					V	K 1/3/2020	
CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN							
Is This Report an Amendment: Yes	V	No				Y OF FITCHBURG	
Instructions for completing schedules are on the back	cof	each schedule.				JAN 1 0 2020	
COMMITTEE IDENTIFICATION						4.7.	
Friends for Anne Scott						RECEIVED	
Street Address 2561 Roanoke Cr					OFFICE USE ONLY		
City, State and Zip Code Fitchburg WI 53719							
Please check if address is different than previously reported, and		plote the Compaign Boo	ictue	stion State	mont in the k	andr of this form	
NAME OF REPORT	com	piete the Campaign Reg	ISTE	ition State	ment in the c	oack of this form.	
January Continuing 2020 Pre-Primary  July Continuing  September Continuing  Pre-Election		Spring I	Fall		Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A This Period		Colur Caler Year-To	ndar		
1. RECEIPTS	_			T Cai - I C	J-Date		
1A. Contributions (Including Loans) from Individuals	\$		\$				
1B. Contributions from Committees (Transfers-In)	\$		\$				
1C. Other Income and Commercial Loans	\$		\$				
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	Ø /	\$	4	V=		
2. DISBURSEMENTS							
2A. Gross Expenditures	\$	ø	\$	ø			
2B. Contributions to Committees (Transfers-Out)	\$	50.75	\$	50.7	5 🗸		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	50.75	\$	50.7	5 🗸		
CASH SUMMARY							
Cash Balance Beginning of Report	\$	56.94	1				
Total Receipts	\$	Ø	1				
Subtotal	\$	56.94	1				
Total Disbursements	\$	50.15 V	/				
CASH BALANCE END OF REPORT	\$	6.19 V	1				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$						
LOANS (Balance at the Close of This Period-3B)	\$	6.19	1				

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 of Treasurer	Date: 1/9/2020
Anne Scott	Email ascott 1167@ aol.com	Daytime Phone: 211-4813

**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-B

## DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Committee Name		
Friends for	Anne Scott	

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D
		Amount	Total
12/31/19	Gabriella Gerhardt 64 Wood Brook Way Fitchburg W1 53711 Check if: 1 In-Kind Loan	50.75	50,75
	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: 🖂 In-Kind 🖂 Loan		
	Check if:  In-Kind  Loan		
	Check if:  In-Kind  Loan  SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	s 50.15	50.75
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		50.75 50.75

## **SCHEDULE 3-B**

Complete Committee Name

## Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Complete Com	ends for Anne Scot	+					
Instructions fo	or completing schedules are on the back of each s	chedule.					
	Full Name, Mailing Address and Zip Code of Loan Source  Anne Scott		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period	
Date / /	Fitchburg WI 5371	9	6.19			6.19	
List All Endorse	ers or Guarantors (if any)						
Full Name, Mail of Guarantor	ling Address and Zip Code	Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Mail of Guarantor	ling Address and Zip Code	Occupation					
		Amount Guarantee	ed Outstanding				
	2	\$					
	Full Name, Mailing Address and Zip Code of Loan Sou	ırce	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	
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Mail of Guarantor	ling Address and Zip Code	Occupation					
		Amount Guarantee	ed Outstanding				
Pata	Full Name, Mailing Address and Zip Code of Loan Sou	rice	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,	
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guarantee	ed Outstanding				
Full Name, Mailing Address and Zip Code of Guarantor		Occupation					
		Amount Guarantee	ed Outstanding				
						r 10	