		NANCE REPORT		N			
Is This Report an Amendment: Yes		DECEIMED					
Is This Report an Amendment: Yes No Instructions for completing schedules are on the back of each schedule.							
COMMITTEE IDENTIFICATION JAN 1 4 2025							
Name of Committee	, , ,						
Friends of Ryan Koslin Street Address	ADISON CITY CLERK OFFICE USE ONLY						
158 Jackson St.							
City, State and Zip Code Madison W1 53704					* //		
Please check if address is different than previously reported,	and com	olete the Campaign Reg	istra	tion Statement in	the back of this form.		
NAME OF REPORT							
January Continuing Pre-Primary July Continuing September Continuing Pre-Election		Spring I	Fall	☐ Special	Termination Report attach CF-13, Termination Request		
SUMMARY OF RECEIPTS AND DISBURSEMENTS	., "	Column A This Period		Column B Calendar			
1. RECEIPTS		8 .8		Year-To-Date	<u> </u>		
1A. Contributions (Including Loans) from Individuals	\$	40.00	\$	40.00			
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)	\$	40.00	\$	0.00			
2. DISBURSEMENTS							
2A. Gross Expenditures	\$	6.00	\$	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	\$	100.00		5,			
Total Receipts	\$	40.00					
Subtotal	\$	146.00					
Total Disbursements	\$	0.00					
CASH BALANCE END OF REPORT	\$	140.00					
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 Signature of Candidate or Treasurer Date: 1-14-75							

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.

Email Ryanydistrict/52gmail

Daytime Phone: 262-719-3/21

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page	O	f

Complete Committee Name

Freuds of Ayou Kogliu

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12-15	Edward Niles 2129 Linden Aue Madison, wi 53704	Chief Bata and Tech Officer	\$70.00	
	Check if: In-Kind Loan Conduit – Ethics ID#			
12-15	Todi Vardermolen 2225 Atwood #201 Madison, wi 53704	operations manager	70.00	70,00
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
				*
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#	Montaneous desiration of the state of the st		
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			· A
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 240,00	40,00
			f 1 -	

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 40.00 40.00

\$ 40.00 40.00