CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN **☑** No Is This Report an Amendment: ☐ Yes Instructions for completing schedules are on the back of each schedule. COMMITTEE IDENTIFICATION RECEIVED Anne Scott OFFICE USE ONLY Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT Pre-Primary _ January Continuing July Continuing 4026 ☐ Fall Termination Report Spring Special Pre-Election also complete Schedule 4 September Continuing SUMMARY OF RECEIPTS AND Column A Column B DISBURSEMENTS This Period Calendar Year-To-Date 1. RECEIPTS \$ \$ 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) 2. DISBURSEMENTS \$ \$ 6.19 6.19 2A. Gross Expenditures \$ \$ 2B. Contributions to Committees (Transfers-Out) \$ 6.19 6.19 TOTAL DISBURSEMENTS (Add totals from 2A and 2B) CASH SUMMARY 6.19 Cash Balance Beginning of Report \$ Total Receipts \$ 6.19 Subtotal \$ Total Disbursements \$ CASH BALANCE END OF REPORT INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)

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 Tressurer	Date: 7/7/2020
Anne Scott	Email a Scott 11670 aol.com	Daytime Phone: 271-48/3

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.

LOANS (Balance at the Close of This Period-3B)

DISBURSEMENTS Gross Expenditures

Complete Committee Name Friends for Anne Scott
Instructions for completing schedules are on the back of each sc

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whorn Payment is Made	Specific Purpose of Expenditure	Amount	
3/5/20	Anne Scott 256/RoanokeCr Fitchburg WI 53719 Check if: In-Kind Offset	Loan repayment to purchase supplies	6.19	
	Check if:			
	Check II. [4] III-rand Offset			
	Check if:			
	Check if:			
	Check if			
Check if:		\$ 6.19		
		TOTAL ITEMIZED EXPENDITURES	\$ 6.19	
		TOTAL UNITEMIZED EXPENDITURES	\$	
		TOTAL EXPENDITURES	\$ 6.19	

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Complete Committee Name Friends for Anne Scott Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code of Loan Source Outstanding Cumulative Outstanding Obligations Payments Obligations Anne Scott 2561 Roanoke Cr End of This Period Beginning of This New Loans This This Period Period Period Fitchburg Wi 53719 6.19 6.19 Fuil Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding \$ Outstanding Cumulative Full Name, Mailing Address and Zip Code of Loan Source Outstanding Obligations Obligations Payments Beginning of This End of This Period New Loans This This Period Period Period Date 1 List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Outstanding Full Name, Mailing Address and Zip Code of Loan Source Outstanding Cumulative Obligations **Payments** Obligations End of This Period Beginning of This New Loans This This Period Period Period Date List All Endorsers or Guarantors (if any) Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding Full Name, Mailing Address and Zip Code Occupation of Guarantor Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

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TOTAL OUTSTANDING LOANS