

**CAMPAIGN FINANCE REPORT
STATE 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

Street Address

City, State and Zip Code

OFFICE USE ONLY

WSEB ID Number:

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 _____ Pre-Election _____ Spring Fall Special

Termination Report
also complete Schedule 4

***SUMMARY OF RECEIPTS AND
DISBURSEMENTS***

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

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

2A. Gross Expenditures

\$

\$

\$

\$

2B. Contributions to Committees (Transfers-Out)

\$

\$

\$

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$

\$

\$

\$

CASH SUMMARY

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

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 Treasurer

Date:

Daytime Phone:

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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

Instructions for Completing Summary Page of Form EB-2

Instructions for Completing Schedules are on the Back of Each Schedule

Committee Identification

- ▶ Print or type the complete name and mailing address of your committee.
- ▶ Enter the committee WSEB ID number (the number printed in the upper right corner of the mailing label on the envelope in which the forms were mailed).
- ▶ If the report is an amendment to a previous report filed, check the “yes” box. If the report is NOT an amendment, check the “no” box.

Name of Report

- ▶ Check the box next to the name of the report being filed, and enter the correct calendar year. For information concerning filing dates and report names, refer to the *Campaign Finance Instruction and Bookkeeping Manual*.

Summary of Receipts and Disbursements

- ▶ Committees should complete the detailed pages in Schedules 1-A through 3-B before completing this summary section of the report form.

Receipts

- 1A. Contributions (Including Loans) From Individuals:** Enter the amount of Total Contributions from Individuals (Schedule 1-A) in Column A of the Summary page. Add the amount entered in Column A to contributions previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- 1B. Contributions From Committees (Transfers-In):** Enter the amount from Total Contributions (Transfers-In) Received From Committees (Schedule 1-B) in Column A of the Summary page. Add the amount entered in Column A to contributions previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- 1C. Other Income and Commercial Loans:** Enter the amount of Total Other Income (Schedule 1-C) in Column A. Add the amount entered in Column A to other income previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- Total Receipts:** Add the amounts entered on lines 1-A, 1-B and 1-C, in Column A and enter the total in Total Receipts. Add the amount of Total Receipts previously reported, if any, and enter the amount in Column B, Calendar Year-to-Date.

Disbursements

- 2A. Gross Expenditures:** Enter the amount from Total Expenditures (Schedule 2-A) in Column A of the Summary page. Add the amount in Column A to expenditures previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- 2B. Contributions to Committees (Transfers-Out):** Enter the amount from Total Contributions (Transfers-Out) Made to Committees (Schedule 2-B) in Column A of the Summary page. Add the amount in Column A to contributions previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- Total Disbursements:** Add the amounts entered on lines 2-A and 2-B in Column A and enter the total in Total Disbursements. Add this amount to Total Disbursements previously reported, if any, and enter the amount in Column B, Calendar Year-to-Date.

Cash Summary

- Cash Balance Beginning of Report:** If this report is the first report filed by the committee, the cash balance will be zero. If this is not the first report filed by the committee, enter the cash balance from the end of the last report period. The beginning cash balance of a report must *always* be the *same* as the ending cash balance of the prior report.
- Total Receipts:** Enter the amount from Total Receipts in Column A of the Summary page.
- Subtotal:** Add Cash Balance Beginning of Report to Total Receipts and enter the amount.
- Total Disbursements:** Enter the amount from Total Disbursements in Column A of the Summary page.
- Cash Balance End of Report:** Subtract Total Disbursements from Subtotal and enter the amount. The cash balance at the end of the report period should **equal** the reconciled balance in the checking account *plus* any savings or investment accounts.
- Incurred Obligations:** Enter the amount from Total Incurred Obligations (Schedule 3-A) in Column A of the Summary page. Incurred obligations must be carried forward on **each** report until paid in full.
- Loans:** Enter the amount from the Total Outstanding Loans (Schedule 3-B) in Column A of the Summary page. Loans must be carried forward on **each** report until paid in full.

