		NANCE REPORT		N		
			ICH	IN .	J.	AN 1 2 20:3
Is This Report an Amendment: Yes	•	No			AAA Tuo	
Instructions for completing schedules are on the back	k of e	each schedule.			1315 (5.21)	ON CITA OF EBY
COMMITTEE IDENTIFICATION Name of Committee						
Friends of Marsh Rummel Street Address 1029 Spaight St #60					0.11	
					OF	FICE USE ONLY
City, State and Zip Code Madison WI 53793						
Please check if address is different than previously reported, and	l comp	olete the Campaign Reg	istra	tion State	ment in the b	eack of this form.
NAME OF REPORT						
		Spring 1	Fall	□ s	special	☐ Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A This Period		Colum Calen		
1. RECEIPTS				Year-To	-Date	
1A. Contributions (Including Loans) from Individuals	\$	0	\$		0	
1B. Contributions from Committees (Transfers-In)	\$	0	\$		0	
1C. Other Income and Commercial Loans	\$	0	\$		0	7
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	0	\$		0	(
2. DISBURSEMENTS						
2A. Gross Expenditures	\$	35 ²⁰	\$		35.5	
2B. Contributions to Committees (Transfers-Out)	\$	20000	\$	Č	2000	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	235 ⁹	\$	الله الله الله الله الله الله الله الله	(35 2	
CASH SUMMARY				·····		
Cash Balance Beginning of Report	\$	4132.65				
Total Receipts	\$	0				
Subtotal	\$	4132.65				
Total Disbursements	\$	235 00				
CASH BALANCE END OF REPORT	\$	38 97.65				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	4				
LOANS (Balance at the Close of This Period-3B)	\$	-0-				
I certify that I have examined this report and to the best of m	y kno	wledge and belief it is	true	, correct	and complet	te.

Marsha Rummel Marsha Rummel 608-172-4555	or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: -10, 2016	
Email Marsha rummer Egman. cm Daytime Phone:	Marsha Rummel	Email marsha rumnelegmail.com	608-772-4555 Daytime Phone:	(

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-A

DISBURSEMENTSGross Expenditures

Page ___ of ____

Complete Committee Name
Friends of Marsha Rummel

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Specific Purpose of Expenditure Amount Of Person or Business to Whom Payment is Made Union Labor News 1602 & Park st # 228 3500 9/3/15 advertising Madison WI 53715 Check if: In-Kind Offset SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

TOTAL ITEMIZED EXPENDITURES

TOTAL EXPENDITURES

35.00

TOTAL UNITEMIZED EXPENDITURES

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	of	
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Complete Committe	e Name		
Friends	of	Marsha Rummel	

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

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
12/11 2015	Friends of Heidi Wegleitner 1941 E Dayton St Madison WI S3704 Check if: 1 In-Kind 1 Loan		100 20	100 00
12/11 2015	Friends of Michele Ritt 145 Pine View Dr. Madison WI 53704 Checkif: 1 In-Kind 1 Loan		100 00	100 00
	Check if: I In-Kind I Loan			
	Check if: I In-Kind I Loan			
	Check if: Li In-Kind Li Loan			-
	Check if: ☐ In-Kind ☐ Loan			
	Check if: In-Kind Loan			
	Check if: 🖂 In-Kind 🖂 Loan			
	Check if: I In-Kind I Loan		00	
	SUBTOTAL CONTRIBUTIONS	Transfers-Out) THIS PAGE	\$ 200° \$ 200°	
	TOTAL CONTRIBUTIONS (Transfers-Ou	it) MADE TO COMMITTEES	\$ 200	