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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

COMMITTEE IDENTIFICATION

Committee Name	Friends of Koerri Elijah		
Mailing Address	1805 54th St Kenosh, WI 53140		
Email	friendsofkoerrielijah@gmail.com	Daytime Phone	262.612.3905

FILING PERIOD

July Continuing	Report Year	2024
	Is this a Termination Report? No	

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date	Office Use Only
Beginning Cash On-Hand	\$ 137.35		
1. Money Received (Receipts)			
1-A. Monetary Contributions from Individuals	\$ -	\$ 734.62	
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -	\$ -	
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ -	\$ 734.62	
2. Money Spent (Disbursements)			
2-A. Gross Monetary Expenditures	\$ 7.12	\$ 958.79	
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
<i>Total Monetary Disbursements</i>	\$ 7.12	\$ 958.79	
Ending Cash On-Hand	\$ 130.23		

SUMMARY OF OUTSTANDING DEBTS

3-A. Incurred Obligations (Unpaid Bills)	\$ -	
3-B. Outstanding Loan Balance	\$ -	

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

Koerri Washington
Signature of the candidate or Treasurer

Koerri Washington
Print Name

7/11/2024
Date

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
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Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount

Year	Name	Address	City	St	Zip	Purpose	Amount
3/24/2024	The Buzz Cafe	5621 6th ave	Kenosha	WI	53140	Campaign Committee Meeting	\$7.12

Date	Committee Name	Address	City	ST	Zip	Comments	Amount
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Date	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