Sign and Date the Report

The treasurer or candidate must sign and date each report filed. Each report must be complete, correct, and in compliance with the reporting format. Please include a daytime phone number and a contact person if someone other than the treasurer prepares the report.

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 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | Amount | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| Date / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan | Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100) | | Calendar Year-to-Date Total Office Use |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |
| TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS | | | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ | |

Instructions for Completing Schedule 1-A RECEIPTS

Contributions (Including Loans) From Individuals

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report contributions, including loans from individuals, on this form.
- ▶ Enter the number of Schedule 1-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) each contribution was **RECEIVED**. *Do not* enter the date that appears on the contributor's check or the date deposited, unless it is the same as the date received (*is in committee's possession and control*).

Full Name, Mailing Address, and Zip Code:

1. For contributions over \$20: Enter the full name and address of the contributor.
2. For single or cumulative contributions totaling over \$100 in a calendar year: Enter the full name and address of the contributor. Enter the **occupation** and the **name and address of principal place of employment**.

Calendar Year-to-Date Total: Add contributions previously received this calendar year, from this contributor to the contributions received in this report period. The Calendar Year-to-Date Total for an individual must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year. Once the individual's Calendar Year-to-Date Total exceeds \$100, you must enter the contributor's occupation, and the name and address of the principal place of employment.

Subtotal Itemized Contributions this page: Enter the total of all the contributions listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Contributions: Add the subtotals from all pages of Schedule 1-A. If more than one page, enter the total on only the last page of Schedule 1-A.

Total Unitemized Contributions \$20 or less: Enter the total of unitemized contributions of \$20 or less only on the last page of Schedule 1-A.

Total Contributions Received from Individuals: Add the Total **Itemized** Contributions to the Total **Unitemized** Contributions \$20 or Less and enter the amount **only** on the last page of Schedule 1-A.

Special Instructions:

- ◆ Contributions and loans from individuals on Schedule 1-A include any cash, personal or individual loans, purchase of tickets to fundraising events, memberships, gifts, advances, in-kind contributions, and all other personal contributions from an individual **including** the candidate. An in-kind contribution is any goods, property, or services provided to the committee free or for less than the fair market value. (*Volunteer services are not a contribution.*)
- ◆ **In-kind contributions from individuals must also be reported as in-kind expenditures on Schedule 2-A to avoid distortion of the cash balance.**
- ◆ When the contribution is in-kind, a loan, or is received through a conduit, check the appropriate box in the section where the contribution is listed. If you receive a personal check or cash, no box needs to be checked.
- ◆ Contributions from individuals transferred through conduits are reported on Schedule 1-A under the individual contributor's name. The transmittal letter accompanying the conduit check, lists the individuals who are the original sources of the contributions. These contributions are subject to itemization on the same basis as other individual contributions; if over \$100, the occupation, name, and address of employer must be provided.
- ◆ Any individual loans, either from the candidate or from another individual, must be reported on Schedule 1-A **and** on Schedule 3-B, Additional Disclosure, Loans, until paid in full.
- ◆ Loans from individuals are subject to individual contribution limits (see Campaign Finance and Bookkeeping Manual).
- ◆ Each contributor's name, address, and amount must be listed separately. Contributions from joint accounts shall be reported as coming from the individual signing the check, unless the signor indicates otherwise. If the amount is divided, each individual must be itemized separately. Do not report a contribution as coming from more than one individual.
- ◆ Receipts from raffles, auctions, garage sales, and other similar fundraising events are individual contributions and must be recorded. When receipts consist of single contributions of \$20 or less, please report the amount in Unitemized Receipts of \$20 or Less. Any single contributions that exceed \$20 must be itemized.
- ◆ Do **not** report contributions from political action committees, political party committees, or other candidate committees on Schedule 1-A. These contributions must be reported on Schedule 1-B.

Instructions for Completing Schedule 1-B RECEIPTS

Contributions From Committees (Transfers-In)

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report contributions from committees (transfers-in) on this form.
- ▶ Enter the number of Schedule 1-B pages in the upper right corner of the form.
- ▶ Each contribution received from a committee **must be itemized** regardless of the amount.

