

**SEGREGATED FUND CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

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

SEGREGATED FUND IDENTIFICATION

Name of Segregated Fund

Street Address

City, State and Zip Code

OFFICE USE ONLY

Ethics ID Number: _____-SF

If address is different than previously reported, please update the Campaign Registration Statement for the parent committee.

REPORT PERIOD

January Continuing _____ Other _____
 July Continuing _____

Termination Report
also complete Schedule 4

***SUMMARY OF RECEIPTS AND
DISBURSEMENTS***

Column A
This Period

Column B
Calendar
Year-To-Date

TOTAL RECEIPTS

\$

\$

TOTAL DISBURSEMENTS

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$

Total Receipts

\$

Subtotal

\$

Total Disbursements

\$

CASH BALANCE END OF REPORT

\$

INCURRED OBLIGATIONS

(Balance at the Close of This Period)

\$

LOANS (Balance at the Close of This Period)

\$

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 Treasurer

Signature of Treasurer

Date:

Email Address:

Daytime Phone:

NOTE: The information on this form is required by ss. 11.1104(6), 11.1112, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

Instructions for Completing Summary Page of Form ETHCF-50

Instructions for Completing Schedules are on the Back of Each Schedule

Segregated Fund Identification

- ▶ Print or type the complete name and mailing address of your committee's segregated fund.
- ▶ Enter the committee's Ethics ID number
- ▶ If the report is an amendment to a previous report filed, check the "yes" box. If the report is NOT an amendment, check the "no" box.

Name of Report

- ▶ Check the box next to the name of the report being filed, and enter the correct calendar year. For information concerning filing dates and report names, refer to the CFIS website – <https://cfis.wi.gov>.

Summary of Receipts and Disbursements

- ▶ Committees should complete the detailed pages in Schedules 1 and 2 before completing this summary section of the report form.

Total Receipts

Add the amounts entered on line 1, in Column A and enter the total in Total Receipts. Add the amount of Total Receipts previously reported, if any, and enter the amount in Column B, Calendar Year-to-Date.

Total Disbursements

Add the amounts entered on line 2 in Column A and enter the total in Total Disbursements. Add this amount to Total Disbursements previously reported, if any, and enter the amount in Column B, Calendar Year-to-Date.

Cash Summary

Cash Balance Beginning of Report: If this report is the first report filed by the segregated fund, the beginning cash balance will be zero. If this is not the first report filed by the fund, enter the cash balance from the end of the last report period. The beginning cash balance of a report must always be the same as the ending cash balance of the prior report.

Total Receipts: Enter the amount from Total Receipts in Column A of the Summary page.

Subtotal: Add Cash Balance Beginning of Report to Total Receipts and enter the amount.

Total Disbursements: Enter the amount from Total Disbursements in Column A of the Summary page.

Cash Balance End of Report: Subtract Total Disbursements from Subtotal and enter the amount. The cash balance at the end of the report period should equal the balance in the checking account *plus* any savings or investment accounts. If the segregated fund has reported checks that have not yet been cashed, or reported receipts that have not yet been deposited, those amounts should be reconciled with the bank balance to ensure the reported ending balance equals the adjusted bank balance.

Incurred Obligations: Enter the amount from Total Incurred Obligations (Schedule 3-A) in Column A of the Summary page. Incurred obligations must be carried forward on **each** report until paid in full.

Loans: Enter the amount from the Total Outstanding Loans (Schedule 3-B) in Column A of the Summary page. Loans must be carried forward on **each** report until paid in full.

Sign and Date the Report

The treasurer must sign and date each report filed. Each report must be complete, correct, and in compliance with the reporting format. Please include a daytime phone number and a contact person if someone other than the treasurer prepares the report.

