CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE										
ls th	is report an Amendment?		NO							
COMMITTEE IDENTIFICATIO	N					1				
Name of Committee Friends	of Gary Halverson]				
Address 1009 G	1009 Glacier Hill Dr									
City, State, ZIP Madiso	Madison, WI 53704							OFFICE USE ONLY		
Please check if address is different	than previously reported									
NAME OF REPORT Jan 20_	_ Continuing Pre-Primary 2	20			Spring	Fa		Special		
July 2023 Continuing Pre-election					Spring	Fa	II	Special		
September 20 Continuing										
SUMMARY OF RECEIPTS AN	ID DISBURSEMENTS	0	Column A	Colu	ımn B	Audited To	tals			
1. RECEIPTS		Т	his Period	YTD		Office Use Only				
A. Contributions including Loans from Individuals		\$	-							
B. Contributions from Committees (Transfers-In)		\$	-							
C. Other Income and Commercial Loans		\$	-							
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)		\$	-	\$	-					
2. DISBURSEMENTS										
A. Gross Expenditures		\$	53.42							
B. Contributions to Committees (Transfers-Out)		\$	-							
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)		\$	53.42	\$	-					
CASH SUMMARY										
Cash Balance at Beginning of Report		\$	53.42							
Total Receipts		\$	-							
Subtotal		\$	53.42							
Total Disbursements		\$	53.42							
CASH BALANCE AT END OF REPORT		\$	-							
INCURRED OBLIGATIONS (at close of period)			-							
LOANS (at close of period)		\$	125.00							
				-	_		_			
I certify that I have examined this re		-	-		ind complet		~	00/0000		
Type or Print Name of Candidate or Treasurer			Signature of Candidate or Treasurer				e 6/	30/2023		
Gary Halverson			Email				Daytime Phone			
			aign@halverson4	madison.co	om	608-616-9498	-			

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 2-A Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	PURPOSE	<u>A</u>	MOUNT	COMMENTS
				Cottage						
	01/31/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$	10.00	
	02/28/23	Summit Credit Union	1709 Landmark Dr	Cottage Grove	WI	53527	Analysis Fee	\$	10.00	
	03/31/23	Summit Credit Union	1709 Landmark Dr	Cottage Grove	WI	53527	Analysis Fee	\$	10.00	
	04/30/23	Summit Credit Union	1709 Landmark Dr	Cottage Grove	WI	53527	Analysis Fee	\$	10.00	
	05/31/23	Summit Credit Union	1709 Landmark Dr	Cottage Grove	WI	53527	Analysis Fee	\$	10.00	
	06/30/23	Summit Credit Union	1709 Landmark Dr	Cottage Grove	WI	53527	Analysis Fee	\$	3.42	
								\$	53.42	