Date:

Enter the date (month, day, year) each contribution was **received**. **DO NOT** enter the date which appears on the contributor's check or the date deposited, unless it is the same as the date received.

Complete Name and Address of Committee:

Enter the full name and address of each contributor. The six-digit WSEB ID number of each committee registered with the state should appear on their check. A listing of all committees registered with the state is available on the elections board website (<http://elections.state.wi.us>). Please provide this number for all contributions from committees.

Amount:

Enter the amount of the contribution this period.

Calendar Year-to-Date Total:

Add contributions previously received this calendar year, from this committee to the contributions received in this report period. The Calendar Year-to-Date Total for a committee must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year.

Subtotal Contributions (Transfers-In) This Page:

Enter the total of all the contributions (transfers-in) listed on this page. If additional pages are needed, enter the subtotal for each separate page.

Total Contributions (Transfers-In) Received from Committees:

Add the subtotals from all pages of Schedule 1-B. If more than one page, enter the total on only the last page of Schedule 1-B.

Special Instructions:

- ◆ Contributions transferred through **conduits** are reported as **individual contributions** on Schedule 1-A.
- ◆ In reporting contributions from committees, provide the **complete** name and address of each committee making a contribution. The six-digit WSEB ID number of each committee registered with the state should appear on their check. Please provide this number for all contributions from committees.
- ◆ Contributions From Committees (Transfers-In) consist of any funds received from a political party committee, political action committee, political group (referenda), candidate committee or a legislative campaign committee.
- ◆ In-kind contributions from a committee must also be reported as an in-kind offset in Schedule 2-A to avoid distortion of the cash balance. An in-kind contribution is any goods, service, or property provided to the committee free or for less than the fair market value. (*Volunteer services are not a contribution.*)
- ◆ When the contribution is in-kind, check the in-kind box in the section where the contribution is listed.
- ◆ Contributions received from a sole proprietorship or partnership must be reported as individual contributions in Schedule 1-A. You must verify that the original source of the contribution is from personal funds. Contributions from partnerships must reflect the partners' share in the partnership unless otherwise specified.
- ◆ Contributions may not be accepted from corporations (including LLC), cooperatives, or associations.

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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

| Date / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
|---|--|----------------|--------|------------|
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| / / | Full Name, Mailing Address and Zip Code of Source of Income | Type of Income | Amount | Office Use |
| SUBTOTAL OTHER INCOME THIS PAGE | | | \$ | |
| TOTAL ITEMIZED OTHER INCOME | | | \$ | |
| TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS | | | \$ | |
| TOTAL OTHER INCOME | | | \$ | |

Instructions for Completing Schedule 1-C

RECEIPTS

Other Income and Commercial Loans

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report other income and commercial loans on this form.
- ▶ Enter the number of Schedule 1-C pages in the upper right corner of the form.

Date:

Enter the date (month, day, year) other income and commercial loans were **RECEIVED**.

Full Name, Mailing Address and Zip Code of Source of Income:

Identify the source of income by providing the name and address of the commercial lending institution. Provide the name and address of any person or business from which other income was received.

Describe Type of Income:

Describe the type of income, e.g., loan from commercial lender for campaign expenses, refund from utility, refund of over-payment to a vendor, interest on savings, or returned or lost contribution checks previously listed on Schedule 2-B, etc. Use more than one box or attach an additional sheet if needed.

Amount:

Enter the amount of other income and commercial loans of more than \$20 for this period only.

Subtotal Other Income This Page:

Enter the total of all the other income itemized on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Other Income:

Add the subtotals from all pages of Schedule 1-C. If more than one page, enter the total on only the last page of Schedule 1-C.

Total Unitemized Other Income \$20 or less:

Enter the total of unitemized other income of \$20 or less on the last page of Schedule 1-C.

Total Other Income:

Add the Total **Itemized** Other Income to the Total **Unitemized** Other Income of \$20 or Less and enter the amount on only the last page of Schedule 1-C.

