

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
CF-2**

COMMITTEE IDENTIFICATION

Filing Period Name:	July Continuing 2024 Covers all activity from 03/19/2024 through 06/30/2024	OFFICE USE ONLY Committee ID: 0106755
Name of Committee/Corporation:	Amillia For State Assembly	
Street Address:	2224 W Wisconsin Ave APT 504	
City, State and Zip:	Milwaukee, WI 53233	

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$600.00	\$600.00
1B. Contributions from Committees (Transfers-In)	\$327.85	\$327.85
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$927.85	\$927.85
2. DISBURSEMENTS		
2A. Gross Expenditures	\$327.85	\$327.85
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$327.85	\$327.85

CASH SUMMARY

Cash Balance Beginning of Report*	\$0.00	
Total Receipts	\$927.85	
Subtotal	\$927.85	
Total Disbursements	\$327.85	
CASH BALANCE END OF REPORT*	\$600.00	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$0.00	

**Cash Balance as reported by committee*

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

Type or Print Name of Candidate or Treasurer: Popian, Kristin	Signature of Candidate or Treasurer: Amillia Heredia Date: Daytime Phone: Email: kpopian@gmail.com
--	--

NOTE: The information on this form is required by 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.

CF-2 (Rev. 04/16) This form is prescribed by the Wisconsin Ethics Commission, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS
Contributions From Individuals**

Complete Committee Name: Amillia For State Assembly

Date	Full Name	Address	Occupation	Amount	YTD
Monetary					
04/23/2024	Ward, John J	PO Box 11571, Milwaukee, WI 53211-0571	Market Trend Analyst	\$25.00	\$25.00
04/25/2024	Johnston, Zen	15729 W Keeseey Rd, Orfordville, WI 53576-9408	Not Employed	\$500.00	\$500.00
05/01/2024	Killian, Allyson	623 N 60th St, Wauwatosa, WI 53213	Director	\$75.00	\$75.00
Sub Total				\$600.00	
Total Anonymous Contributions				\$0.00	
Grand Total				\$600.00	
Non-Monetary (-):				\$0.00	
Loan Forgiven (-):				\$0.00	
Total				\$600.00	

SCHEDULE 1-B**RECEIPTS
Contributions from Committees
(Transfers-In)**

Complete Committee Name: Amillia For State Assembly

Date	Full Name	Address	Amount	YTD
In-Kind				
04/22/2024	Democratic Party of Wisconsin	15 N Pinckney, Suite 200, Madison, WI 53703	\$327.85	\$327.85
Sub Total			\$327.85	
Grand Total			\$327.85	
Non-Monetary (-):			\$0.00	
Total			\$327.85	

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Amillia For State Assembly

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name: Amillia For State Assembly

Date	Communication Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
In-Kind							
04/22/2024		Democratic Party of Wisconsin	15 N Pinckney, Suite 200, Madison, WI 53703			IT - Campaign Software	\$327.85
Sub Total							\$327.85
Grand Total							\$327.85
Non-Monetary (-):							\$0.00
Total							\$327.85

SCHEDULE 2-B**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name: Amillia For State Assembly

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

SCHEDULE 3-A**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans****Complete Committee Name:** Amillia For State Assembly**Beginning Incurred Obligation Amount:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Incurred Obligations End of Report		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial**Complete Committee Name:** Amillia For State Assembly**Beginning Loan Balance:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Loans End of Report		\$0.00