**RECEIPTS
Contributions (Including Loans)**

Segregated Fund Name

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

| Date | Full Name, Mailing Address and Zip Code Of Contributor | Occupation (if Individual Contributor and 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"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| | Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan | <input type="checkbox"/> Committee – Ethics ID# _____ <input type="checkbox"/> Conduit – Ethics ID# _____ | | |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ | |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ | |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ | |
| TOTAL CONTRIBUTIONS RECEIVED | | | \$ | |

Instructions for Completing Schedule 1 RECEIPTS Contributions and Other Income (Including Loans)

General Instructions:

- ▶ Print or type the complete name of your segregated fund in the box provided.
- ▶ Duplicate as many pages as you will need in order to report contributions, including loans, on this form.
- ▶ Enter the number of Schedule 1 pages in the upper right corner of the form.

Date: Enter the date (month, day, year) each contribution was **RECEIVED**. *Do not* enter the date that appears on the contributor's check or the date deposited, unless it is the same as the date received (*is in segregated fund's possession and control*).

Full Name, Mailing Address, and Zip Code:

1. Enter the full name and address of the contributor.
2. For single or cumulative contributions totaling over \$200 in a calendar year: If the contribution is from an individual, enter the full name and address of the contributor. Enter the **occupation**.

Calendar Year-to-Date Total: Add contributions previously received this calendar year, from this contributor to the contributions received in this report period. The Calendar Year-to-Date Total for an individual must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year. Once the individual's Calendar Year-to-Date Total exceeds \$200, you must enter the contributor's occupation.

Subtotal Itemized Contributions this page: Enter the total of all the contributions listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Contributions: Add the subtotals from all pages of Schedule 1. If more than one page, enter the total on only the last page of Schedule 1.

Total Anonymous Contributions \$10 or less: Enter the total of anonymous contributions of \$10 or less only on the last page of Schedule 1.

Total Contributions Received: Add the Total **Itemized** Contributions to the Total **Anonymous** Contributions \$10 or Less and enter the amount **only** on the last page of Schedule 1.

Special Instructions:

- ◆ Contributions, other income, and loans on Schedule 1 include any cash, personal or individual loans, purchase of tickets to fundraising events, memberships, gifts, advances, in-kind contributions, and all other contributions. An in-kind contribution is any goods, property, or services provided to the segregated fund free or for less than the fair market value. (*Volunteer services are not a contribution.*)
- ◆ **In-kind contributions must also be reported as in-kind expenditures on Schedule 2 to avoid distortion of the cash balance.**
- ◆ When the contribution is in-kind or a loan, check the appropriate box in the section where the contribution is listed. If you receive a personal check or cash, no box needs to be checked.
- ◆ Contributions from individuals transferred through conduits are reported on Schedule 1 under the individual contributor's name. The conduit Ethics ID# should be listed in the contributor occupation column. The transmittal letter accompanying the conduit check lists the individuals who are the original sources of the contributions. These contributions are subject to itemization on the same basis as other individual contributions; if over \$200, the occupation must be provided.
- ◆ In reporting contributions from committees, provide the **complete** name and address of each committee making a contribution. The seven-digit Ethics ID number of each committee registered with the state should appear on the check. Please provide this number for all contributions from committees.
- ◆ Any loans must be reported on Schedule 1 **and** on Schedule 3, Additional Disclosure, Loans, until paid in full.
- ◆ Each contributor's name, address, and amount must be listed separately. Contributions from joint accounts shall be reported as coming from the individual signing the check, unless the signor indicates otherwise. If the amount is divided, each individual must be itemized separately. Do not report a contribution as coming from more than one individual.
- ◆ Receipts from raffles, auctions, garage sales, and other similar fundraising events are individual contributions and must be recorded. When receipts consist of single anonymous contributions of \$10 or less, please report the amount in Anonymous Receipts of \$10 or Less. If any single anonymous contributions exceed \$10, the excess must be donated to charity or the common school fund, and the donation must be reported as an expense on Schedule 2.

SCHEDULE 2

**DISBURSEMENTS
Gross Expenditures**

Segregated Fund Name

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 | | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$ |
| TOTAL ITEMIZED EXPENDITURES | | | \$ |
| TOTAL UNITEMIZED EXPENDITURES | | | \$ |
| TOTAL EXPENDITURES | | | \$ |

Instructions for Completing Schedule 2

DISBURSEMENTS

Gross Expenditures

General Instructions:

- ▶ Print or type the complete name of the segregated fund in the box provided.
- ▶ Duplicate as many pages as you will need in order to report gross expenditures on this form.
- ▶ Enter the number of Schedule 2 pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the disbursement was made.

