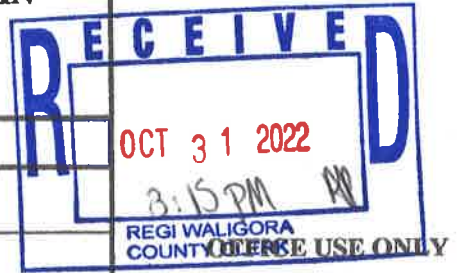


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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



COMMITTEE IDENTIFICATION

Name of Committee: Albert Brian Gonzales for Sheriff
 Street Address: P.O. Box 1965
 City, State and Zip Code: Kenosha, WI 53141

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 2022 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	\$ 18,559.39
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 18,559.39
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 332.00	\$ 17,581.43
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 150.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 332.00	\$ 17,731.43

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,159.92
Total Receipts	\$ 0
Subtotal	\$ 1,159.92
Total Disbursements	\$ 332.00
CASH BALANCE END OF REPORT	\$ 827.92
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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: Paula Gonzales Signature of Candidate or Treasurer: _____ Date: 10/31/22
 Email: matb403@yahoo.com Daytime Phone: 262-620-0675

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.

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Albert Brian Gonzales for Sheriff

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
9/27/22	American Foundation for Suicide Prevention Check If: <input type="checkbox"/> In-Kind Offset	fundraiser	\$50.00
10/2/22	Venmo Check If: <input type="checkbox"/> In-Kind Offset	fundraiser for a local business owner	\$282.00
	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	\$ 332.00
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 332.00