

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

FRIENDS OF LAVERNE JAROS

Street Address

324 116TH STREET

City, State and Zip Code

PESCAANT PRAIRIE, WI 53158

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 ☐ 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
1.A. Contributions (Including Loans) from Individuals	\$ 292.08	\$ 4901.55
1.B. Contributions from Committees (Transfers-In)	\$ 343.88	\$ 1265.32
1.C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1.A, 1.B and 1.C)	\$ 635.96	\$ 6166.87
2. DISBURSEMENTS		
2.A. Gross Expenditures	\$ 1776.53	\$ 6166.87
2.B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2.A and 2.B)	\$ 1776.53	\$ 6166.87

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,140.57
Total Receipts	\$ 635.96
Subtotal	\$ 1776.53
Total Disbursements	\$ 1776.53
CASH BALANCE END OF REPORT	\$ 0
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 LAVERNE JAROS	Signature of Candidate or Treasurer <i>Laverne Jaros</i>	Date: 7/15/22
Email laverne.jaros@gmail.com	Daytime Phone: 262-818-2094	

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.

ETHCS-2L (Rev. 01/16)

The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Page 1 of 1

Complete Contributor Name

FRIENDS OF LAVERNE JAROS

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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
3/23/22	SALLY THUCK 325 RD AVE KENOSHA, WI		100.00	100.00
3/25/22	LEAH BLOUGH 8355 5TH AVE. KENOSHA, WI		50.00	50.00
4/2/22	MIKE UNDERWOOD		20.00	20.00
4/2/22	ED RUBICKI 3922 6TH AVE KENOSHA, WI		50.00	50.00
7/1/22	LAVERNE JAROS (LAND DATE) 324 116TH ST. PLEASANT PRAIRIE, WI	RETIRED	72.08	2210.15
	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

\$ 292.08

TOTAL ITEMIZED CONTRIBUTIONS

\$ 292.08

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 292.08

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page 1 of 1

Complete Committee Name

FRIENDS OF LAVERNE JAROS

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Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
3/29/22	DPW 15 N PINCKNEY MADISON, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	111.09
3/23/22 3/18/22	DPW N PINCKNEY 15 N PINCKNEY MADISON, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	232.79
	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

\$ 343.88

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES

\$ 343.88

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Committee Name

FRIENDS OF HALVERNE JAROS

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
3/29/22	DPW 15 N PINCKNEY MADISON, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	MAILING SERVICE	\$111.09
3/23/22	DPW 15 N PINCKNEY MADISON, WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	MAILING SERVICE	\$114.63
3/18/22	USPS Check if: <input checked="" type="checkbox"/> In-Kind Offset	MAILING SERVICE MEDIA - GRAPHIC DESIGN	118.16
3/23/22	USPS Check if: <input type="checkbox"/> In-Kind Offset	STAMPS	101.80
3/29/22	COPY CENTER 5036 6TH AVE 53140 Check if: <input type="checkbox"/> In-Kind Offset	POST CARDS	46.42
2/1/22	WEBHOST Check if: <input type="checkbox"/> In-Kind Offset	WEBSITE	183.86
3/21/22	ACCURATE PRINTING Check if: <input type="checkbox"/> In-Kind Offset	HANDBOOKS	121.33
3/24	ACCURATE PRINTING Check if: <input type="checkbox"/> In-Kind Offset	HANDBOOKS	261.64
4/3/22	WI VALLEY MEDIA GROUP Check if: <input type="checkbox"/> In-Kind Offset	NEWSPAPER AD	293.00
5/4/22	MARK JAROS Check if: <input type="checkbox"/> In-Kind Offset	YARD SIGN SUPPLIES	199.98
6/29/22	HALVERNE JAROS Check if: <input type="checkbox"/> In-Kind Offset	REINFORCEMENT-RECEIVED EXPENSE - COPYING	224.42

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 1776.53

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ 1776.53

TERMINATION REQUEST

Complete Committee Name

FRIENDS OF HALVERDE JAROS

Ethics 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 \$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))

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

- ☐ 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

Date

7-15-22

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.

Rev 102019

Form prescribed by the Wisconsin Ethics Commission, P.O. Box 7125, Madison, WI 53707-7125
(608) 266-8123 | Fax: 608-264-9319 | Web: <https://efs.wi.gov> | Email: campaignfinance@wi.gov