

**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

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

SUMMARY OF RECEIPTS AND DISBURSEMENTS

| | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|--------------------------------------|
| 1. RECEIPTS | | |
| 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

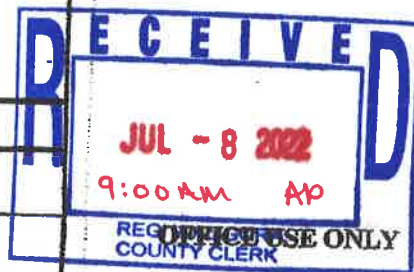
Signature of Candidate or Treasurer

Alan Ferber

Date: 7-7-22

Email alan.ferber@ymhoo.com Daytime Phone: 262-9458816

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 if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit — Ethics ID# _____ | | | |
| | Check if: <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 | |
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| | 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 | | \$ _____ |

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 |
|---------------------------------|---|--|----------------|------------------|
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| | | | | |
| SUBTOTAL OTHER INCOME THIS PAGE | | | | \$ <u> </u> |
| TOTAL ITEMIZED OTHER INCOME | | | | \$ <u> </u> |
| TOTAL OTHER INCOME | | | | \$ <u> </u> |

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 | | |
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| | 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 | | |
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| | 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 | Outstanding Obligations Beginning of This Period | New Loans This Period | Cumulative Payments This Period | Outstanding Obligations End of This Period |
|--|--|--|--|-----------------------|---------------------------------|--|
| 1 / 1 | | David Beth 767-248 Ave Kansasville WI | \$950. ⁰⁰ | | | \$950. 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 |
| 1 / 1 | | | | | | |
| 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 |
| 1 / 1 | | | | | | |
| 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 |