CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE



	Is this report an Amendmen		s NO	,		DECE	
COMMITTEE IDENTIF	ICATION						
Name of Committee	Gloria Reyes for Madison School B	MADISON C	ITY CLERK				
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 20 Continuing Pre-Primary 2	.0			Spring	Fall	Special
	July 2019 Continuing Pre-election 2	0			Spring	Fall	Special
	September 20 Continuing						,
SUMMARY OF RECEI	PTS AND DISBURSEMENTS	Co	olumn A	Colum	n B	Audited Tota	ls
1. RECEIPTS		Thi	s Period	YTC)	Office Use Or	nly
A. Contributions including Loans from Individuals		\$	-	\$	952.01		
B. Contributions from Committees (Transfers-In)			-				
C. Other Income and Commercial Loans							
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)			-	\$	952.01		
2. DISBURSEMENTS							
A. Gross Expenditures		\$	45.00	\$	45.00		
B. Contributions to Committees (Transfers-Out)			_				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)			45.00	\$	45.00		
CASH SUMMARY							
Cash Balance at Begin	ning of Report	\$	952.01				
Total Receipts		\$	-				
0 11 11							

(Add totals from 2A and 2B)	_ υ	45.00 \$	45.00	
CASH SUMMARY				
Cash Balance at Beginning of Report	\$	952.01		
Total Receipts	\$	-	Γ	
Subtotal	\$	952.01	Γ	
Total Disbursements	\$	45.00	Γ	
CASH BALANCE AT END OF REPORT	\$	907.01		
INCURRED OBLIGATIONS (at close of period)	\$	-	Γ	
			-	

LOANS (at close of period)	\$ -	And the second s
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	Signature of Candidate or Treasurer	Date
	XXee	7/21/19
Gloria Reyes	Email	Daytime Phone
	Celes 81169@ ancil. Cor	7 608-957-4679

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	ADDRESS	CITY	SI	ZIP	PURPOSE
	01/23/19	South Central Federation of Labor	1602 South Park St. #228	Madison	WI	53715	LANDOLDAY HO
	01/31/19	Annual Card Fee		Madison			Annual Fee
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