

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
David Beth for Sheriff

Street Address
11021 - 7th ST.

City, State and Zip Code
STURTEVANT WI 53177

OFFICE USE ONLY

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 Pre-Primary
 July Continuing Spring
 September Continuing Pre-Election Fall Special
 Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$
1B. Contributions from Committees (Transfers-In)	\$ —	\$
1C. Other Income and Commercial Loans	\$ —	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0	\$
2B. Contributions to Committees (Transfers-Out)	\$ —	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2802. ⁹⁶
Total Receipts	\$ 0
Subtotal	\$ 2802. ⁹⁶
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 2802. ⁹⁶
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ 5950. ⁰⁰



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
ALAN Ferber

Signature of Candidate or Treasurer
Alan Ferber

Date: **6-21-21**

Email **alan.ferber@yaphos.com** Daytime Phone: **262-94-8816**

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.

Complete Committee Name
David Beth for Sheriff

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check it: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ _____

TOTAL ITEMIZED CONTRIBUTIONS

\$ _____

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ _____

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ _____

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
David Beth for Sheriff

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

Date	Full Name of Committee, Mailing Address and Zip Code		Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$ _____
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ _____

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name
 David Beth for Sheriff

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
SUBTOTAL OTHER INCOME THIS PAGE			\$ <u> — </u>
TOTAL ITEMIZED OTHER INCOME			\$ <u> — </u>
TOTAL OTHER INCOME			\$ <u> — </u>

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

David Beth for Sheriff

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
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ _____
TOTAL ITEMIZED EXPENDITURES			\$ _____
TOTAL UNITEMIZED EXPENDITURES			\$ _____
TOTAL EXPENDITURES			\$ _____

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
David & Beth For Sheriff

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ <u> </u>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <u> </u>	

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
David Beth for Sheriff

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
		\$ _____			
		TOTAL ITEMIZED OBLIGATIONS			
		\$ _____			
		TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS			
		\$ _____			
		TOTAL INCURRED OBLIGATIONS			
		\$ _____			

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name
David Beth for Sheriff

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

Date / /	Full Name, Mailing Address and Zip Code of Loan Source David Beth 767-248 Ave Kansasville WI	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
		5950. ⁰⁰			

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$5950.⁰⁰