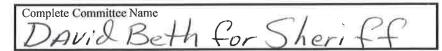
· CF-134

TERMINATION REQUEST





- A committee may terminate its registration and reporting requirements if the committee will no longer requirements 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 RESIDUA THIS INFORMATION SHO	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Date	Recipient	Amount
1/10/23	David Beth	2802.96

LOAN OR DEBT FORGIV	VENESS al loans or have assumed responsibility for any and all debts of my campai	gn committee.
Date	Endorser, Guarantor, or Creditor	Amount
1/20/23	DAVID Beth	5950.00

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

1/10/23 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.

21	CAI	WPATG	IN FINANCE RI	וחמים	DT		
	LOCAL	COM	MITTEES OF W	ISC	ONSIN		
	Is This Report an Amendment: Ye	8	□ No				
	Instructions for completing schedules are o	n the ba	ck of each schedule		:	1	15
	COMMITTEE IDENTIFICATION			1		į	
	DAVID Beth for	Sk	eriff	11		100	
	11021-7th ST.					OI	FFICE USE ONLY
	STUTTEVANT WI	53	3177			1	V
-	Please check if address is different than previously rep	ported, an	d complete the Campa	ign R	egistration Staten	ent in the i	ack of this form
-	NAME OF REPORT			T			
	January Continuing Pre-Print July Continuing Pre-Elec	nary	Spring	F	Fall 🗌 Sp	ecial	Termination Repor
	SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A	\dagger	Column	В	
	I. RECEIPTS		This Period		Calend Year-To-		3
-	1A. Contributions (Including Loans) from Individuals		s 0		\$		
-	1B. Contributions from Committees (Transfers-In)		\$:		\$		
-	1C. Other Income and Commercial Loans		\$		\$		
1	OTAL RECEIPTS (Add totals from IA, IB and IC)		\$		\$		
2	DISBURSEMENTS		12				
-	2A. Gross Expenditures		2802.95		\$		
-	2B. Contributions to Committees (Transfers-Out)		\$		\$		
T	OTAL DISBURSEMENTS (Add totals from 2A and	2B)	\$2802.96		\$		
C	ASH SUMMARY		\$2802.96				
Ca	sh Balance Beginning of Report		\$,2802.96				
To	tal Receipts		s O 1				
Su	ototal		5 D	\neg			
To	al Disbursements		\$ 2802.94				
CA	SH BALANCE END OF REPORT		7	\neg			
IN (Ba	CURRED OBLIGATIONS lance at the Close of This Period-3A)		8	1			
	ANS (Balance at the Close of This Period-3B)			1			
I ce	rtify that I have examined this report and to the be			_			
Туре	rtify that I have examined this report and to the be or Print Name of Candidate or Treasurer	Simul	nowleage and belief	it is t	rue, correct and	complete.	
F	JAN Ferber	100	of Candidate of Treasure	-		10-23	
NOT	E: The information on this form is required by ss. 11.020 mation may subject you to the penalties of ss. 11.1400, 11.	04, 11.030	4, 11.0404, 11.0504, 11.	0604	11.0804 11.0004	aytime Phone	: 262-94588/6
ETHO	F-2L (Rev. 01/16) The Wisconsin Ethics Commission	.1401, Wis	s. Stats.			MIZ 2011	railure to provide the
	F-2L (Rev. 01/16) The Wisconsin Ethics Commission	n prescribe	es this form. Completed	forms	must be filed with	your local	cleric.
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RECEIPTS

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SCHEDU	ULE 1-C		(f)		RECEIPTS		D
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DISBURSEMENTS Gross Expenditures

Page _ of _

DAVICE Beth Cor Sheriff

Date	End Name Melling Add	at or other abriculties.	7		
	Full Name, Halling Address Of Person or Business to Whom	and zip Code Payment is Made	Specific	Plapase of Expenditure	Amount
1/20/23	DAVID BELL 765-248 - AUE KANASVIlle WI CHECKIE DINGINGIONISCE COMMUNITY STATEBANK 1500 MAINST.				2801.69
//11/23	Community STATEBALK 1500 Main ST. Checkit I Intend Offset U. Grow	eWI 53182			1. 27
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	Checkii: [C] In-Kind Offset			×	
	Check it: [2] In-Klant Officet			.*	
	Check it: [i] In-Kind Offset	i		,	
	Check H. [7] In 10nd Offices				
	To Section 1				

TOTAL INSTERNIZED EXPENDITURES \$ 2802.96

TOTAL INSTERNIZED EXPENDITURES \$ 2802.96

TOTAL EXPENDITURES \$ 2802.96

DISBURSEMENTS Contributions To Committees (Transfers-Out)

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Page /	_ of <u>∫</u>

Complete Committee Name DAVI DBEHL For Sheri

instructions for completing schedul

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	SUBTOTAL	CONTRIBUTIONS (Transfers-C	ut) THIS PAGE	<u>s</u>		
	TOTAL CONTRACT	ONS (Transfers-Out) MADE TO	1	1		

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page ___ of __

Comple	te Committee Name Avid Beth fo-She	. 00	7			
Instruct	ions for completing schedules are on the back of	each schedule.	_			
Date	Full Name, Mailing Address and Zip Code of Credit	Outstanding Balance Reginning This Period	New Oblic Addi	gations or ions Period	Cumulative Payments This Period	Outstanding Balanc At Close of This Period
Date		Nature of Debt (Purpose)				
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Date / /	Full Name, Mailing Address and Zip Code of Credito	11		T		
Date	Full Name, Mailing Address and Zip Code of Creditor	Nature of Debt (Purpose)				
1 1		Nature of Debt (Purpose)				
Date / /	Full Name, Mailing Address and Zip Code of Creditor					
Date	Full Name, Mailing Address and Zip Code of Creditor	Nature of Debt (Pwpose)	700			· · · · · · · · · · · · · · · · · · ·
, ,		Nature of Debt (Purpose)	_			
Date /	Full Name, Mailing Address and Zip Code of Creditor					
	Full Name, Mailing Address and Zip Code of Creditor	Nature of Debt (Purpose)				
		Nature of Debt (Purpose) -				
		SUBTOTAL ITEMIZED OB	LIGATIONS	THIS PAGE	\$:	
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e second	1	Loans	11		
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Complete Committee Management	ADDITIO	NAL DISCLOSU	RE	 .	·
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Instructions for correction	3 /1e/17		11		
Instructions for completing schedules are	on the back of each schedule	<u>. </u>	11		
Full Name, Mailing Address are DAVID 13 e 767-248	id Zip Code of Loan Source	Outstan	dina		
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List All Endorsers or Guarantors (if any)		5950	<u> </u>		10
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