

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.



COMMITTEE IDENTIFICATION

Name of Committee
Friends of Marsha Rummel

Street Address
1029 Spaight St 6C

City, State and Zip Code
Madison WI 53703

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing _____ Pre-Primary _____
 July Continuing *2017* Spring Fall Special
 September Continuing _____ Pre-Election _____ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 228
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 228
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 10.00	\$ 47.32
2B. Contributions to Committees (Transfers-Out)	\$ 100.00	\$ 600.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 110.00	\$ 647.32

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3588.33
Total Receipts	\$ -0-
Subtotal	\$ 3588.33
Total Disbursements	\$ 110.00
CASH BALANCE END OF REPORT	\$ 3478.33
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 <i>Marsha Rummel</i>	Signature of Candidate or Treasurer <i>Marsha Rummel</i>	Date: <i>7.17.17</i>
	Email: <i>marsha.rummele@gmail.com</i>	Daytime Phone: <i>608.772.4555</i>

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.

Complete Committee Name
Friends of Marsha Rummel

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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
4/11 2017	Heartland Credit Union 5325 High Crossing Blvd Madison WI 53718-2301 Check if: <input type="checkbox"/> In-Kind Offset	bank fees / xfer to membership savings	10.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	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	\$ 10.00
TOTAL ITEMIZED EXPENDITURES	\$ 10.00
TOTAL UNITEMIZED EXPENDITURES	\$ -
TOTAL EXPENDITURES	\$ 10.00

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Friends of Marsha Rummel

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Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
<i>3/27/2017</i>	<i>Friends of Mo Cheeks 3545 Nakoma Rd Madison WI 53711</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<i>100⁰⁰</i>	<i>100⁰⁰</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ <i>100⁰⁰</i>	<i>100⁰⁰</i>
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <i>100⁰⁰</i>	<i>100⁰⁰</i>