

**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.

RECEIVED
JUL 09 2020
DANE COUNTY CLERK

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee
Friends of Gallagher

Street Address
1101 Kinnear Dr

City, State and Zip Code
Madison, WI 53711

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 _____ Pre-Primary _____ Spring Fall Special
 July Continuing 2020 Pre-Election _____ Termination Report
 September Continuing _____ also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 185.00	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 185.00	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 2,933.73	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2,933.79	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 7,245.98
Total Receipts	\$ 185.00
Subtotal	\$ 7,430.98
Total Disbursements	\$ 2,933.73
CASH BALANCE END OF REPORT	\$ 4,497.25
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 2,407.00

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 T. Adam Gallagher	Signature of Candidate or Treasurer friends@adamgallagher.net	Date: 07.08.2020 Daytime Phone: 608.266.415
-----------------------------------------------------------------------	----------------------------------------------------------------------	----------------------------------------------------

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.

Complete Committee Name _____

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
1.13.20	Chad Nichols Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$50.00	\$50.00
1.26.20	Sandra Black Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$50.00	\$50.00
1.26.20	Samba Baldeh Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$35.00	\$35.00
3.14.20	Ken One Peace Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$50.00	\$50.00
	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# _____			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 185.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

Complete Committee Name

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
1.13.20	PayPal, https://www.paypal.com Check if: <input type="checkbox"/> In-Kind Offset	processing costs	\$1.75
1.26.20	Act Blue, https://secure.actblue.com Check if: <input type="checkbox"/> In-Kind Offset	processing costs	\$1.98
4.15.20	Citizens for Ozanne Check if: <input type="checkbox"/> In-Kind Offset	printing services	\$910.00
4.15.20	McDonell for Dane County Check if: <input type="checkbox"/> In-Kind Offset	mailing services	\$20.00
6.20.20	Jim Smith 4324 Melody Ln #105 Madison, WI 53704 Check if: <input type="checkbox"/> In-Kind Offset	campaign services	\$2000.00
	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			\$ 2933.73
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES			\$
TOTAL EXPENDITURES			\$

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

Complete Committee Name

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

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date	Adam Gallagher 4417 Boulder Ter Madison, WI 53711				
1 / 1 / 20		\$2407.00	\$0.00		\$2407.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date					
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date					
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ **2407.00**

TOTAL OUTSTANDING LOANS \$ **2407.00**