

**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.

COMMITTEE IDENTIFICATION

Name of Committee
Syed for District 12

Street Address
709 Highcliff Trail

City, State and Zip Code
Madison WI 53718

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 2023 Pre-Primary _____
- July Continuing _____ Spring Fall Special
- September Continuing _____ Pre-Election _____
- Termination Report
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	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ <u>250.00</u>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <u>250.00</u>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>1,654.83</u>
Total Receipts	\$
Subtotal	\$
Total Disbursements	\$ <u>250.00</u>
CASH BALANCE END OF REPORT	\$ <u>1404.83</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 <u>Maggie Freespirit, treasurer</u>	Signature of Candidate or Treasurer <u>Maggie Freespirit</u>	Date: <u>1/17/2023</u>
	Email: <u>maggie_freespirit@yahoo.com</u>	Daytime Phone: <u>608-242-1632</u>

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.

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Syed for District 12

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Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
10/11/22	Samba for State Assembly 5150 Crescent Oaks Dr Madison WI 53704	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		

SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE \$ **250.00** **250.00**

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$ **250.00** **250.00**