CAMPAIGN FINANCE REPORT WISCONSIN LOCAL COMMITTEE							
Is this report an Amendment?							
COMMITTEE IDENTIFICATION							
Name of Committee Friends of Chris Schmidt	nittee Friends of Chris Schmidt						
Address 4210 Odana Rd					]		
City, State, ZIP Madison, WI, 53711					OFFICE USE	ONLY	
Please check if address is different than previously reported	_						
NAME OF REPORT  January 2023 Termination Spring							
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A		Column B	Audited Totals		
1. RECEIPTS	1	This Period		YTD	Office Use Only		
A. Contributions including Loans from Individuals	\$	-	\$	_		•	
B. Contributions from Committees (Transfers-In)	\$	_	\$	_			
C. Other Income and Commercial Loans	\$	_	\$	_			
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)		-	\$	-			
2. DISBURSEMENTS							
A. Gross Expenditures	\$	35.00	\$	65.00			
B. Contributions to Committees (Transfers-Out)	\$	188.70	\$	188.70			
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	223.70	\$	253.70			
CASH SUMMARY							
Cash Balance at Beginning of Report	\$	223.70					
Total Receipts		-					
Subtotal		223.70					
Total Disbursements		223.70					
CASH BALANCE AT END OF REPORT	\$	-					
INCURRED OBLIGATIONS (at close of period)	\$	-					
LOANS (at close of period)	\$	-					
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 Signature of 0			Treas	urer	Date	2-Jan-23	
Christopher C Schmidt  Email Was Shurt  chris@chrisschmidt.org				Daytime Phone 608-238-7494			

**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.

### SCHEDULE 2-A Gross Expenditures

<u>IN-KIND</u>	DATE	<u>NAME</u>	ADDRESS	CITY	<u>ST</u>	<u>ZIP</u>	PURPOSE	AMOUNT	COMMENTS
			670 W. Washington Ave	Madison	WI		Service Fee	\$ 5.00	
	08/31/22	Summit Credit Union	670 W. Washington Ave	Madison	WI	53703	Service Fee	\$ 5.00	
	09/30/22	Summit Credit Union	670 W. Washington Ave	Madison	WI	53703	Service Fee	\$ 5.00	
	10/31/22	Summit Credit Union	670 W. Washington Ave	Madison	WI	53703	Service Fee	\$ 10.00	
	11/30/22	Summit Credit Union	670 W. Washington Ave	Madison	WI	53703	Service Fee	\$ 10.00	
						Total:	\$ 35.00		

#### SCHEDULE 2-B

### **Contributions to Committees**

IN-KIND DA	AIE	NAME Ethics ID	# ADDRESS	<u>CITY</u>	<u> 51</u>	<u>ZIP</u>	AMOUNT	YTD	COMMENTS
12/3	30/2022 Satya for Madis	on	2642 Hoard St	Madison	WI	53704	\$ 188.70	\$ 188.70	

# CF-13

# **TERMINATION REQUEST**

Complete Committee Name		Ethics II	D Number
	inate its registration and reporting requirements obligations, and the cash balance and obligations		
Candidates may not terr	minate prior to the election in which they are parti	cipating.	
Non-candidate committ calendar year.	ees registered with the state must pay the \$100	filing fee if they have over	er \$2,500 in total expenses for the
	nd, if necessary, indicate how residual commit orgiven. Sign and date the termination request at		osed of or if outstanding loans or
If you have any transact full finance report. (ETI	tions since your last report (other than final distributed)	oution of funds, or loan for	giveness), be sure to complete the
can be granted. All rec	nust be completed and all obligations with the B ords must be maintained until 3 years after the dependence of Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4)	ate of an election in which	the registrant participates, even if
DISPOSAL OF RESIDUA THIS INFORMATION SHO	L FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-	A AND/OR 2-B.	
Date	Recipient		Amount
LOAN OR DEBT FORGI	VENESS		
I hereby forgive all persone Date	al loans or have assumed responsibility for any a Endorser, Guarantor, or Cr		n committee. Amount
	ndidate committee registered with the state and the year. I have paid the \$100 filing fee.	ne committee made over \$2	2,500 in disbursements in
☐ I do not owe the	e \$100 filing fee. Mind Sellming	H	
Signature of Candidate or	Treasurer	Date	

if

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.