•••	MPAIGN FINANCE REPOR						
	Is this report an Amendment?		NO				
COMMITTEE IDENTIFIC	ATION				1		
Name of Committee	Community for Angela Jenkins						
Address	207 Morningside Ave						
City, State, ZIP	Madison, WI 53716				OFFICE US	E ONLY	
Please check if address is differ	ent than previously reported						
NAME OF REPORT	Jan 2019 Continuing			Spring	g 		
SUMMARY OF RECEIPT	S AND DISBURSEMENTS	T	Column A	Column I	B Audited To	als	
1. RECEIPTS		1 1	his Period	YTD	Office Use	Only	
A. Contributions including	g Loans from Individuals	\$	175.00				
B. Contributions from Co	-	\$					
C. Other Income and Co	· · · · · · · · · · · · · · · · · · ·	\$	-				
TOTAL RECEIPTS (Add	totals from 1A, 1B, and 1C)	\$	175.00	\$ -			
2. DISBURSEMENTS							
A. Gross Expenditures		\$	5.35				
B. Contributions to Com	nittees (Transfers-Out)	\$	-				
TOTAL DISBURSEMEN	rs (Add totals from 2A and 2B)	\$	5.35	\$ -			
CASH SUMMARY							
Cash Balance at Beginn	ing of Report	\$	_	r.			
Total Receipts		\$	175.00				
Subtotal		\$	175.00				
Total Disbursements		\$	5.35				
CASH BALANCE AT EN	D OF REPORT	\$	169.65				
INCURRED OBLIGATIO	NS (at close of period)	\$	-				
LOANS (at close of period	od)	\$	40.00]			
I certify that I have examined	l this report and to the best of my know	ledge	and belief it is tri	ie, correct a	nd complete.		
Type or Print Name of Candidate or	Treasurer	Signa	ture of Candidate or 1	Da	Date		
Heather Driscoll, Treasurer		2	eather D.	1/15/			
		Email		Daytime Phone			
		hea	ther.m.driscoll(vgmail.coi	<u>m</u> 608.575.11	12	

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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)

SCHEDULE 1-A Contributions Including Loans from Individuals

IN-KIND	CONDUIT	DATE	140*									
	Service State	DAIE	LAST	FIRST	ADDRESS	CITY	ST	ZIP	OCCUPATION	AMOUNT	YTD	COMMENTS
		10/17/10										CANDIDATE
		12/17/18	Jenkins	Angela	207 Morningside Ave	Madison	WI	53716	Program Manager	\$ 40.00	\$ 40.00	LOAN
		12/31/18		Heather	2401 Oakridge Ave	Madison	WI	53704	Not Employed	\$ 50.00	\$ 50.00	
			Sturgeon	Sarah	1804 Dondee Rd.	Madison	WI	53716	Not Employed	\$ 10.00	\$ 10.00	
		12/31/18	Sewell	Alyson	1835 Winnebago St #308	Madison	WI	53704	Trainer	\$ 75.00	\$ 75.00	
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SCHEDULE 2-A

Gross Expenditures

DATE	NAME	ADDRESS	CITY	SI	ZIP	PURPOSE	AMOUNT	COMMENTS
12/31/18	ActBlue Technical Services	366 Summer Street	Somerville	MA	02144	Service Fee	\$ 1.98	
12/31/18	ActBlue Technical Services	366 Summer Street	Somerville	MA	02144	Service Fee	\$ 0.40	
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SCHEDULE 3-B	Loans: Individual	, Committee or Commercial
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DATE	NAME	ADDRESS	CITY	SI	ZIP	Outstanding Balance Beg of Period		Cumulative Payments This Period	Outstanding. Balance End of Period.	Guarantor (if any) Name and Address
12/17/18	Angela Jenkins	207 Morningside Ave	Madison	WI	53716	\$-	\$40.00		\$ 40.00	
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