Full Name, Mailing Address, and Zip Code of Person or Business to Whom Payment Is Made: Enter the name and complete address of the person or business to whom payments were made.

Specific Purpose of Expenditure: Enter the purpose of the expenditure. State statutes prohibit contributions to a candidate committee or making disbursements for express advocacy.

Subtotal Itemized Expenditures This Page: Enter the total of all the expenditures listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Expenditures: Add the subtotals from all pages of Schedule 2. If more than one page, enter the total itemized on only the last page of Schedule 2.

Total Unitemized Expenditures: Enter the total of unitemized expenditures that are specifically exempted by statute from the normal itemization requirements. (For example, expenses of \$20 or less (§11.0204(1)(a) 8.). Place the total on only the last page of Schedule 2. Note: If you choose to itemize an expenditure, **DO NOT** include that amount **again** in the total of unitemized expenditures.

Total Expenditures: Add the Total **Itemized** Expenditures to the Total **Unitemized** Expenditures, and enter the amount on the last page of Schedule 2.

Special Instructions:

- ◆ Only expenditures of **more than \$20** must be itemized. Expenditures of **\$20 or less** may be totaled and reported as unitemized expenditures.
- ◆ Expenditures for general services, such as consulting, data processing, or reimbursement, should be broken down into the specific services rendered, e.g., salary, travel, data entry, polling.
- ◆ In-kind contributions reported in Schedule 1 must also be reported as in-kind offsets in Schedule 2.
- ◆ It is permissible for an agent of a segregated fund to pay for items from personal funds as long as receipts are submitted to the treasurer for reimbursement from the depository. Reporting of a reimbursement must include information that describes the nature of the original expenditure, and the original vendor of the good(s) or service(s).
- ◆ It is permissible to maintain a petty cash account to pay for minor items provided that funds for the petty cash account are drawn from the depository account and that a record of the transactions is kept. Expenditures over \$100 must be paid by negotiable instrument. Expenditures of \$20 or less may be included in unitemized expenditures. If itemized, the purpose of each expenditure must be provided. Only the specific expenditures are reported.
- ◆ Contributions received, deposited, and later returned to the original contributor must be reported as a receipt in Schedule 1, and an expense in Schedule 2.

SCHEDULE 3-A

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Segregated Fund Name

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

| | | Outstanding Obligations Beginning This Period | New Obligations or Additions This Period | Cumulative Payments This Period | Outstanding Obligations 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 | \$ |

Instructions for Completing Schedule 3-A

Incurred Obligations Excluding Loans

ADDITIONAL DISCLOSURE

General Instructions:

- ▶ Print or type the complete name of the segregated fund in the box provided.
- ▶ Duplicate as many pages as you will need in order to report incurred obligations on this form.
- ▶ Enter the number of Schedule 3-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the obligation was incurred.

Full Name, Mailing Address, and Zip Code of Creditor:

Enter the complete name and address of the creditor.

Nature of Debt (Purpose):

Describe the specific purpose for which the obligation was incurred.

Balance Columns:

In the first column, enter the amount, if any, at the beginning of this report period. If this is a new obligation, there is no beginning balance. If this is an existing obligation, the beginning balance should equal the previous report period's closing balance. In the second column, enter the amount of any new obligations or additions to existing obligations. In the third column, enter any payments made this report period (payments this period must also be reported in Schedule 2). In the fourth column, enter the outstanding balance at the close of this report period. Note: If there is a remaining balance, it must be carried forward to the next report's beginning balance.

Subtotal Itemized Obligations:

Enter the total of all the incurred obligations listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Obligations:

Add the subtotals from all pages of Schedule 3-A. If more than one page, enter the total on only the last page of Schedule 3-A.

Total Unitemized Obligations:

Enter the total unitemized obligations on only the last page of Schedule 3-A.

