Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Is this report an amendment? No

Office Use Only

COMMITTEE IDENTIFICATION

Committee Name	Friends of Megan O'Halloran		
Mailing Address	2314 W. Manchester Ave. Milwaukee WI 53221		
Email	meganformps@gmail.com	Daytime Phone	262-297-9141

FILING PERIOD

July (Covering Jan-Jun)	Report Year	2020
	Is this a Termination Report? No	

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date
Beginning Cash On-Hand	**977.64**	
1. Money Received (Receipts)		
1-A. Monetary Contributions from Individuals	$ -	
1-B. Monetary Contributions from Committees (Transfers-In)	$ -	
1-C. Other Income and Commercial Loans	$ 0.08	
Total Monetary Receipts	$ 0.08	$ -
2. Money Spent (Disbursements)		
2-A. Gross Monetary Expenditures	$ -	
2-B. Monetary Contributions to Committees (Transfers-Out)	$ 50.00	
Total Monetary Disbursements	$ 50.00	$ -
Ending Cash On-Hand	$ 927.72	

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SUMMARY OF OUTSTANDING DEBTS			
3-A. Incurred Obligations (Unpaid Bills)	#REF!		
3-B. Outstanding Loan Balance	#REF!		

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

MoHalloran	Megan O'Halloran	July 15, 2020
Signature of the candidate or treasurer	Print Name	Date

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount

Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount
	Educators Credit Union	PO Box 0180140	Racine	WI	53408	Dividends		$ 0.08

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
3/8/2020	Vote YES for MPS	PO Box 11503	Milwaukee	WI	53211		$ 50.00

Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period

Date	Name	Address	City	ST	Zip	Guarantor (if Any)	Outstanding Balance, Beginning of Period	New Loan Amount This Period	Outstanding Balance, Close of Period