CAMPAIGN FINANCE REPORT						
LOCAL COMM	and the design of the					
Is This Report an Amendment: 🗌 Yes 💋 No						
Instructions for completing schedules are on the back	k of each schedule.					
COMMITTEE IDENTIFICATION	an tamaké panang 141 kan bébana ang kilana kang panang pan					
RAJ SHURLA For MAYON	2					
Street Address			OFFICE USE ONLY			
City, State and Zip Code						
MADISON, 101 53726						
Please check if address is different than previously reported, and	l complete the Campaign Reg	sistration State	ment in the back of this form.			
NAME OF REPORT		ne on Grand 2015 and a constant 2000 and				
January Continuing Pre-Primary						
☐ July Continuing <u>20</u> ☐ September Continuing	Spring	Fall S	Special Termination Report also complete Schedule 4			
SUMMARY OF RECEIPTS AND	Column A	Colum	nn B			
DISBURSEMENTS	This Period	Calen				
1. RECEIPTS		Year-To	o-Date			
1A. Contributions (Including Loans) from Individuals	\$	\$				
1B. Contributions from Committees (Transfers-In)	\$	\$				
1C. Other Income and Commercial Loans	\$ 723.85	\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 723.95	\$ 723	.85			
2. DISBURSEMENTS	В					
2A. Gross Expenditures	\$ 59.20	\$ 59.	.70			
2B. Contributions to Committees (Transfers-Out)	\$	\$				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 59.70	\$ 59.79	Ø			
CASH SUMMARY						
Cash Balance Beginning of Report	\$ 1,147.98					
Total Receipts	\$ 723.85					
Subtotal	\$					
Total Disbursements	\$ 59.70					
CASH BALANCE END OF REPORT	\$ 1812.13					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 2,500					
LOANS (Balance at the Close of This Period-3B) \$ 1 0 000						
I certify that I have examined this report and to the best of n	ny knowledge and belief it i	s true, correct	and complete.			

Type or Print Name of Candidate or Treasurer

RAJ SHMELA

Signature of Candidate or Treasurer Rà Son Email rujshuhlapolitica (egmail

Date: 7 15 2020

Daytime Phone: (9 08338.5227

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page Z of C

Complete Committee Name

Instructions f	or completing schedules are on the back of each sc	hedule.		
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	81 (F)			1.
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: CIIn-Kind Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
				- · ·
		, , ,		
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
		, 2 2		
		5		
	Check if: In-Kind Loan Conduit – Ethics ID#	n C G Z		
	\$			
	Check if: In-Kind Loan Conduit – Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	

SCHEDULE 1-B

RECEIPTS Contributions from Committees

Page 3 of 8

(Transfers-In)

Complete Committee Name

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	a construction of the second	
	Check if: In-Kind I Loan	
· · · · · · ·	an a	
	Check if: In-Kind Loan	
		in the strength with the same
	Check if: In-Kind Loan	
and the construction of the second	Check if: In-Kind C Loan	
	 provide the second s	
⁶	Check if: 🔲 In-Kind 🔲 Loan	
	a na sana na katala katala katala na sana katala katala katala katala katala katala katala katala katala katal	n and green a star in the star
	Check if: 🖸 In-Kind 📋 Loan	
	a da ana senara que response en presenta anesas a 1970 - e e e 1970 a su Alban e espectador e a consider e a alía a carra a conserva e e e e e e e e e e e e e	
	Check if: 🔲 In-Kind 🔲 Loan	
		14
	Check if: 🔲 In-Kind 🔲 Loan	
	Check if: 🔲 In-Kind 🔲 Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$

SCHEDULE 1-C

RECEIPTS Page Y of S Other Income and Commercial Loans Page Y of S

Complete Con	mittee Name	en de la companya de	
Instructions	or completing schedules are on the back of each sche		
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
6.15.20	SCIEGON STRATEGIES MODIA 11150 FAIRRAY BLD, H505 FAIRFAY, VA 22030	REFUND FOR OVER - PAYMENT	723.05
			e as e constructions anna an t-anna an t-anna anna an t-anna an t-anna
			a Printa di Lina
			an a
			an in the second of a second secon
	an an tha tha an tha tha sha sha sha Nga paga 20 Mawa na sha sha sha sha sha sh	SUBTOTAL OTHER INCOME THIS PAGE	\$ 723.05 \$ 723.05
		TOTAL ITEMIZED OTHER INCOME	\$ 120.

