

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is this report an Amendment? **NO**

COMMITTEE IDENTIFICATION

Name of Committee Friends of Dorothy Krause

Address 2105 Apache Dr

City, State, ZIP Fitchburg, WI 53711

OFFICE USE ONLY

WSEB # ID

Please check if address is different than previously reported

NAME OF REPORT	Jan 2016 Continuing	Pre-Primary 20__	Spring	Fall	Special
	July 20__ Continuing	Pre-election 20__	Spring	Fall	Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

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

B. Contributions to Committees (Transfers-Out)

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

CASH SUMMARY

Cash Balance at Beginning of Report

Total Receipts

Subtotal

Total Disbursements

CASH BALANCE AT END OF REPORT

INCURRED OBLIGATIONS (at close of period)

LOANS (at close of period)

**Column A
This Period**

**Column B
YTD**

**Audited Totals
Office Use Only**

\$ 1,416.15

\$ 1,416.15

\$ -

\$ -

\$ -

\$ -

\$ 1,416.15

\$ 1,416.15

\$ 1,428.27

\$ 1,428.27

\$ 250.00

\$ 250.00

\$ 1,678.27

\$ 1,678.27

\$ 488.20

\$ 1,416.15

\$ 1,904.35

\$ 1,678.27

\$ 226.08

\$ -

\$ 231.15

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

Dorothy Krause

Signature of Candidate or Treasurer

Date

14-Jan-16

Daytime Phone

608-271-7532

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Friends of Dorothy Krause

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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.
 - Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total disbursements 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.
- Make sure the termination box on the cover page of this report is checked.
- 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 termination is granted.

DISPOSAL OF RESIDUAL FUNDS

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

DATE	RECIPIENT	AMOUNT

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

Date