	IN FINANCE REPORT MITTEES OF WISCON			
Is This Report an Amendment: Yes	□ No		REC	EIVED OFFICE OF
Instructions for completing schedules are on the ba	_			
COMMITTEE IDENTIFICATION	ack of each senedate.		OCI	3 1 2022
N 00 %			DODGE C	OUNTY CLERK
Friends & Family of MARK Street Address	J. Colker			FICE USE ONLY
All S. Grove St.				
City, State and Zip Code				
Please check if address is different than previously reported, a	and complete the Campaign Reg	istration State	ement in the b	ack of this form.
NAME OF REPORT				
January Continuing Pre-Primary				
July Continuing	Spring I	Fall \square	Special	Termination Report also complete Schedule 4
September Continuing Pre-Election				uiso compiete seneaute 1
SUMMARY OF RECEIPTS AND	Column A	Colu	mn B	
DISBURSEMENTS	This Period	Cale	ndar	
1. RECEIPTS		Year-T	o-Date	
1A. Contributions (Including Loans) from Individuals	\$	\$3316	34.68	
1B. Contributions from Committees (Transfers-In)	\$	\$		ŧ
1C. Other Income and Commercial Loans	\$	\$		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$9316	89.68	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$	\$1070	.90	
2B. Contributions to Committees (Transfers-Out)	\$	\$	-	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	STO 18	.90	
CASH SUMMARY				
Cash Balance Beginning of Report	\$ 1767.73			
Total Receipts	\$			
Subtotal	\$-1767.73	1		
Total Disbursements	00:0001 8	1		
CASH BALANCE END OF REPORT	\$2636.63			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$			
LOANS (Balance at the Close of This Period-3B)	\$ -0			
I certify that I have examined this report and to the best		is true, corre	ect and comp	lete.
Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer		Date: 1	BE-16.0

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.

Email GSCOlker Campil

Con Daytime Phone: 0. 296-8738



DISBURSEMENTS Gross Expenditures

Page \(\frac{\}{\}\) of \(\left\)

Complete Commi	ittee Name		
hrend	ST FAMILY OF MARY J. COIKE	<u> </u>	
Instructions for	completing schedules are on the back of each schedule.		Amount
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1424/22	ANDI + Mark Corker AND 5. CTOVE ST WANDUM. WI 53963 Check if: In-Kind Offset	of boon.	3 1070.90
	Check if:		
	Check if:		\$1070.90
	SUE	STOTAL ITEMIZED EXPENDITURES THIS PAGE	Re-capable secretarious sections to
		TOTAL ITEMIZED EXPENDITURES	\$
		TOTAL UNITEMIZED EXPENDITURES	97
		TOTAL EXPENDITURES	\$ 1070.90

CF-13

TERMINATION REQUEST

Complete Committee Name	Ethics ID Number
Friends + FAMILY OF MARY J. COIKER	

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Non-candidate committees registered with the state must pay the \$100 filing fee if they have over \$2,500 in total expenses for the calendar year.
- Please read carefully and, if necessary, indicate how residual committee 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 you have any transactions since your last report (other than final distribution of funds, or loan forgiveness), be sure to complete the full finance report. (ETHCF-2)
- Please note: An audit must be completed and all obligations with the Board, 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 RESIDUA THIS INFORMATION SH	AL FUNDS OULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.	
Date	Recipient	Amount
10-24-33	ANDI + MARK COINER AIGS. CROVE St WAYPUN, WI 53963	\$ 1070.90

LOAN OR DEBT FORGIV	VENESS al loans or have assumed responsibility for any and all debts of my campaign	n committee.
Date	Endorser, Guarantor, or Creditor	Amount
10-24-22	ANDI + MARK COIKER SUR S. FrONE St. WAUPUM, MI 53963	\$3929.10

	This is a non-candidate committee registered with the state and the committee made over \$2,500 in disbursements in the last calendar year. I have paid the \$100 filing fee.
×	I do not owe the \$100 filing fee.

Signature of Candidate or Treasurer

Date

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.

NOTE: The information on this form is required by s. 11.0105, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.