

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

Received 1/12/2024
Dane County Clerk

Is this report an amendment? Yes No

COMMITTEE IDENTIFICATION

Committee Name	Friends of Lisa Jackson		
Mailing Address	[REDACTED] Middleton, WI 53562		
Email	LisajacksonforDane@aol.com	Daytime Phone	608.234.1943

FILING PERIOD @gmail.com

<input checked="" type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary	Report Year	2024
<input type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election	Is this a Termination Report?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election			

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date	Office Use Only
Beginning Cash On-Hand	0	0	
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ 275.24	275.24	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ 0 -	0	
1-C. Other Income and Commercial Loans	\$ 0 -	0	
<i>Total Monetary Receipts</i>	\$ 275.24	\$ 275.24	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ 30.32	30.32	
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ 0 -	0	
<i>Total Monetary Disbursements</i>	\$ 0 -	\$ 0 -	
Ending Cash On-Hand	\$ 244.92	244.92	

SUMMARY OF OUTSTANDING DEBTS

3-A. Incurred Obligations (Unpaid Bills)	\$ 0 -	0	
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.

 Signature of the candidate or treasurer	Holly Hatcher Print Name	1/11/24 Date
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Complete Committee Name
Friends of Lisa Jackson

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/20/23	Rick Rose P.O. Box 1807 Eagle River, WI 54521	Producers	20.24	20.24
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
12/29/23	Emily Kuhn 2425 Middleton Beach Rd Middleton WI 53562	Project Manager	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
12/31/23	Elisha Faulks 8500 Springbrook Blvd. apt. 208, Oak Creek, WI 53154	Maintenance Mechanic	5.00	5.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 275.24 275.24

TOTAL ITEMIZED CONTRIBUTIONS

\$ _____

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ _____

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 275.24 275.24

Complete Committee Name
Friends of Lisa JACKSON

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
12/30/23	Act Blue 14 Arrow St Suite 11 Cambridge, Ma Check if: <input type="checkbox"/> In-Kind Offset	Fundraising Fees for services rendered	30.32
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	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	\$ <u>30.32</u>
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ <u>30.32</u>