CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE STATE OF WISCONSIN

finance activity. Completion of Commission's intention to use any other purpose.	ed by the Ethics Commission for r this form is mandatory for local co any personally identifiable informa an amendment? Yes	Office Use Only			
COMMITTEE IDENTIFICAT	ΓΙΟΝ				
Committee Name		Walling for District 12			
Mailing Address	2313	3 Calypso Road, Madisonm, WI 53704			
Email jwall	ing@wisc,edu	Daytime Phone		6086957568	
FILING PERIOD					
🗌 January Continuing 🗌 Sprin	ng Pre-Primary 🗌 Fall Pre-Primary	Special Pre-Primary	Report Year		
✓ July Continuing Spring Pre-Election September □ □ Fall Pre-Election □		Special Pre-Election Special Post-Election	2023 ✓ Yes No		
SUMMARY OF MONETAR	Y RECEIPTS AND DISBURS	EMENTS			
		This Period	Year-to-Date Office Use Only		
	Beginning Cash On-Hand				
1. Money Received (Receipts)					
1-A. Monetary Contributions	from Individuals		\$	500.00	
1-B. Monetary Contributions	from Committees (Transfers-In)	\$ -			
1-C. Other Income and Com	nmercial Loans	\$ -			
	Total Monetary Receipts	\$ -	\$	500.00	
2. Money Spen	t (Disbursements)				
2-A. Gross Monetary Expen	ditures	\$ 500.00	\$	500.00	
2-B. Monetary Contributions	to Committees (Transfers-Out)	\$ -			
7	Total Monetary Disbursements	\$ 500.00	\$	500.00	
	Ending Cash On-Hand	#REF!		0	
SUMMARY OF OUTSTAN	DING DEBTS				
3-A. Incurred Obligations (U	Inpaid Bills)	\$-		0	
3-B. Outstanding Loan Bala	nce	\$ -		0	

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Walling 054 11

Signature of the candidate or treasurer

Print Name

TERMINATION REQUEST

Complete Committee Name for District

CF-13

Ethics 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 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
4/28/23	Josh Walling	\$ 446.98

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				
a/A	w/m	NA				

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.

Talling Signature of Candidate or Treasurer

1/14/23

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.

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page ____ of ____

VARENO DI TIMO	12	
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
1/29/ Silver Lining Photograph 7310 DONNA DRIVE MIDALETON, WI 53562 Check if: In-Kind Offset		50 °
4/28/23 Josh Walling Rd 23/3 Calypso Rd MADISON, WI53704 Check if: [] In-Kind Offset	Disposed of Residual Funds	446.98
4/20/ BMOHARRIS Runk 1202N-Sherman Ave MADISON, WI 53704 Check if: In-Kind Offset	BANK FEES	3.02
Check if: In-Kind Offset		
Check if: In-Kind Offset		
Check if:		
Check if: DIN-Kind Offset		
Check if: In-Kind Offset	JBTOTAL ITEMIZED EXPENDITURES THIS PAGE	s 496.98
	s 496.98 s 496.98 s 3.02	
	TOTAL UNITEMIZED EXPENDITURES	\$ 3.02

TOTAL EXPENDITURES \$ 500.00