

**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 NUDO

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

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 2875.00	\$ 2875.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 2220.46	\$ 2220.46
2B. Contributions to Committees (Transfers-Out)	\$ 1950.00	\$ 1950.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 4170.46	\$ 4170.46

CASH SUMMARY

Cash Balance Beginning of Report	\$ 24938.34
Total Receipts	\$ 2875.00
Subtotal	\$ 27813.34
Total Disbursements	\$ 4170.46
CASH BALANCE END OF REPORT	\$ 23642.88
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
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

James Tirabassi

Signature of Candidate or Treasurer

James Tirabassi

Date:

7/13/23

Email **JTIRABASSI@TFCCHA.COM**

Daytime Phone: **652-7000**

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.

Contributions (Including Loans) From Individuals

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 Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/28	JAMES RONDON SR 6223 - 63 ST KENOSHA WI 53142 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	REALTOR	500.00	500.00
3/30	LARRY PROKO 1238 - 53 AVE KENOSHA WI 53144 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUS. OWNER	500.00	500.00
3/30	BENJAMIN BAKKE 8700 - COOPER RD PLEASANT PRAIRIE WI 53158 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		125.00	125.00
4/18	MARIA FABIANO 4625 - 4 ST KENOSHA WI 53144 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50.00	50.00
4/21	TONY SAVAGLIO 3507 - 75 ST KENOSHA WI 53142 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50.00	50.00
4/21	SANDRA TRECROCI 3523 - 99 ST PLEASANT PRAIRIE WI 53158 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	RETIRED	500.00	500.00
5/9	DOHENICK TIRABASSI 8531 - 39 AVE KENOSHA WI 53142 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		150.00	150.00
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 1875	1875
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$	

Contributions (Including Loans) From Individuals

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 Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/18	JAMES PASCUCCI 8206-41 AVE KENOSHA WI 53142 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		250.00	250.00
5/18	LORI PASCUCCI 8206-41 AVE KENOSHA WI 53142 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		250.00	250.00
6/27	ALAN SWARTZ JR 7318-1 AVE KENOSHA WI 53143 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	REALTOR	500.00	500.00
	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

\$ 1000.00 1000.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 2875.00 2875.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 1 of 1

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 Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/13	ITALIAN AMERICAN		450.00
	Check if: <input type="checkbox"/> In-Kind Offset		
2/16	GABE NUDO	REFUND FOR OFFICE MAX - SUPPLIES & BROCHURES	141.53
	Check if: <input type="checkbox"/> In-Kind Offset		
3/4	RPKC		220.00
	Check if: <input type="checkbox"/> In-Kind Offset		
3/17	OFFICE MAX		111.75
	Check if: <input type="checkbox"/> In-Kind Offset		
4/21	SOMERS	RENTAL FEE FOR PICNIC	50.00
	Check if: <input type="checkbox"/> In-Kind Offset		
6/1	OFFICE MAX		145.58
	Check if: <input type="checkbox"/> In-Kind Offset		
6/29	KENOSHA NEWS		1101.60
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$2220.46

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$

TOTAL EXPENDITURES \$ 2220.46

SCHEDULE 2-B
DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page 1 of 1

Complete Committee Name

FRIENDS OF GABE NUNO

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
<u>1/16</u>	<u>FRIENDS OF JUSTICE DAN KELLY</u> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<u>1000.00</u>	<u>1000.00</u>
<u>3/20</u>	<u>FRIENDS OF XAVIER SOLIS</u> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<u>100.00</u>	<u>100.00</u>
<u>3/20</u>	<u>FRIENDS OF LAMAR MADISON</u> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<u>100.00</u>	<u>100.00</u>
<u>3/27</u>	<u>FRIENDS OF JUSTICE DAN KELLY</u> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<u>750.00</u>	<u>1750.00</u>
	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		<u>\$ 1950.00</u>	<u>1950.00</u>
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		<u>\$ 1950.00</u>	<u>1950.00</u>

SCHEDULE 3-B

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Page 1 of 1

Complete Committee Name

FRIENDS OF GABE NUDO

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

	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
Date / /		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 \$

	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
Date / /					

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 \$

	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
Date / /					

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 \$ 100.00

TOTAL OUTSTANDING LOANS \$ 100.00