

**CAMPAIGN FINANCE REPORT
WISCONSIN LOCAL COMMITTEE**

RECEIVED

FEB - 1 2022

Is this report an Amendment? **NO**

DANE COUNTY CLERK

COMMITTEE IDENTIFICATION

Name of Committee	Friends of Clausius
Address	1831 Harwood Ct.
City, State, ZIP	Sun Prairie, WI 53590

OFFICE USE

Please check if address is different than previously reported _____

NAME OF REPORT	Jan 20 <input checked="" type="checkbox"/> Continuing	Pre-Primary 20__	Spring	Fall
	July 20__ Continuing	Pre-election 20__	Spring	Fall
	September 20__ Continuing			

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Total Office Use O
A. Contributions including Loans from Individuals	\$ 0 -		
B. Contributions from Committees (Transfers-In)	\$ 0 -		
C. Other Income and Commercial Loans	\$ 0 -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ 0 -	\$ -	

2. DISBURSEMENTS

A. Gross Expenditures	\$ 96.28		
B. Contributions to Committees (Transfers-Out)	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 96.28	\$ -	

CASH SUMMARY

Cash Balance at Beginning of Report	\$ 96.28		
Total Receipts	\$ -		
Subtotal	\$ -		
Total Disbursements	\$ 96.28		
CASH BALANCE AT END OF REPORT	\$ 0 -		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ 0 -		

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

Bill Clausius

Signature of Candidate or Treasurer

Bill Clausius

Date

2/1/22

Email

bclausius@gmail.com

Daytime Phone

608-698-1683

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)

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Clausius

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
1/15/21	State Treasurers Office Madison, WI Check if: <input type="checkbox"/> In-Kind Offset	closed account	96.28
	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	\$ 96.28

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 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 term 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		
<i>THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.</i>		
DATE	RECIPIENT	AMOUNT
1/15/21	State Treasurer	96.28

LOAN OR DEBT FORGIVENESS		
<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 expect to receive 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.

Bill Clausius

2/1/22