Total Incurred Obligations:

Add the Total **Itemized** Obligations to the Total **Unitemized** Obligations and enter the amount on only the last page of Schedule 3-A.

Special Instructions:

- ◆ Incurred obligations are to be reported when an enforceable agreement has been reached. If the exact amount of the obligation has not yet been defined then the amount of the obligation must be estimated. Although the segregated fund may not have received a bill, the amount recorded should be a good faith estimate of the amount owed.
- ◆ The balance of all incurred obligations should be reported from the time incurred until paid in full.
- ◆ Each obligation must be carried forward on subsequent reports until the obligation has been reduced to zero.
- ◆ When a payment is made on an obligation, the transaction should be reported as a payment on Schedule 3-A and as an expenditure on Schedule 2.
- ◆ If the segregated fund has a dispute over the amount owed to a vendor, this must be noted in the "purpose".

**Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE**

Segregated Fund Name

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 |
|-------------|--|--|-----------------------|---------------------------------|--|
| | | | | | |

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 \$

Instructions for Completing Schedule 3-B

Loans – Individual, Committee or Commercial

ADDITIONAL DISCLOSURE

General Instructions:

- ▶ Print or type the complete name of the segregated fund in the box provided.
- ▶ Duplicate as many pages as you will need in order to report loans on this form.
- ▶ Enter the number of Schedule 3-B pages in the upper right corner of the form.

Date:

Enter the date (month, day, year) the loan was made.

Full Name, Mailing Address, and Zip Code of Loan Source:

Enter the complete name and address of the loan source.

Balance Columns:

In the first column, enter the actual amount at the beginning of this reporting period. If this is a new loan, the outstanding beginning balance is zero and the amount of the loan is recorded under the section “New Loans This Period”. If this is an existing loan, the outstanding beginning balance should equal the previous report period’s closing (outstanding) balance. In the third column, enter any payments made during this report period (payments made this period must also be reported in Schedule 2). In the fourth column, enter the outstanding balance at the end of this report period. Note: If there is a remaining balance, it must be carried forward to the next report’s beginning balance.

List All Endorsers or Guarantors (If Any):

In the space provided on the form, provide the full name, mailing address and zip code of any guarantors of loans. Enter the amount guaranteed which is outstanding at the end of the reporting period for each guarantor. See the notes below on how to apportion loan guarantees. If the amount guaranteed exceeds \$200, enter the guarantor’s occupation.

Special Instructions:

- ◆ A loan guarantee is considered a contribution from the guarantor until the loan is repaid.
- ◆ If more than one person guarantees a loan, the amount of the loan is assigned to the guarantors in equal shares, in the proportion that the guarantors bear to the total amount guaranteed unless a different share is specified in the loan instrument.
- ◆ When a payment which reduces the unpaid balance of the loan is made to the lending institution, the amount assigned to each guarantor is reduced in equal shares, unless a different share is specified in the loan instrument.
- ◆ The outstanding amount of a loan or loan guarantee **plus** the total contributions to the segregated fund by the guarantor may not exceed the legal contribution limit.
- ◆ Any reductions in loans which are not offset by expenditures in Schedule 2 must be explained (e.g., contributor forgives loans).

SCHEDULE 4

**TERMINATION REQUEST –
SEGREGATED FUND**

Segregated Fund Name

Ethics ID Number
-SF

- A committee may terminate its segregated fund if the fund will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Please read carefully and, if necessary, indicate how residual 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.
- If this accompanies a campaign finance report, make sure the termination box on the cover page of the report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, must be fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the committee 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
THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2.

| Date | Recipient | Amount |
|------|-----------|--------|
| | | |

LOAN OR DEBT FORGIVENESS
The contributors have forgiven all personal loans or the party has assumed responsibility for any and all debts of the segregated fund.

| Date | Endorser, Guarantor, or Creditor | Amount |
|------|----------------------------------|--------|
| | | |

Signature of Treasurer

Date

TERMINATION REQUEST. I hereby request that this segregated fund be terminated. I declare that the fund has not incurred any obligations and does not anticipate incurring any. The fund 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.