CAMPAIGN FINANCE REPOR WISCONSIN LOCAL COMMITT								
Is this report an Amendment?	Y	ES NO						
COMMITTEE IDENTIFICATION	1							
Name of Committee Gloria Reyes for Madison School E								
Address 4002 Tomscot Trail								
City, State, ZIP Madison, WI 53704	OFFICE USE ONLY							
Please check if address is different than previously reported								
NAME OF REPORT Jan _Continuing Pre-Primary 20	_			Spring	Fall	Special		
July 2020 Continuing Pre-election	20			Spring	Fall	Special		
September 20 Continuing				_				
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A		Column B	Audited Total	5		
1. RECEIPTS	Т	his Period		YTD	Office Use On	ly		
A. Contributions including Loans from Individuals	\$	-	\$	14,398.98				
B. Contributions from Committees (Transfers-In)	\$	-	\$	1,150.00				
C. Other Income and Commercial Loans	\$	-						
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$	-	\$	15,548.98				
2. DISBURSEMENTS								
A. Gross Expenditures	\$	5.00	\$	14,686.97				
B. Contributions to Committees (Transfers-Out)	\$	-						
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	5.00	\$	14,686.97				
CASH SUMMARY								
Cash Balance at Beginning of Report	\$	867.01						
Total Receipts	\$	-						
Subtotal	\$	867.01						
Total Disbursements	\$	5.00						
CASH BALANCE AT END OF REPORT	\$	862.01						
INCURRED OBLIGATIONS (at close of period)	\$	-						
LOANS (at close of period)	\$	-						
I certify that I have examined this report and to the best of my knowl	ledge a	and belief it is tru	e, ca	orrect and complet	te.			
Type or Print Name of Candidate or Treasurer	Signat	ure of Candidate or 1	Treas	urer	Date			
Jonathan D. Gramling, Treasurer	Jonathan D. Gramling				7/15/2020			
	Email				Daytime Phone			
	gran	nling@capitalc	ıtyh	ues.com	608-469-0009			

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 Summit Credit Union	ADDRESS P.O. Box 8046	<u>CITY</u>	ST	ZIP	<u>PURPOSE</u> Annual Debit Card Fee	AMOU	INT
	01/31/20	Summit Credit Union	P.O. Box 8046	Madison	WI	53708	Annual Debit Card Fee	\$	5.00