Special Instructions:

- ◆ **Personal loans** from individuals (including the candidate) must be reported on **Schedule 1-A**.
- ◆ Other income and commercial loans include loans received from any financial institution. Loans must also be listed on Schedule 3-B, Additional Disclosure-Loans, until paid in full.
- ◆ When a contribution given by your committee to another committee is returned to you, report the receipt of the returned contribution in this schedule. Please indicate (under the Type of Income box) the original date your contribution was given.
- ◆ When a loan from a commercial lending institution is guaranteed by individuals, the full name and mailing address of each guarantor and the balance of the amount guaranteed by each guarantor at the end of the reporting period must be reported on Schedule 3-B. The amount of the guarantee is considered a contribution from the guarantor and subject to individual contribution limits until the amount is repaid to the lending institution.
- ◆ Other income includes refunds and interest received. Receipts from fundraising events (auctions, dinners, etc.) and from the sale of commercial items for the purpose of raising funds for political purposes are contributions and must be reported on Schedule 1-A or 1-B.

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 | Office Use |
|-------------|--|------------------------------------|--------|------------|
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | Check if: <input type="checkbox"/> In-Kind Offset | | | |
| | 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

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

\$

TOTAL EXPENDITURES

\$

Instructions for Completing Schedule 2-A

DISBURSEMENTS

Gross Expenditures

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report gross expenditures on this form.
- ▶ Enter the number of Schedule 2-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the disbursement was made.

Full Name, Mailing Address, and Zip Code of Person or Business to Whom Payment Is Made: Enter the name and complete address of the person or business to whom payments were made.

Specific Purpose of Expenditure: Enter the specific purpose of the expenditure. Expenditures must be made for **political purposes only**. An expenditure is for a political purpose when it influences the election or nomination for election of any individual to federal, state or local office. A complete description of the **type** of expenditure or reimbursement must be given (i.e., food for fundraiser or campaign T-shirts for resale). You may use more than one box or attach an additional sheet if needed.

Subtotal Itemized Expenditures This Page: Enter the total of all the expenditures listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Expenditures: Add the subtotals from all pages of Schedule 2-A. If more than one page, enter the total itemized on only the last page of Schedule 2-A.

Total Unitemized Expenditures \$20 or less: Enter the total of unitemized expenditures of \$20 or less on only the last page of Schedule 2-A. Note: If you itemize expenditures of \$20 or less, **DO NOT** include those amounts **again** in the total of unitemized expenditures.

Total Expenditures: Add the Total **Itemized** Expenditures to the Total **Unitemized** Expenditures (\$20 or less), and enter the amount on the last page of Schedule 2-A.

Special Instructions:

- ◆ Only expenditures of **more than \$20** must be itemized. Expenditures of **\$20 or less** should be totaled and reported as unitemized expenditures.
- ◆ Expenditures for general services, such as consulting, data processing, or reimbursement, should be broken down into the specific services rendered, e.g., salary, travel, data entry, polling.
- ◆ In-kind contributions reported in Schedule 1-A or 1-B, must also be reported as in-kind offsets in Schedule 2-A.
- ◆ Expenditures incurred for in-kind contributions to other registrants must be reported in Schedule 2-B, **NOT** 2-A. See instructions on Schedule 2-B.
- ◆ All expenditures must be made from the campaign depository and must be used for political purposes only.
- ◆ It is permissible for a candidate or an agent of a committee to pay for items from personal funds as long as receipts are submitted to the treasurer for reimbursement from the depository. Reporting of a reimbursement must include information that describes the nature of the original expenditure.
- ◆ It is permissible to maintain a petty cash account to pay for minor items provided that funds for the petty cash account are drawn from the campaign depository and that a record of the transactions is kept. Expenditures over \$20 must be paid by negotiable instrument, and be itemized on the report. Expenditures under \$20 may be included in unitemized expenditures. If itemized, the purpose of each expenditure must be provided. Only the specific expenditures are reported. *Do not report the check for setting up the petty cash account or any checks written to replenish petty cash.*
- ◆ Contributions received, deposited, and later returned to the original contributor must be reported as an expense in Schedule 2-A and in Schedule 3-E.
- ◆ **Independent expenditures** made by committees filing the Oath for Committees and Individuals Making Independent Disbursements (EB-6) must be reported in Schedule 2-A and itemized on the Report of Independent Disbursements (EB-7).

