CAMPAIGN LOCAL COMM	FINANCE REP ITTEES OF WIS	RECEIVER	
Is This Report an Amendment:	× No	2 79	
Instructions for completing schedules are on the back	of each schedule.	Sample of	JAN 1 7 2019
COMMITTEE IDENTIFICATION			MADISON CITY CLERK
Friends of Marsha Rummel			
Friends of Marsha Rummel Street Address 1029 Spaylet 5+ #6C		2 st #223	OFFICE USE ONLY
City, State and Zip Code Madison WI 53703	3	41/84	W yearship
Please check if address is different than previously reported, and	complete the Campaig		
NAME OF REPORT	9		919 2452 ED
January Continuing 2019 Pre-Primary July Continuing September Continuing Pre-Election	Spring	Fall S	pecial Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colum	dar
1. RECEIPTS		Year-To	o-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-	•
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ -0-	\$ -0-	•
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 440.00	\$ 480	.00
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ 150.	00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 440.00	\$ 630-	
CASH SUMMARY			y
Cash Balance Beginning of Report	\$ 3038.33		
Total Receipts	\$ -0-	, - E	
Subtotal	\$ 3038.33	2	
Total Disbursements	\$ 440-00		
CASH BALANCE END OF REPORT	\$ 2598.33		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	s - O -		
LOANS (Balance at the Close of This Period-3B)	\$ 2598.33		
I certify that I have examined this report and to the best of m	y knowledge and beli	ef it is true, correct	and complete.
	ature of Candidate or Treas		Date: 1-17-19
MARSHA RUMMEL	Marshe 12		

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.

Email

marsha. rumnel egmail. com Daytime Phone: 608 7724555

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ___ of ___

Complete Committee Name Flends of Marsha Rummel	
Instructions for completing schedules are on the back of each schedule	

Date	Full Name, Mailing Address and Zip Of Person or Business to Whom Payme	Code	Specific Purpose of Expenditure	Amount
10/1 2018	Union Labor News 1602 S Park St #228 Madison WI 53715 Check if: 1 In-Kind Offset		advertising	40.00
9/9 2018	Best Buy 2452 E Springs Dr Madison WI 53704 Check if: 11 In-Kind Offset		office supplies	400.00
	Check if:			
	Check if:			
	. ,			
	Check if:	-		
	, in			,
	Check if: In-Kind Offset			
	·	- '		
	Check if:			
	Check if:			·
		SUBTO	OTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 440.00
		· · · ·	TOTAL ITEMIZED EXPENDITURES	\$ 440.00
			TOTAL UNITEMIZED EXPENDITURES	\$
			TOTAL EXPENDITURES	\$ 440.00