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 5 of 9

Complete Committee Name

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

Date	completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1131/20	PARK BANK 33 E. MAIN ST MADISON, WI S3703 Check if. In-Kind Offset	JORVILLE FEE	9.95
2/29/20	V	•	11
	Check if: 🔲 In-Kind Offset		
3/31/20	William States and State	b	ι
	Check if: 🔲 In-Kind Offset		
4/30/20		L.	M
	Check if: 🔲 In-Kind Offset		
5/29/20		Li	
515	Check if: 🔲 In-Kind Offset		التر ا
6/30/20	VE		
	Check if: 🔲 In-Kind Offset		
· • •			
	Check if: 🔲 In-Kind Offset		
		n a ¹ . 	n n fang Marina yn rin Ma
	Check if: 🔲 In-Kind Offset		dt fan e fan d
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 59.70
		TOTAL ITEMIZED EXPENDITURES	\$ 59.70
		TOTAL UNITEMIZED EXPENDITURES	\$ 59.70

TOTAL EXPENDITURES \$

59.70

SCHEDULE 2-B

DISBURSEMENTS

Page _____ of _____

Contributions To Committees (Transfers-Out)

Complete Committee Name	

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: C In-Kind C Loan		
	basil Alabera Trainta	87694 Date 368	ar gʻasqining "
	Check if: C In-Kind C Loan		
			. Starte de 1
		torital e d	
	Check if: 🖸 In-Kind 🔲 Loan		1999
		ta Muzzakizmikimi t	
	Check if: 🔲 In-Kind 🔲 Loan		
	en bran e sub a an e general. A secondario de la companya de la c	a na shake barre bab A s	
	Check if: 🔲 In-Kind 🔲 Loan	£	
		un de la competencia	1
	ante parte estas e la el terrete estas. Lefere de Colerio e conservar en car e color fecteren col cercitor e color e		
	Check if: 🔲 In-Kind 🔲 Loan		
	6	. definition of the	ra 8. essi maren
		a de la constante de la constan La constante de la constante de	and a second state of the second
1	Check if: In-Kind Loan		
		aller Piterix A	va nosit
	all all and the boltenit to the final to be the second second to be a second to be a second to be a second to b	a fa fili a chea	- A
- 19 A	and the second		. Energy a
	Check if: D In-Kind D Loan		
	Check if: 🔲 In-Kind 🔲 Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	ala, la la
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page <u>7</u> of <u>S</u>

Complete Committee Name

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period		ative Payments his Period	Outstanding Balance At Close of This Period
Date 3/31/19	Full Name, Mailing Address and Zip Code of Creditor Am 1-DN Brinc 5905 UNTHONY PRACE MADISON, WI 53716	2,500	-		-	5200
	5905 UNTHONT FURCE	Nature of Debt (Purpose)				
	MADISON, WI 53716	Consultin	A			
Date	Full Name, Mailing Address and Zip Code of Creditor				1.64	
1 1						-
		Nature of Debt (Purpose)		N		
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)	pro- vite and - 2-4 and - 2 and			
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1	*	5	0			
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor				-	
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					1
1 1					1	1 A 1 20 1 20
		Nature of Debt (Purpose)				
	SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ 25.00				- 20	
		TOTAL ITEMIZED OBLIGATIONS \$ 2500			500	
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$				
					0	

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

SCHEDULE 3-B

Page S of S

Complete Com	nittee Name	a de la superiore			i si Santi Ar	
Instructions fo	r completing schedules are on the back of each	schedule.				
	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date 2/ 14/19	Ry Summary 2115 Kontonic Are Mundison, WI 53726		10,000		-	10,000
List All Endorse	rs or Guarantors (if any)					
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
		Amount Guarantee	ed Outstanding			
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation	22			
or Guaranior		Amount Guarante	ed Outstanding			
		\$				er de set 1
	Full Name, Mailing Address and Zip Code of Loan So	burce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date						
List All Endorse	rs or Guarantors (if any)		1	L		
Full Name, Mailing Address and Zip Code Occupation of Guarantor Occupation						
		Amount Guarante	ed Outstanding			
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation				
		Amount Guaranteed Outstanding \$				
	Full Name, Mailing Address and Zip Code of Loan So	ource	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date	(a) State (1) (1) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3		ан на ² лан 1997. Спорт Прина и страна и			
List All Endorse	rs or Guarantors (if any)					
Full Name, Mai of Guarantor	ing Address and Zip Code	Occupation				e d
		Amount Guarante \$	ed Outstanding		с ⁶ . *	Ex à
Full Name, Mai of Guarantor	ing Address and Zip Code	Occupation		5		
		Amount Guarante \$	ed Outstanding			