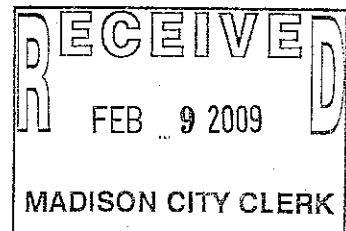


**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee
Katrina 4 District 8

Street Address
2569 University Ave. Apt B

City, State and Zip Code
Madison, WI 53705

WSEB ID Number:

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 Pre-Primary *09* Spring Fall Special

July Continuing Pre-Election Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1A. Contributions (Including Loans) from Individuals	\$ 469.00	\$ 469.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00	\$	\$
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 469.00	\$ 469.00	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0.00	\$ 0.00	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0.00	\$ 0.00	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0.00		\$
Total Receipts	\$ 469.00		\$
Subtotal	\$ 469.00		\$
Total Disbursements	\$ 0.00		\$
CASH BALANCE END OF REPORT	\$ 469.00		\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00		\$
LOANS (Balance at the Close of This Period-3B)	\$ 0.00		\$

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 <i>Danielle M. Harris</i>	Signature of Candidate or Treasurer <i>Danielle M. Harris</i>	Date: <i>2-7-09</i>
		Daytime Phone: <i>414-640-4110</i>

The information on this form is required by ss 11.06, 11.20, Wis Stats. Failure to provide the information may subject you to the penalties of ss 11.60, 11.61, Wis Stats.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

Complete Committee Name
Katrina 4 District 8

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

Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1/6/09	Katrina Flores (candidate)		\$5.00	\$5.00 Office Use
1/24/09	Katrina Flores (candidate) 626 Langdon St Apt # 307 Madison, WI 53703		\$45.00	\$50.00 Office Use
1/24/09	Michael Manuel 1511 N. Bascom Ave. Apt # 2 Chicago, IL 60622	Credit Analyst Chase Bank 10 S. Dearborn Ave. Chicago, IL 60603	\$200.00	\$200.00 Office Use
1/24/09	Brian Knowles 337 Sherman Ave. Apt # 1 Madison, WI 53704	Administrative Staff Multicultural Student Coalition 324 N. Henry St. Madison, WI 53703	\$100.00	\$100.00 Office Use
1/28/09	Katrina Flores (candidate) 626 Langdon St Apt # 307 Madison, WI 53703		\$19.00	\$69.00 Office Use
1/28/09	Katrina Flores (candidate) 626 Langdon St. Apt # 307 Madison, WI 53703		\$100.00	\$169.00 Office Use
1/1				
1/1				
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$445.00	
TOTAL ITEMIZED CONTRIBUTIONS			\$445.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$24.00	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$469.00	