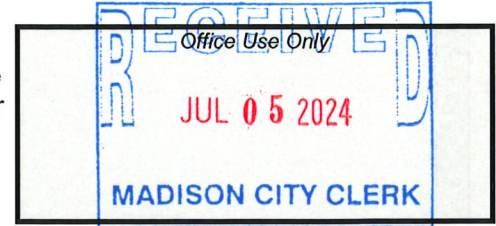


Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.



Is this report an amendment? Yes No

COMMITTEE IDENTIFICATION			
Committee Name	Julia Matthews for District 12		
Mailing Address	2513 E Mifflin St Madison, WI 53704		
Email	juliamatthewsfor12@gmail.com	Daytime Phone	608-571-2692

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

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			Office Use Only
	This Period	Year-to-Date	
Beginning Cash On-Hand	\$ 296.97		
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ -		
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -		
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ -	\$ -	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ -		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
<i>Total Monetary Disbursements</i>	\$ -	\$ -	
Ending Cash On-Hand	\$ 296.97		

SUMMARY OF OUTSTANDING DEBTS		
3-A. Incurred Obligations (Unpaid Bills)	\$ -	
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 Print Name Date

Monetary Contributions from Committees (Transfers-In)

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
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Incurred Obligations Excluding Loans (Unpaid Bills)

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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