

**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

FRIENDS OF GABE NUDDO

Street Address

6410 - 53 AVE

City, State and Zip Code

KENOSHA WI 53142

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	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 1614.87	\$ 2641.54
2B. Contributions to Committees (Transfers-Out)	\$ 1250.00	\$ 2050.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 2864.87	\$ 4691.54

CASH SUMMARY

Cash Balance Beginning of Report	\$ 14658.25
Total Receipts	\$ 0
Subtotal	\$ 14658.25
Total Disbursements	\$ 2864.87
CASH BALANCE END OF REPORT	\$ 11793.38
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 100.00

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	Signature of Candidate or Treasurer	Date:
<i>James Tiwabassi</i>	<i>James Tiwabassi</i>	<i>7/7/22</i>
	Email: <i>JTIWABASSI@TFCCLPA.com</i>	Daytime Phone: <i>652-7000</i>

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.

**RECEIPTS
Contributions (Including Loans) From Individuals**

Complete Committee Name _____

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# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF GABE NUDDO

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
3/24	RUFFOLO II 3931-45 ST KENOSHA WI 53142 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FUND RAISER FOR TOM STANZICK	139.83
3/24	RUFFOLO II 3931-45 ST KENOSHA WI 53142 Check if: <input checked="" type="checkbox"/> In-Kind Offset	FUND RAISER FOR LAZAR	487.75
4/10	RUFFOLO II 3931-45 ST KENOSHA WI 53142 Check if: <input type="checkbox"/> In-Kind Offset	RECEPTION FOR ELECTION WINNER	335.00
4/22	Ruffolo II 3931-45 ST Kenosha WI 53142 Check if: <input type="checkbox"/> In-Kind Offset	CHAIRMAN DINNER	450.00
5/6	Gabe Nuddo 6410-53 AVE Kenosha WI 53142 Check if: <input type="checkbox"/> In-Kind Offset	Refund for RPW convention	116.94
6/14	VILLAGE OF SOMERS 7511-12 ST SOMERS WI 53171 Check if: <input type="checkbox"/> In-Kind Offset	RENT OF PARK FOR PIC-NIC	50.00
3/28	CHECK PRINTING Check if: <input type="checkbox"/> In-Kind Offset	BANK CHARGES	35.35

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ <u>1614.87</u> 1579.52
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ <u>1614.87</u>

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
FRIENDS OF GABE NUDO

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
4/23	Zach Rodriguez FOR COUNTY BOARD Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.00	500.00
5/4	Zach Rodriguez For Kenosha (CLERK OF COURTS) Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	500.00	500.00
5/9	Zoerner For Sheriff Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	500.00	500.00
	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		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ 12,500.00	1500.00
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ 12,500.00	1500.00

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

Complete Committee Name
FRIENDS OF GABE NUDDO

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	GABE NUDDO 6410-53 AVE KENOSHA WI 53142	100.00	0	0	100.00

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
/ /					

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

\$ 100.00