	N FINANCE REPO MITTEES OF WISO			
Is This Report an Amendment:	□ No			
Instructions for completing schedules are on the bac	ck of each schedule.			
COMMITTEE IDENTIFICATION				
Name of Committee Frends of Marshu Rumnel Street Address 1029 Spagett St Apt 6C City, State and Zip Code Mull Son WI 53703		mada a sanga a		
1029 Spaight St Apt 6C			OF	FICE USE ONLY
City, State and Zip Code MuliSon WI 53703				
Please check if address is different than previously reported, and	d complete the Campaign	Registration State	ement in the b	oack of this form.
NAME OF REPORT				
January Continuing Pre-Primary				
July Continuing 2020 September Continuing Pre-Election	Spring	Fall :	Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	Column A	Colur	nn R	
DISBURSEMENTS	This Period	Cale	ndar	
1. RECEIPTS		Year-To	o-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$ -	_	
1B. Contributions from Committees (Transfers-In)	\$ —	\$		
1C. Other Income and Commercial Loans	\$ —	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>O</i>	\$ 0		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ —	\$		
2B. Contributions to Committees (Transfers-Out)	\$ 1000.00	\$ 100t	0.00	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 100000	\$ 1000	00	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 1248.33	į.		
Total Receipts	\$ -0-			
Subtotal	\$ 1248.33			
Total Disbursements	\$ 1000-00	_		
CASH BALANCE END OF REPORT	\$ 248.33			
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 n			and comple	te.
	nature of Candidate or Treasure	er	Date:	5-2
MARSHA RUMMEL		degmail, w	M Daytime Pl	hone: 608 7724555

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.

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page _	of

Complete Committe	ee Name		
Friend	ls of Marsha	Rummel	

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

Date	e Full Name, Mailing Address and Zip Code Amount Y-T-D					
Date	Toll Hallo, Malling Addition and Exp Code		Total			
9/13/20	Marsha For Assembly 1029 Spaight St Apt GC Madison WI 53703	#100000	\$ 1000 00			
	Check if: I In-Kind II Loan					
	Check if: I In-Kind I Loan					
	Check if: In-Kind Loan					
	Check if: I In-Kind Loan					
			8			
	Check if:		8			
	Check if: ☐ In-Kind ☐ Loan		,			
			11			
	Check if: I In-Kind Loan					
	Check if:					
		,				
	Check if:	. 00	http			
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 1000	1006			
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 1000	1000			