CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN			DEGEIVEN		
Is This Report an Amendment:	№ No		[m]	N 2 0 2015	
Instructions for completing schedules are on the back of each schedule.					
COMMITTEE IDENTIFICATION				N CITY CLERK	
Name of Committee Wiends of Marsha Rummel				igiganganian ini dindrommanan dina androma musan musan minintendro dinamental musan dindrodo dindrodo dindrodo	
Name of Committee EVI-Ends of Marsha Rummel Street Address 1029 Spayet St GC City, State and Zip Code Madison WI 53703			OFFICE USE ONLY		
City, State and Zip Code Madison WI 53703					
Please check if address is different than previously reported	, and complete the Campaign R	tegistration St	atement in tl	ne back of this form. 🔲	
NAME OF REPORT					
☐ January Continuing 2015 ☐ Pre-Primary	Spring Fall	☐ Spe	cial		
July Continuing Pre-Election	Spring Fall	☐ Spe	cial	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum Calen			
1. RECEIPTS	This i divod	Year-To			
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0			
1B. Contributions from Committees (Transfers-In)	\$ O	\$ 0			
1C. Other Income and Commercial Loans	\$ -0	\$ 0			
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0			
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 580.00	\$ 625	5.00		
2B. Contributions to Committees (Transfers-Out)	\$ 50.00	\$ 150	.00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 630.00	\$ 775	.00		
CASH SUMMARY					
Cash Balance Beginning of Report	\$ 4421-78				
Total Receipts	\$ 0				
Subtotal	\$ 4421-78				
Total Disbursements	\$ 630.00				
CASH BALANCE END OF REPORT	\$ 3791.78				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0				
LOANS (Balance at the Close of This Period-3B)	\$ -2				
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: 1-Z0.15					
Marsha Rummel	Marsha. rummeleg	mail.com		Phone: 687724555	

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

DISBURSEMENTS

SCHEDUL	E 2-A	Gross Expe	nditures	Page <i>[</i>
Complete Commi	ittee Name FN & V	nds of Marsha Rummel		
Instructions for		g schedules are on the back of each schedule.		
Date	Full Name	e, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
10/3/14		n or Business to Whom Payment is Made The Labor News S. Park St Madison Wi	advertising	35, O
	Check if:			
Date		e, Mailing Address and Zip Code n or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
121 31 14	١ ,	# T	phone deta	495.00
	Check if:	In-Kind Offset	13	
Date	Full Name	e, Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
12/3/14	Dema Pema Pob	or Business to Whom Payment is Made ocrahic Party Dane County 2082 Madi Son WI 53761	advertising	50-OD
	Check if:	In-Kind Offset		
Date / /		e, Mailing Address and Zip Code n or Business to Whom Payment is Made	Specific Purpose of Expenditure .	Amount
Date	Check if:	In-Kind Offset Mailing Address and Zip Code	Specific Purpose of Expenditure	Amount
/ /		or Business to Whom Payment Is Made	Ground Large of Large Manage	
	Check if:	In-Kind Offset		
Date / /		e, Mailling Address and Zip Code or Business to Whom Payment Is Made	Specific Purpose of Expenditure	Amount
	Check if:	In-Kind Offset		
Date / /		e, Malling Address and Zip Code or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if:	In-Kind Offset		
Date / /	Full Name	, Mailing Address and Zip Code or Business to Whom Payment Is Made	Specific Purpose of Expenditure	Amount
Dota	Check if:	In-Kind Offset	Specific Durness of Event diture	Amount
Date	Of Person	, Malling Address and Zip Code or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
' '		·		
	Check if:	In-Kind Offset		
	OHECK II.	Fir-Kind Onsoc		,,,,
		SUBTOTALIT	EMIZED EXPENDITURES THIS PAGE	\$ 580 00
			TOTAL ITEMIZED EXPENDITURES	\$ 580 °C
		TOTAL UNITE	MIZED EXPENDITURES \$20 OR LESS	\$ 580 00
			TOTAL EXPENDITURES	\$ 580 00

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

	1	1
Page	of _	<u> </u>

Complete Comm			
Men.	ds of Marsha Rummel		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
10/23/14	Madden 4 Madison 1013 Milton St #206 Madison WI 53715	5000	5000
Date	Check If In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
, ,	1 till Hallo, Mailing Addiess and 210 0000	AHOGIK	Year-To-Date Total
	Check if: In-Kind Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
' '			
	Check if In-Kind Loan	<u> </u>	
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			Teal To-Date Total
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
1 1			Year-To-Date Total
Date	Check if In-Kind Loan Full Name, Mailing Address and Zlp Code	Amount	Calendar
/ /	Tuli Name, Mailing Address and Elp Code	Amount	Year-To-Date Total
, ,			
	Check if In-Kind Loan		
Date	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			
	Check if In-Kind Loan		
Date	Full Name, Malling Address and Zip Code	Amount	Calendar Year-To-Date Total
1 1			Todi-To-Date Total
		,	
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
. 1 1			Year-To-Date Total
Date	Check if In-Kind Loan Full Name, Mailing Address and Zip Code	Amount	Calendar
1 1	Tall Halling / Maries and Elp Code	, anoun	Year-To-Date Total
	Check if In-Kind Loan		
		50.00	
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	
тот	AL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 50 00 \$ 50 00	