

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Heidi Wegleitner

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
2/13/20	Kristen Audet 4045 Rockwell Madison WI 53714 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	Program Manager, UWHealth _____	25	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	_____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____	_____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 25

TOTAL ITEMIZED CONTRIBUTIONS

\$ 25

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ 0

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 25

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
Friends of Heidi Wegleitner

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Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
2/9/20	MOSES - Madison Organizing in Strength, Equality, and Solidarity PO Box 7031 Madison WI 53705	Reimbursement for overpayment of yearbook ad - see related expense	125
SUBTOTAL OTHER INCOME THIS PAGE			\$ 125
TOTAL ITEMIZED OTHER INCOME			\$ 125
TOTAL OTHER INCOME			\$ 125

SCHEDULE 2-A**DISBURSEMENTS**
Gross Expenditures

Complete Committee Name
Friends of Heidi Wegleitner

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/3/20	NationBuilder 520 S Grand Ave 2nd floor Los Angeles CA 90071 Check if: <input type="checkbox"/> In-Kind Offset	website monthly fee	29
1/6/20	MOSES - Madison Organizing in Strength, Equality, and Solidarity PO Box 7031 Madison WI 53705 Check if: <input type="checkbox"/> In-Kind Offset	yearbook ad (overpaid; see related reimbursement)	250
2/3/20	NationBuilder 520 S Grand Ave 2nd floor Los Angeles CA 90071 Check if: <input type="checkbox"/> In-Kind Offset	website monthly fee	29
2/6/20	Democracy Engine 2125 14th St NW Washington DC 20009 Check if: <input type="checkbox"/> In-Kind Offset	donation management fees	1.13
3/3/20	NationBuilder 520 S Grand Ave 2nd floor Los Angeles CA 90071 Check if: <input type="checkbox"/> In-Kind Offset	website monthly fee	29
	 Check if: <input type="checkbox"/> In-Kind Offset		
	 Check if: <input type="checkbox"/> In-Kind Offset		
	 Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 338.13
TOTAL ITEMIZED EXPENDITURES			\$ 338.13
TOTAL UNITEMIZED EXPENDITURES			\$ 0
TOTAL EXPENDITURES			\$ 338.13