

**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 Michael La Forge

Street Address

24837 67th St

City, State and Zip Code

Salem, WI 53168

JAN 16 2024

REGI WALISORA  
COUNTY CLERK

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

☐ Fall

☐ Special

☐ September Continuing

☐ Pre-Election

☐ Termination Report  
attach CF-13,  
Termination Request

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 5	\$ 5
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$	\$

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 5
Subtotal	\$ 5
Total Disbursements	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 5
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (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

Michael La Forge

Signature of Candidate or Treasurer

Date: 1/16/24

Email michael.laforge@gmail.com

Daytime Phone: 262 577 1283

**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.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

**RECEIPTS**  
**Contributions (Including Loans) From Individuals**

Complete Committee Name Friends of Michael La Forge

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-T-D Total
12/18/23	Michael La Forge 24837 67th St Salem, WI 53168		\$5	\$5
	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**

\$ 5      5

**TOTAL ITEMIZED CONTRIBUTIONS**

\$ 5      5

**TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS**

\$     

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ 5      5