finance activity. Complet the Commission's intenti form for any other purpo	required by the Ethics Commission for tion of this form is mandatory for local of ton to use any personally identifiable in se. rt an amendment? NO.	comr	nittees. It is not		Office U	Jse Only
COMMITTEE IDENTI	FICATION					
Committee Name	Friends of Jael					
Mailing Address	2017 Ellen Ave Madison, WI 53716					
Email	jael@currieforcitycouncil.com		Daytime Phone		608-21	7-1408
FILING PERIOD						
January Continuin	g				Report Year	2020
					Is this a Termina	ation Report? No.
SUMMARY OF MON	ETARY RECEIPTS AND DISBUR	SEN	MENTS			
		This Period	Ye	ear-to-Date	Office Use Only	
	Beginning Cash On-Hand	\$	-	\$	-	
1. Money	Received (Receipts)					
1-A. Monetary Contrib	outions from Individuals	\$	870.00	\$	870.00	
1-B. Monetary Contrib	outions from Committees (Transfers-In)		-	\$	-	
1-C. Other Income an	d Commercial Loans	\$	-	\$	-	
	Total Monetary Receipts	\$	870.00	\$	870.00	
2. Money S	pent (Disbursements)					
2-A. Gross Monetary	Expenditures	\$	-	\$	-	
2-B. Monetary Contrib	outions to Committees (Transfers-Out)	\$	-	\$	-	
	Total Monetary Disbursements	\$	-	\$	-	
	Ending Cash On-Hand	\$	870.00	\$	870.00	
SUMMARY OF OUTS	STANDING DEBTS					
3-A. Incurred Obligation	ons (Unpaid Bills)					
3-B. Outstanding Loan	n Balance					
		- Per				

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

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
12/26/20	Jill Pfeiffer	927 O'Sheridan street	Madison	WI	53715	Nonprofit Professional	_	\$100.00
12/26/20	Lara Gerassi	7314 WHITACRE RD	Madison	WI	53717-1327	Assistant Professor		\$100.00
12/27/20	Beth Esser	6009 Ridgewood AVE	Monona	WI	53716	Registrar		\$100.00
12/27/20	Anne Seeber	545 North St	Madison	WI	53704	Teacher		\$100.00
12/29/20	Shannon Ash	7039 Watts Rd	Madison	WI	53719	Program Director		\$100.00
12/30/20	Anna Kaminski	3342 Gregory Street	Madison	WI	53711	Finance		\$100.00
12/30/20	Linda Ketcham	813 Flora Lane	Madison	WI	53714	social work		\$100.00
12/30/20	Torrie Mueller	3918 Toban Dr.	Madison	WI	53704	CoC Coordinator		\$50.00
12/30/20	Sarah Hessenauer-Bladorn	4244 Valencia Drive	Janesville	WI	53546	Professor		\$20.00
12/30/20	Lai Lia Thao	406 Rustic dr	Madison	WI	53718	Photojournalist		\$20.00
12/30/20	Helena Lawson	1144 Morraine View Drive	Madison	WI	53719	Clerk I-II		\$20.00
12/31/20	Kyra Johnson	1042 St Albert the Great Dr	Sun Prairie	WI	53590	Restorative Justice Coordinator		\$10.00
12/31/20	George Gillis	405 Orchard Dr	Madison	WI	53711	Legislative advisor		\$50.00

Form: CF-2LE (Rev. 04/2019) Prescribed by: State of Wisconsin, Ethics Commission

							1	
Date	Committee Name	Address	City	ST	Zip	Comments	Am	ount
							\$	-
							\$	-
							e.	

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Am	ount
		1.000	,,		F			\$	-
								\$	-
								e.	

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amo	ount
								\$	-
								\$	-
								e e	

							1	
Date	Committee Name	Address	City	ST	Zip	Comments	Am	ount
							\$	-
							\$	-
							e.	

Dat	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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