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 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
|---|---|--------|--------------------------------|------------|
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| / / | Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID# _____ | Amount | Calendar Year-To-Date Total | Office Use |
| SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE | | \$ | | |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | \$ | | |

Instructions for Completing Schedule 2-B

DISBURSEMENTS Contributions to Committees

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to use this form to report Contributions to Committees (Transfers-Out). Enter the number of Schedule 2-B pages in the upper right corner of the form.
- ▶ Each contribution made to another committee **must be itemized regardless of the amount.**

Date:

Enter the date (month, day, year) that each contribution was made to another committee.

Complete Name and Address of Committee:

Enter the full name and address of each committee. Please provide the six-digit WSEB ID number of each committee registered with the state. This ID number is available on the elections board website (<http://elections.state.wi.us>).

Amount:

Enter the amount of the contribution given in this period.

Calendar Year-to-Date Total:

Add contributions previously given this calendar year to this committee, to the contributions given in this report period. The Calendar Year-to-Date Total for a committee must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year.

Subtotal Contributions (Transfers-Out) This Page:

Enter the total of all the contributions (Transfers-Out) listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Contributions (Transfers-Out) Made to Committees:

Add the subtotals from all pages of Schedule 2-B. If more than one page, enter the total on only the last page of Schedule 2-B.

Special Instructions:

- ◆ If a contribution is made to a candidate for local office, please print the word “Local” in the space for the ID#. This would include candidates for municipal, school district, and county office. Note: District Attorney and Circuit Court Judge are considered state offices.
- ◆ Contributions to Committees (Transfers-Out) consist of any funds contributed to a political party committee, political action committee, political group (referenda), candidate committee, or legislative campaign committee.
- ◆ When the contribution is in-kind, check the in-kind box in the section where the contribution is listed.
- ◆ When the contribution is a loan, check the loan box in the section where the contribution is listed.
- ◆ For each in-kind contribution, the name and address of the candidate or committee receiving the contribution must be listed, along with the name and address of the person or business to whom payment was made and the amount and date of the in-kind contribution.
 1. *An in-kind contribution of property made during the same report period in which it was acquired, need only be reported on Schedule 2-B.*
 2. *An in-kind contribution consisting of property acquired in a prior report period and reported as an expenditure on the previous report, must be removed from expenditures by making a negative entry for the value of the property on Schedule 2-A, as well as the entry for the contribution on Schedule 2-B. This will avoid double reporting of the expense.*

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

| |
|-------------------------|
| Complete Committee Name |
|-------------------------|

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

| | | Outstanding Balance Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Balance At Close of This Period | Office Use Only |
|--|---|---|--|---------------------------------|---|-----------------|
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| Date / / | Full Name, Mailing Address and Zip Code of Creditor | | | | | |
| | | Nature of Debt (Purpose) | | | | |
| SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE | | | | | \$ | |
| TOTAL ITEMIZED OBLIGATIONS | | | | | \$ | |
| TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS | | | | | \$ | |
| TOTAL INCURRED OBLIGATIONS | | | | | \$ | |

Instructions for Completing Schedule 3-A

ADDITIONAL DISCLOSURE

Incurred Obligations Excluding Loans

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report incurred obligations on this form.
- ▶ Enter the number of Schedule 3-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the obligation was incurred.

Full Name, Mailing Address, and Zip Code of Creditor:

Enter the complete name and address of the creditor.

Nature of Debt (Purpose):

Describe the specific purpose for which the obligation was incurred (See Schedule 2-A for instructions).

