CF-13

TERMINATION REQUEST

Complete Committee Name

Friends of Sharon Pomaville



- A committee may terminate its registration and reporting requirements if the committee will no longer walker with the disbursements or incur obligations, and the cash balance and obligations have been reduced to zero. COUNTY CLERK
- · 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 \$2,500 in total expenses 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.
- If you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- 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 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

7	BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B	
Date	Recipient	Amount

DAN OR DEBT FORC eroby forgive all perso	iIVENESS anal loans or have assumed responsibility for any and all debts of my c	ampaign committee
Date	Endorser, Guarantor, or Creditor	Amount
7-7-22	Sharon Pomaville	\$0

- This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
- I do not owe the \$100 filing fee.

Signature of Candidate or Treasurer

7/7/2022

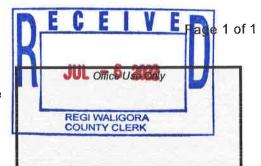
Date

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.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.



Is this re	port an amendment? Yes	✓ No				
COMMITTEE IDENTIFIE	CATION					
Committee Name	Name Friends of Sharon Pomaville					
Mailing Address	8312 252nd Avenue, Salem, WI 53168					
Email pomaville.s@gmail.com		Daytime Phone	2624967025			
FILING PERIOD	ing and the control of the					
January Continuing Spring Pre-Primary Fall Pre-Primary S		Special Pre-Primary	Report Year	2022		
		Special Pre-Election	Is this a Termination Report?			
Fall Pre-Election Special Post-Electio		Special Post-Election	✓ Yes No			
SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS						
		This Period	Year-to-Date	Office Use Only		
	Beginning Cash On-Hand	\$ O-				
1. Money Received (Receipts)						
1-A. Monetary Contributions from Individuals		\$ 0 -	0			
1-B. Monetary Contributions from Committees (Transfers-In)		\$ 0 -	Ó			
1-C. Other Income and Commercial Loans		\$ 0 -	0			
	Total Monetary Receipts	\$ 0 -	\$ 0 -			
2. Money Spent (Disbursements)						
2-A. Gross Monetary E	xpenditures	\$ 0-	100.00			
2-B. Monetary Contribu	tions to Committees (Transfers-Out)	\$ 0-	0			
	Total Monetary Disbursements	\$ 0-	\$ -	45.11		
	Ending Cash On-Hand	\$ 0-				
SUMMARY OF OUTSTANDING DEBTS						
3-A. Incurred Obligations (Unpaid Bills)		\$ 0-				

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

\$

Signature of the candidate or treasurer

Sharon Pomaville

1-Jul-22

Print Name

Date

3-B. Outstanding Loan Balance