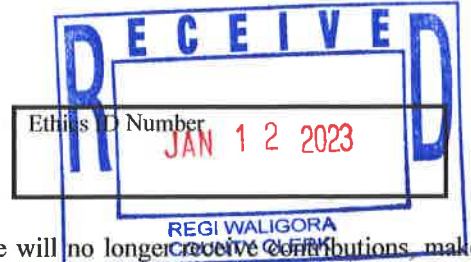


TERMINATION REQUEST



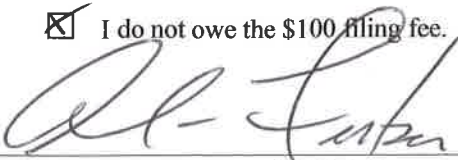
Complete Committee Name
David Beth for Sheriff

- 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 <i>THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.</i>		
Date	Recipient	Amount
1/10/23	David Beth	2802. ⁹⁶

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

**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
David Beth For Sheriff

Street Address
11021 - 7th ST.

City, State and Zip Code
STURTEVANT WI 53177

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

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$
1B. Contributions from Committees (Transfers-In)	\$ —	\$
1C. Other Income and Commercial Loans	\$ —	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 2802. ⁹⁶	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2802. ⁹⁶	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2802. ⁹⁶
Total Receipts	\$ 0
Subtotal	\$ 0
Total Disbursements	\$ 2802. ⁹⁶
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)	\$ 0

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
ALAN Ferber

Signature of Candidate or Treasurer

Alan Ferber

1-10-23

Email *alan.ferber@pyahood.com* Daytime Phone: *262-9458816*

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.

Complete Committee Name

David Beth for Sheriff

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-TD 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	\$	_____	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	_____	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	_____	

Complete Committee Name
DAVID Beth Cor Sheriff

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
1/20/23	DAVID Beth 765-248 th AVE KANASVILLE WI Check if: <input checked="" type="checkbox"/> In-Kind Offset		2801. ⁶⁹
1/11/23	Community STATE BANK 1500 MAIN ST. U. Grove WI 53182 Check if: <input checked="" type="checkbox"/> In-Kind Offset		1. ²⁷
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 2802. ⁹⁶
TOTAL ITEMIZED EXPENDITURES	\$ 2802. ⁹⁶
TOTAL UNITEMIZED EXPENDITURES	\$ 2802. ⁹⁶
TOTAL EXPENDITURES	\$ 2802. ⁹⁶

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
David & Beth For Sheriff

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		\$ <u> </u>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <u> </u>	

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
David Beth for Sheriff

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
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		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		\$	_____
		TOTAL ITEMIZED OBLIGATIONS		\$	_____
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS		\$	_____
		TOTAL INCURRED OBLIGATIONS		\$	_____

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name
David Beth for Sheriff

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

Date 1 1	Full Name, Mailing Address and Zip Code of Loan Source David Beth 767-248 Ave Kansasville WI	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
		5950. ⁰⁰			

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 1 1	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 1 1	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 \$

TOTAL OUTSTANDING LOANS 0