Balance Columns:

In the first column, enter the amount, if any, at the beginning of this report period. If this is a new obligation, there is no beginning balance. If this is an existing obligation, the beginning balance should equal the previous report period's closing balance. In the second column, enter the amount of any new obligations or additions to existing obligations. In the third column, enter any payments made this report period (payments this period must also be reported in Schedule 2-A). In the fourth column, enter the outstanding balance at the close of this report period. Note: If there is a remaining balance, it must be carried forward to the next report's beginning balance.

Subtotal Itemized Obligations:

Enter the total of all the incurred obligations listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Obligations:

Add the subtotals from all pages of Schedule 3-A. If more than one page, enter the total on only the last page of Schedule 3-A.

Total Unitemized Obligations \$20 or less:

Enter the total unitemized obligations of \$20 or less on only the last page of Schedule 3-A.

Total Incurred Obligations:

Add the Total **Itemized** Obligations to the Total **Unitemized** Obligations \$20 or Less and enter the amount on only the last page of Schedule 3-A.

Special Instructions:

- ◆ Incurred obligations are to be reported when an enforceable agreement has been reached. If the exact amount of the obligation has not yet been defined then the amount of the obligation must be estimated. Although the committee may not have received a bill, the amount recorded should be a good faith estimate of the amount owed.
- ◆ The balance of all incurred obligations should be reported from the time incurred until paid in full.
- ◆ Each obligation must be carried forward on subsequent reports until the obligation has been reduced to zero.
- ◆ When a payment is made on an obligation, the transaction should be reported as a payment on Schedule 3-A and as an expenditure on Schedule 2-A.
- ◆ If the committee has a dispute over the amount owed to a vendor, this must be noted in the "purpose".

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

Complete Committee Name

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

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

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

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

List All Endorsers or Guarantors (if any)

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

| | |
|---|-----------|
| SUBTOTAL OUTSTANDING LOANS THIS PAGE | \$ |
| TOTAL OUTSTANDING LOANS | \$ |

Instructions for Completing Schedule 3-B

ADDITIONAL DISCLOSURE

Loans – Individual, Committee or Commercial

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report loans on this form.
- ▶ Enter the number of Schedule 3-B pages in the upper right corner of the form.

Date:

Enter the date (month, day, year) the loan was made.

Full Name, Mailing Address, and Zip Code of Loan Source:

Enter the complete name and address of the loan source.

Balance Columns:

In the first column, enter the actual amount at the beginning of this reporting period. If this is a new loan, the outstanding beginning balance is zero and the amount of the loan is recorded under the section “New Loans This Period”. If this is an existing loan, the outstanding beginning balance should equal the previous report period’s closing (outstanding) balance. In the third column, enter any payments made during this report period (payments made this period must also be reported in Schedule 2-A). In the fourth column, enter the outstanding balance at the end of this report period. Note: If there is a remaining balance, it must be carried forward to the next report’s beginning balance.

List All Endorsers or Guarantors (If Any):

In the space provided on the form, provide the full name, mailing address and zip code of any guarantors of loans. Enter the amount guaranteed which is outstanding at the end of the reporting period for each guarantor. See the notes below on how to apportion loan guarantees. If the amount guaranteed exceeds \$100, enter the guarantor’s occupation, name and address of principal place of employment.

Special Instructions:

- ◆ A loan guarantee is considered a contribution from the guarantor until the loan is repaid.
- ◆ If more than one person guarantees a loan, the amount of the loan is assigned to the guarantors in equal shares, in the proportion that the guarantors bear to the total amount guaranteed unless a different share is specified in the loan instrument.
- ◆ When a payment which reduces the unpaid balance of the loan is made to the lending institution, the amount assigned to each guarantor is reduced in equal shares, unless a different share is specified in the loan instrument.
- ◆ The outstanding amount of a loan or loan guarantee **plus** the total contributions to the campaign by the guarantor may not exceed the individual contribution limit.
- ◆ Any reductions in loans which are not offset by expenditures in Schedule 2-A must be explained (e.g., candidate forgives self loans).

