

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

RECEIVED: CITY OF MADISON
CLERKS OFFICE

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

03 AUG -7 AM 11: 09

COMMITTEE IDENTIFICATION

Name of Committee

Street Address

City, State and Zip Code

OFFICE USE ONLY

WSEB ID Number:

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 20__ Pre-Primary 20__ Spring Fall Special

July Continuing 20__ Pre-Election 20__ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

A. Contributions including Loans from Individuals

Column A
This Period

Column B
Calendar
Year-To-Date

Audited Totals
Office Use Only

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

B. Contributions to Committees (Transfers-Out)

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

CASH SUMMARY

Cash Balance Beginning of Report

Total Receipts

Subtotal

Total Disbursements

CASH BALANCE END OF REPORT

INCURRED OBLIGATIONS

(Balance at the Close of This Period)

LOANS (Balance at the Close of This 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 Candidate or Treasurer

Date: 8/7/3

Andrew Kraiss

Andrew Kraiss

Daytime Phone: 222-1209

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name Elect Andrew Kraiss

Instructions for completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
8/7/3	<u>Flat Andrew Kraiss (Dane County)</u> <u>1713 Blossom Ln #3</u> <u>Madison, WI 53716</u> Check if: <input type="checkbox"/> In-Kind	<u>34²⁶</u>	<u>34²⁶</u>	
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
/ /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$ <u>34²⁶</u>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$ <u>34²⁶</u>	

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

Elect Andrew Kraiss

WSEB 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 has been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- 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.
- Make sure the termination box on the cover page of this report is checked.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A OR 2-B.


Date	Recipient	Amount
8/7/3	Elect Andrew Kraiss (Dane County)	34.36

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

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.



Signature of Candidate or Treasurer

 8/7/3
Date