		NANCE REPORT FEES OF WISCO		IN			
Is This Report an Amendment: Yes] No			D) 医(C	BEIVEN	
Instructions for completing schedules are on the back of each schedule.			In) MA	R 27 2017			
COMMITTEE IDENTIFICATION				IVIA	K 2 7 2017		
Friends of Marsha Rummel					MADISON CITY CLERK		
Friends of Marsha Rummel 1029 Spaight St #6C					OF	FICE USE ONLY	
City, State and Zip Code Madison WI 53763		*					
Please check if address is different than previously reported, and	com	plete the Campaign Reg	istra	ation Stater	ment in the b	ack of this form.	
NAME OF REPORT							
□ January Continuing □ Pre-Primary □ July Continuing □ Pre-Election 2017	7	Spring I	Fall	□ s	pecial	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS		Column A This Period		Colum Calend Year-To	dar		
		228.00		229			
1A. Contributions (Including Loans) from Individuals	\$	220.00	\$	000	200		
1B. Contributions from Committees (Transfers-In)	\$		\$				
1C. Other Income and Commercial Loans	\$		\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	228.00	\$	218	3.00		
2. DISBURSEMENTS							
2A. Gross Expenditures	\$	37.32	\$	37.	32		
2B. Contributions to Committees (Transfers-Out)	\$	500 00	\$	500.	00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	537.32	\$	537-	32		
CASH SUMMARY		10)			
Cash Balance Beginning of Report	\$	3897-65					
Total Receipts	\$	228.00					
Subtotal	\$	4125.65					
Total Disbursements	\$	537.32					
CASH BALANCE END OF REPORT	\$	3588.33					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$	0					
LOANS (Balance at the Close of This Period-3B)	\$	-0-					
·							

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: 3-26-17
MARSHA A. RUMMEL	Marshed R	3 2 17
THISTIT HE TOURSE	Email Marsha rummel egmail.com	Daytime Phone: 608 772 4555

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 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page ____ of ____

Complete Committee Name

Friends of Marsha Rummel

Instructions for Date	or completing schedules are on the back of each sci Full Name, Mailing Address and Zip Code	nedule. Cocupation (if year-to-date total exceeds \$200)	Amount of	Y-T-D
1-16	Of Contributor		Contribution	Total
1-15	Donna Vakelich		\$10-	10.00
2017	522 Piper Dr. Madison WI 53711		410	10.00
	Check if: In-Kind Loan Conduit – Ethics ID#			
3 (Brad Hinkfuss			
1-15			di	
2017	217 Corry St Madison WI 53704		\$ 20-	20.00
	Check if: I In-Kind I Loan Conduit – Ethics ID#			
1-15	Nancy Mae.			
	215 Schler Pass		4 -	
2017	Nancy Mae 215 Schley Pass Madison WI 53703		\$ 20-	20.00
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
1-15	Mary Rathbun			
2017	Mary Rathbun 197 Shato LN	9	# 2S-	20
2017	Monona WI 53716	*	125	25.00
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
1-15	Leigh & David Mollen Wiff			
2017	Leigh & Dand Mollen Lift 1501 mornson St	,	#100-	100-00
	Madison W 53704			100-00
	Check if: I In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#		9-70-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
,				
	Check if: In-Kind Loan Conduit – Ethics ID#			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 175-	175-
	TOTAL ITEMIZED CONTRIBUTIONS			
	TOTAL ANON	MOUS CONTRIBUTIONS \$10 OR LESS	\$ 53	53 -
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 22800	738.00

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page	of	

Complete Committee Name

Friends of Marsha Rummel

Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1-15	Jesse Rychin Holst 1312 Jenster St Madison WI 53703 Check if: 1 In-Kind Offset	Campaign launch event	37.32
_			
	Check if: In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if:		
e e			,
	Check if: I In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
			=
	Check if:		
	SU	BTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 37.32
		TOTAL ITEMIZED EXPENDITURES	\$ 37.32
		TOTAL UNITEMIZED EXPENDITURES	\$
		TOTAL EXPENDITURES	\$ 37.32

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page of	Page _	of	
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Complete Committee Name

Friends of Marsha Rummel

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
1-15	Friends for Wanda Smith Po Box 45362 Medison WI 53749 Check if: 11 In-Kind 11 Loan	\$100-	100-00
1-17	Friends of Barbara McKinnex 1209 Dayflower Dr MMison WI 53719 Check if: U In-Kind U Loan	\$200-	200.00
3-1	Friends of Steve Amold 2530 Targhee St Fitchbarg WI Check if: 11 In-Kind 11 Loan 53711	为200-	200,00
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
	Check if: ☐ In-Kind ☐ Loan		
,	Check if: ☐ In-Kind ☐ Loan		
	Check if: In-Kind Loan		
	Check if: I In-Kind I Loan SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 500. ⁻	500 0
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$ 500	500.00