/29/19	McKaig	Amanda	3769 Dennett Dr	Madison	WI	53714		21.34		
✓		4/11/19	McKaig	Amanda	3709 Dennett Dr	Madison	WI	53714		216.00		
		4/11/19	McKaig	Amanda	3709 Dennett Dr	Madison	WI	53714		100.00		

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