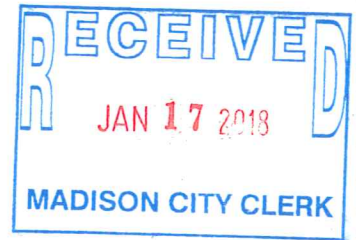


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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

MADISON CITY CLERK

OFFICE USE ONLY

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 2018 Pre-Primary _____
 July Continuing _____ Spring Fall Special Termination Report
 September Continuing _____ Pre-Election _____ *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	\$ - 0 -	\$ 47.32
2B. Contributions to Committees (Transfers-Out)	\$ 250.00	\$ 850.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 250.00	\$ 897.32

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3478.33
Total Receipts	\$ - 0 -
Subtotal	\$ 3478.33
Total Disbursements	\$ 250.00
CASH BALANCE END OF REPORT	\$ 3228.33
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ - 0 -
LOANS (Balance at the Close of This Period-3B)	\$ - 0 -

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 Marsha Rummel	Signature of Candidate or Treasurer <i>Marsha Rummel</i>	Date: 1-16-18
	Email marsha.rummel@gmail.com	Daytime Phone: 608 772 4555

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.

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
 Friends of Marsha Rummel

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
12/30 2017	Friends of Moffit for Madison 556 Glen Dr. Madison WI 53711 Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan	250.	250.
	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		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 250.	250.
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 250	250