

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

RAJ SHUKLA For Mayor

Street Address

2115 KENDALL AVE

City, State and Zip Code

MADISON, WI 53726

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

- January Continuing Pre-Primary Spring Fall Special
 July Continuing 20 Pre-Election
 September Continuing Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

| | Column A This Period | Column B Calendar Year-To-Date |
|-------------------------------------------------------|-------------------------|--------------------------------------|
| 1A. Contributions (Including Loans) from Individuals | \$ | \$ |
| 1B. Contributions from Committees (Transfers-In) | \$ | \$ |
| 1C. Other Income and Commercial Loans | \$ 723.85 | \$ |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 723.85 | \$ 723.85 |

2. DISBURSEMENTS

| | | |
|--------------------------------------------------------|----------|----------|
| 2A. Gross Expenditures | \$ 59.70 | \$ 59.70 |
| 2B. Contributions to Committees (Transfers-Out) | \$ | \$ |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 59.70 | \$ 59.70 |

CASH SUMMARY

| | |
|-------------------------------------------------------------------------|-------------|
| Cash Balance Beginning of Report | \$ 1,147.98 |
| Total Receipts | \$ 723.85 |
| Subtotal | \$ |
| Total Disbursements | \$ 59.70 |
| CASH BALANCE END OF REPORT | \$ 1812.13 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ 2,500 |
| LOANS (Balance at the Close of This Period-3B) | \$ 10,000 |

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

RAJ SHUKLA

Signature of Candidate or Treasurer

Raj Shukla

Email rajshuklapolitical@gmail

Date: 7/16/2020

Daytime Phone: 608338-5227

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name _____

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if year-to-date total exceeds \$200) | Amount of Contribution | Y-T-D Total |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|----------------|
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____ | | | |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

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

| Date | Full Name of Committee, Mailing Address and Zip Code | Amount of Contribution |
|------|--------------------------------------------------------------------------|------------------------|
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | |

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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 |
|----------|-------------------------------------------------------------------------------------------------------|---------------------------------|--------|
| 11/31/20 | PARK BANK 33 E. MAIN ST WAUWATON, WI 53703 Check if: <input type="checkbox"/> In-Kind Offset | SERVICE FEE | 9.95 |
| 2/29/20 | " Check if: <input type="checkbox"/> In-Kind Offset | " | " |
| 3/31/20 | " Check if: <input type="checkbox"/> In-Kind Offset | " | " |
| 4/30/20 | " Check if: <input type="checkbox"/> In-Kind Offset | " | " |
| 5/29/20 | " Check if: <input type="checkbox"/> In-Kind Offset | " | " |
| 6/30/20 | " Check if: <input type="checkbox"/> In-Kind Offset | " | " |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 59.70

TOTAL ITEMIZED EXPENDITURES \$ 59.70

TOTAL UNITEMIZED EXPENDITURES \$ 59.70

TOTAL EXPENDITURES \$ 59.70

SCHEDULE 2-B

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name

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

| Date | Full Name, Mailing Address and Zip Code | Amount | Y-T-D Total |
|---------------------------------------------------------------|--------------------------------------------------------------------------|-----------|-------------|
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | | |
| SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE | | \$ | |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | \$ | |

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name

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

| Date | Full Name, Mailing Address and Zip Code of Creditor | Outstanding Balance Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Balance At Close of This Period |
|---------|---------------------------------------------------------|-------------------------------------------|------------------------------------------|---------------------------------|---------------------------------------------|
| 3/31/19 | AMANDA BLINE 5905 ANTHONY PLACE MADISON, WI 53716 | 2,500 | - | - | 2500 |
| | | Nature of Debt (Purpose) CONSULTING | | | |
| / / | | | | | |
| | | Nature of Debt (Purpose) | | | |
| / / | | | | | |
| | | Nature of Debt (Purpose) | | | |
| / / | | | | | |
| | | Nature of Debt (Purpose) | | | |
| / / | | | | | |
| | | Nature of Debt (Purpose) | | | |
| / / | | | | | |
| | | Nature of Debt (Purpose) | | | |

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$ 2500

TOTAL ITEMIZED OBLIGATIONS \$ 2500

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$

SCHEDULE 3-B

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

Complete Committee Name

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

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|---------|--------------------------------------------------------|--------------------------------------------------|-----------------------|---------------------------------|--------------------------------------------|
| 2/14/19 | Rog Szymura 2115 KENNEDY AVE MADISON, WI 53726 | 10,000 | — | — | 10,000 |

List All Endorsers or Guarantors (if any)

| | |
|------------------------------------------------------|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|------|--------------------------------------------------------|--------------------------------------------------|-----------------------|---------------------------------|--------------------------------------------|
| / / | | | | | |

List All Endorsers or Guarantors (if any)

| | |
|------------------------------------------------------|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |

| Date | Full Name, Mailing Address and Zip Code of Loan Source | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|------|--------------------------------------------------------|--------------------------------------------------|-----------------------|---------------------------------|--------------------------------------------|
| / / | | | | | |

List All Endorsers or Guarantors (if any)

| | |
|------------------------------------------------------|-------------------------------------|
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |
| Full Name, Mailing Address and Zip Code of Guarantor | Occupation |
| | Amount Guaranteed Outstanding \$ |

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$10,000