

CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
GAB-2

COMMITTEE IDENTIFICATION

Filing Period Name:	July Continuing 2014 Covers all activity from 01/01/2014 through 06/30/2014	OFFICE USE ONLY GAB ID: 0105493
Name of Committee/Corporation:	Rynes for Assembly	
Street Address:	P.O. Box 501	
City, State and Zip:	Richland Center, WI 53581	

<i>SUMMARY OF RECEIPTS AND DISBURSEMENTS</i>	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$1,075.00	\$1,075.00
1B. Contributions from Committees (Transfers-In)	\$0.00	\$0.00
1C. Other Income and Commercial Loans	\$0.00	\$0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$1,075.00	\$1,075.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$0.00	\$0.00
2B. Contributions to Committees (Transfers-Out)	\$0.00	\$0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$0.00	\$0.00

CASH SUMMARY

Cash Balance Beginning of Report *	\$0.00	
Total Receipts	\$1,075.00	
Subtotal	\$1,075.00	
Total Disbursements	\$0.00	
CASH BALANCE END OF REPORT *	\$1,075.00	
INCURRED OBLIGATIONS		
(Balance at the Close of This Period-3A)	\$0.00	
LOANS (Balance at the Close of This Period-3B)	\$0.00	

**Cash Balance as reported by committee*

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: Surrem, Gail	Signature of Candidate or Treasurer: Ken Rynes	Date: _____	Daytime Phone: _____	Email: annies@mwt.net
---	--	-------------	----------------------	-----------------------

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2 (Rev. 12/03) This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984, 608-266-8005.

SCHEDULE 1-A**RECEIPTS
Contributions From Individuals**

Complete Committee Name: Rynes for Assembly

Date	Full Name	Address	Occupation	Employer Name	Employer Address	Amount	YTD
Monetary							
05/09/2014	Johns, Jason	4666 Rutland Dunn Rd, Oregon, WI 53575	Attorney	self-employed	4666 Rutland Dunn Rd, Oregon, WI 53575	\$200.00	\$200.00
05/19/2014	Johnson, Sharon K	2428 STH 133, Avoca, WI 53506	Retired	none	WI	\$500.00	\$500.00
06/21/2014	Schweitzer, Lola	19530 Marshall Rd, Richland Center, WI 53581	Retired			\$25.00	\$25.00
06/21/2014	Stinebrink, Dawn	32927 Stonebringer Ln, Hillpoint, WI 53937	Retired			\$50.00	\$50.00
06/21/2014	Durst, Jerome	17938 CTH A, Richland Center, WI 53581	Farmer	self-employed	WI	\$50.00	\$50.00
06/21/2014	Stevenson, Carol	18798 Deere Path Ln, Richland Center, WI 53581	Retired			\$100.00	\$100.00
06/21/2014	Ring, Anthony	18523 STH 56, Richland Center, WI 53581	Compliance Officer	ContinuUs	28526 USH 14, Lone Rock, WI 53556	\$150.00	\$150.00
Sub Total						\$1,075.00	
Total Unitemized Contributions						\$0.00	
Total Anonymous Contributions						\$0.00	
Grand Total						\$1,075.00	
Non-Monetary (-):						\$0.00	
Loan Forgiven (-):						\$0.00	
Total						\$1,075.00	

SCHEDULE 1-B**RECEIPTS
Contributions from Committees
(Transfers-In)**

Complete Committee Name: Rynes for Assembly

Date	Full Name	Address	Amount	YTD
Grand Total			\$0.00	
Non-Monetary (-):			\$0.00	
Total			\$0.00	

SCHEDULE 1-C**RECEIPTS****Other Income and Commercial Loans**

Complete Committee Name: Rynes for Assembly

Date	Full Name	Address	Amount	YTD
Total			\$0.00	

SCHEDULE 2-A**DISBURSEMENTS
Gross Expenditures****Complete Committee Name:** Rynes for Assembly

Date	Full Name	Address	Vendor Name	Vendor Address	Expense Purpose	Amount
Grand Total						\$0.00
Non-Monetary (-):						\$0.00
Total						\$0.00

SCHEDULE 2-B**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name: Rynes for Assembly

Date	Full Name	Address	Vendor Name	Vendor Address	Amount
Grand Total					\$0.00
Non-Monetary (-):					\$0.00
Registrant In-Kind Sub Total (-):					\$0.00
Total					\$0.00

SCHEDULE 3-A**ADDITIONAL DISCLOSURE**
Incurred Obligations Excluding Loans**Complete Committee Name:** Rynes for Assembly**Beginning Incurred Obligation Amount:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Incurred Obligations End of Report		\$0.00

SCHEDULE 3-B**ADDITIONAL DISCLOSURE**
Loans
Individual, Committee or Commercial**Complete Committee Name:** Rynes for Assembly**Beginning Loan Balance:** \$0.00

Date	Full Name	Address	Amount
Grand Total			\$0.00

Date	Full Name	Amount Paid
Grand Total		\$0.00
Outstanding Loans End of Report		\$0.00