

**CAMPAIGN FINANCE REPORT  
WISCONSIN LOCAL COMMITTEE**

Is this report an Amendment? YES NO(X)

<b>COMMITTEE IDENTIFICATION</b>		OFFICE USE ONLY
Name of Committee	Mitnick for Madison	
Address	1650 Kronshage Dr. 111 Turner	
City, State, ZIP	Madison, WI 53706	

Please check if address is different than previously reported

<b>NAME OF REPORT</b>	Jan 20__ Continuing	Pre-Primary 20__	Spring	Fall	Special
	July 2019 Continuing (X)	Pre-election 20__	Spring	Fall	Special
	September 20__ Continuing				

<b>SUMMARY OF RECEIPTS AND DISBURSEMENTS</b>	<b>Column A This Period</b>	<b>Column B YTD</b>	<b>Audited Totals Office Use Only</b>	
<b>1. RECEIPTS</b>				
A. Contributions including Loans from Individuals	\$ 50.00			
B. Contributions from Committees (Transfers-In)	\$ 650.00			
C. Other Income and Commercial Loans	\$ -			
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B, and 1C)	\$ 700.00	\$ -		
<b>2. DISBURSEMENTS</b>				
A. Gross Expenditures	\$ 1,227.31			
B. Contributions to Committees (Transfers-Out)	\$ -			
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 1,227.31	\$ -		
<b>CASH SUMMARY</b>				
Cash Balance at Beginning of Report	\$ 527.31			
Total Receipts	\$ 700.00			
Subtotal	\$ 1,227.31			
Total Disbursements	\$ 1,227.31			
<b>CASH BALANCE AT END OF REPORT</b>	\$ -			
<b>INCURRED OBLIGATIONS</b> (at close of period)	\$ -			
<b>LOANS</b> (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 Candidate or Treasurer	Date
Samuel Jorudd	Samuel Jorudd	7/15/2019
	Email	Daytime Phone
	<a href="mailto:samuelajorudd@gmail.com">samuelajorudd@gmail.com</a>	847-313-9965

**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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)







## SCHEDULE 4 TERMINATION REQUEST

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the obligations and cash balance have 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.

Please note: An audit must be completed and all obligations, 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))

<b>DISPOSAL OF RESIDUAL FUNDS</b>		
<i>THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.</i>		
DATE	RECIPIENT	AMOUNT

<b>LOAN OR DEBT FORGIVENESS</b>		
<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

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.

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Signature of Candidate or Treasurer: Samuel Jorudd

Date: 07/16/19