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

| |
|-------------------------|
| Complete Committee Name |
|-------------------------|

SCHEDULE 3-C

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

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

| Date of Contribution | Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable | Indicate "I" (Individual) or "C" (Committee) | Description of In-Kind Contribution | Column A Estimated Amount | Column B Estimated Calendar Year-to-Date Total (All Contributions) | Office Use Only |
|----------------------|--|--|-------------------------------------|------------------------------|---|-----------------|
| | | | | | | |

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

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

| Date of Contribution | Complete Name and Address of Committee | Description of In-Kind Disbursement and List of Vendors | Column A Estimated Amount | Column B Estimated Calendar Year-to-Date Total (All Contributions) | Office Use Only |
|----------------------|--|---|------------------------------|---|-----------------|
| | | | | | |

Instructions for Completing Schedules 3-C & 3-D

ADDITIONAL DISCLOSURE

In-Kind Estimates

General Instructions:

- ▶ If you know the actual cost/value of the in-kind contribution, **do not** use this schedule. Refer to the appropriate schedule (1-A or 1-B). If the cost/value is not known, please continue.
- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report in-kind estimates on this form.
- ▶ Enter the number of Schedule 3-C or 3-D pages in the upper right corner of the form.

Estimated Value of In-Kind Contributions Received from Individuals and Committees – Schedule 3-C

Date of Contribution: Enter the date (month, day, year) that the benefit of the in-kind contribution was available for use by the committee.

Complete Name and Address of Contributor: Enter the full name and address of each contributor. If known, please provide the WSEB ID number for each committee.

Indicate “I” or “C”: Write “I” when the in-kind contribution is received from an individual. Write “C” when the in-kind contribution is received from a committee.

Column A, Estimated Amount: Enter the estimated value of the in-kind contribution.

Column B, Estimated Calendar Year-to-Date Total (All Contributions): Add the estimated value of the in-kind contribution to the total of all contributions received from the contributor for the calendar year and enter the amount.

Special Instructions for Schedule 3-C:

- ◆ This schedule is used to report an in-kind contribution *only* when the amount cannot be accurately determined at the time the benefit of the contribution is received. If the value of the in-kind contribution *is* known, it must be reported on either Schedule 1-A, Contributions Including Loans from Individuals or Schedule 1-B, Contributions from Committees, with the offset on Schedule 2-A.
- ◆ All in-kind contributions reported on this schedule must be reported again on either Schedule 1-A or Schedule 1-B, as well as Schedule 2-A, of the report for the period in which the actual value of the in-kind contribution is provided.

Estimated Value of In-Kind Contributions Given to Candidates or Committees – Schedule 3-D

Date of Contribution: Enter the date (month, day, year) that the benefit of the in-kind contribution was available for use by the committee.

Complete Name and Address of Committee: Enter the full name and address of each contributor. If known, please provide the WSEB ID number for each committee.

Description of In-Kind Disbursement and List of Vendors: Describe the nature of the in-kind contribution and provide a list of the vendors from which the committee purchased the goods or services, constituting the in-kind contribution.

Column A, Estimated Amount: Enter the estimated value of the in-kind contribution.

Column B, Estimated Calendar Year-to-Date Total (All Contributions): Add the estimated value of the in-kind contribution to the total of all contributions given to the recipient for the calendar year and enter the amount.

Special Instructions for Schedule 3-D:

- ◆ You must receive prior approval from the committee treasurer before making an in-kind contribution to a committee.
- ◆ This schedule is used to report in-kind contributions *only* when the amount cannot be accurately determined at the time the benefit is available to the recipient. If the value of the in-kind contribution is known, it is reported in Schedule 2-B, Contributions to Committees.
- ◆ All in-kind contributions reported in this schedule must be reported again in Schedule 2-B of the report for the period in which the actual value is determined.

