

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

Is this report an amendment?

COMMITTEE IDENTIFICATION			
Committee Name	Friends of Aisha Moe		
Mailing Address	305 N Gammon Road		
Email	AishaForMadison@gmail.com	Daytime Phone	651-262-6677

FILING PERIOD		
	Report Year	2021
July Continuing	Is this a Termination Report?	

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			
	This Period	Year-to-Date	<i>Office Use Only</i>
Beginning Cash On-Hand	\$ 937.69		
1. Money Received			
1-A. Monetary Contributions from Individuals	\$ 75.00		
1-B. Monetary Contributions from Committees (Transfers-In)	\$ 300.00		
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ 375.00	\$ -	
2. Money Spent			
2-A. Gross Monetary Expenditures	\$ 2.97		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
<i>Total Monetary Disbursements</i>	\$ 2.97	\$ -	
Ending Cash On-Hand	\$ 1,309.72		

SUMMARY OF OUTSTANDING DEBTS			
3-A. Incurred Obligations (Unpaid Bills)	\$ -		
3-B. Outstanding Loan Balance	\$ -		

SUMMARY OF NON-MONETARY / IN-KIND ACTIVITY			
1-D. In-Kind Contributions Received	\$ -		
2-C. In-Kind Contributions Made	\$ -		

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	Print Name	Date
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Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
3/23/2021	Jay Sekhon	246 2nd St #1207	San Francisco	CA	94105	Consultant		\$ 75.00

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
3/29/2021	Teaching Assistants Association	520 University Ave STE 220	Madison	WI	53703		\$ 100.00
4/6/2021	AFCME AFL-CIO	PO Box 8003	Madison	WI	53708		\$ 200.00

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
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Date	Name	Address	City	ST	Zip	Comments	Value
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Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
3/23/2021	ActBlue	P.O. Box 441146	Somerville	MA	02144	ActBlue Fees		\$ 2.97

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Date	Name	Address	City	ST	Zip	Comments	Value
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Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period
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Date	Name	Address	City	ST	Zip	Guarantor (if Any)	Outstanding Balance, Beginning of Period	New Loan Amount This Period	Outstanding Balance, Close of Period
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