CAMPAIGN FINANCE REPO						
WISCONSIN LOCAL COMMIT	TEE					
Is this report an Amendment	?	NO				
COMMITTEE IDENTIFICATION						
Name of Committee Friends of Gary Halverson						
Address 1009 Glacier Hill Dr						
City, State, ZIP Madison, WI 53704					OFFICE USE	ONLY
Please check if address is different than previously reported _						
NAME OF REPORT Jan 20 Continuing Pre-Primary	/ 20		S	pring	Fall	Special
July 2023 Continuing Pre-election	on 20	_	S	pring	Fall	Special
September 20 Continuing						
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A	Column I	3	Audited Total	S
1. RECEIPTS	Т	his Period	YTD		Office Use Or	nly
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	\$	53.42				
B. Contributions to Committees (Transfers-Out)	\$	-				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	53.42	\$	-		
CASH SUMMARY						
Cash Balance at Beginning of Report	\$	53.42				
Total Receipts	\$	-				
Subtotal	\$	53.42				
Total Disbursements	\$	53.42				
CASH BALANCE AT END OF REPORT	\$	-				
INCURRED OBLIGATIONS (at close of period)	\$	-				
LOANS (at close of period)	\$	125.00				
I certify that I have examined this report and to the best of my know	wladaa	nd holiof it is tour	a connect and as	mnlat	_	
Type or Print Name of Candidate or Treasurer	-	ture of Candidate or		mpiel	e. Date	6/30/2023
Gary Halverson	Cigila				Dale	0,00,2020
	Email	myyer			Daytime Phone	
	camp	aign@halverson4	madison.com		608-616-9498	

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 2-A Gross Expenditures

IN-KIND	DATE	NAME	ADDRESS	<u>CITY</u>	<u>ST</u>	ZIP	PURPOSE	AMOUNT	COMMENTS
				Cottage					
	01/31/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$ 10.00	
				Cottage					
	02/28/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$ 10.00	
				Cottage					
	03/31/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$ 10.00	
				Cottage					
	04/30/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$ 10.00	
				Cottage					
	05/31/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$ 10.00	
				Cottage					
	06/30/23	Summit Credit Union	1709 Landmark Dr	Grove	WI	53527	Analysis Fee	\$ 3.42	
								\$ 53.42	

SCHEDULE 3-B Loans: Individual, Committee or Commercial

DATE	NAME	ADDRESS	<u>CITY</u>	<u>ST</u>	ZIP	<u>Outstanding</u> Balance Beg of Period	<u>New Loans</u> <u>This Period</u>	<u>Cumulative</u> <u>Payments</u> <u>This Period</u>	Outstanding Balance End of Period	Guarantor (if any) Name and Address
11/05/20	Gary Halverson	1009 Glacier Hill Dr	Madison	WI	53704	\$ 125.00			\$ 125.00	
									\$-	
									\$	
									\$	
									\$	
									\$	
									\$	
									\$-	
									\$-	
									\$-	
									\$-	

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 ifoutstanding 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))

DISPOSAL OF RESIDUAL FUNDS								
TH	THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.							
DATE	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				
6/30/23	Gary Halverson		125.00				

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.

Say Ach____

6/30/2023

Signature of Candidate or Treasurer