SCHEDULE 3-E**ADDITIONAL DISCLOSURE
Contributions Returned to Contributor**

Page ____ of ____

| |
|-------------------------|
| Complete Committee Name |
|-------------------------|

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

| Date of Original Contribution | Name and Address of Contributor | Amount Returned |
|---|---------------------------------|-----------------|
| SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS | | \$ |
| TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS | | \$ |
| TOTAL RETURNED CONTRIBUTIONS | | \$ |

SCHEDULE 3-F**ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund**

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

| Date of Donation | Name and Address of Donee | Reason for Donation | Amount of Donation |
|--|---------------------------|---------------------|--------------------|
| SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS | | | \$ |
| TOTAL DONATED CONTRIBUTIONS | | | \$ |

Instructions for Completing Schedules 3-E & 3-F

ADDITIONAL DISCLOSURE

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report Returned or Donated Contributions on this form.
- ▶ Enter the number of Schedule 3-E or 3-F pages in the upper right corner of the form.

Contributions Returned to Contributor Schedule 3-E

Date of Original Contribution: Enter the date (month, day, year) that the contribution was received by the committee.

Name and Address of Contributor: Enter the name and address of the committee or individual to which a contribution is being returned.

Amount Returned: Enter the amount of the contribution returned.

Subtotal Itemized Returned Contributions: Enter the total of all the returned contributions listed on this page in this box. If additional pages are used, add the subtotal for each separate page.

Total Unitemized Returned Contributions \$20 or Less: Enter the amount of unitemized returned contributions \$20 or less on only the last page of Schedule 3-E.

Total Returned Contributions: Add the total itemized returned contributions to the total unitemized returned contributions and enter the amount on the last page of Schedule 3-E.

Special Instructions for Schedule 3-E:

- ◆ List returned contributions in Schedule 3-E only when the contributions have been deposited in the campaign depository, reported, and later returned.
- ◆ Any deposited contribution received from another **committee** and later returned *must* be itemized regardless of the amount.
- ◆ All returned contributions must be listed as expenditures on Schedule 2-A, as well as on Schedule 3-E.

Contributions Donated to Charity or the Common School Fund Schedule 3-F

Date of Donation: Enter the date (month, day, year) that the donation was given.

Name and Address of Donee: Enter the name and address of the charity or common school fund to which you are donating funds.

Reason for Donation: Enter the reason for the donation, e.g., excess anonymous contribution, excess cash contribution, terminating committee.

Amount: Enter the amount of the donation.

Subtotal Itemized Contributions This Page: Enter the total of all the donated contributions listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Donated Contributions: Add the subtotals from all pages of Schedule 3-F and enter the total on only the last page.

Special Instructions for Schedule 3-F:

- ◆ Contributions may be donated to charity or the common school fund for the following purposes only:
 - a. A registrant must donate any anonymous contribution received which exceeds \$10.
 - b. A registrant must donate any cash contribution which exceeds \$50 or return it to the donor.
 - c. A registrant must donate or return any illegal contributions (“laundered”, over limits, or from a corporation, cooperative or association). Returning or donating illegal contributions does not remove the committee from any potential liability.
 - d. A registrant may donate a contribution received from an unregistered committee.
 - e. A registrant may donate residual funds for the purpose of terminating the committee.
- ◆ All donations to charity or to the common school fund must also be listed as expenditures on Schedule 2-A.

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address.)

| | |
|-----------------------------|-------------------------------|
| Treasurer's Name | Telephone Number (residence) |
| Address (number and street) | Telephone Number (employment) |
| City, State and Zip Code | |

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(*). This provision only applies to independent and local nonpartisan candidates. s.8.35, Stats.

| NAME | MAILING ADDRESS | POSITION |
|------|-----------------|----------|
| | | |

5. DEPOSITORY INFORMATION

| | |
|-------------------------------|---|
| Name of Financial Institution | Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) |
| Address (number and street) | City, State and Zip Code |

CERTIFICATION

TREASURER

I, _____ (print full name) certify the information in this statement is true, correct and complete.

Signature _____, Treasurer _____
Date _____

CANDIDATE

I, _____ (print full name) certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature _____, Candidate _____
Date _____

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer _____ Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2500 in total disbursements for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2 A AND/OR 2-B.*

| Date | Recipient | Amount |
|------|-----------|--------|
| | | |

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

| Date | Endorser, Guarantor, or Creditor | Amount |
|------|----------------------------------|--------|
| | | |

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer_____
Date