

**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

FERRANTE FOR MIKE

Street Address

1615 N ASTOR ST

City, State and Zip Code

MILWAUKEE, WI, 53202

OFFICE USE ONLY

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 2025 ☐ Pre-Primary _____
☐ July Continuing _____ ☐ Spring ☐ Fall ☐ Special
☐ September Continuing _____ ☐ Pre-Election _____

☐ Termination Report
attach **CF-13**
Termination Request

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
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

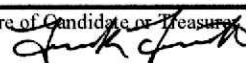
2. DISBURSEMENTS

2A. Gross Expenditures	\$ 321.48	\$ 321.48
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 321.48	\$ 321.48

CASH SUMMARY

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

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 FRANK FERRANTE	Signature of Candidate or Treasurer 	Date: 1/15/25
	Email: FERRANTEFORMKE@GMAIL.COM	Daytime Phone: 414 325 2268

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

FERRANTE FOR MKE

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
12/4/24	OFFICE MAX 3555 S 27 TH ST. MILWAUKEE, WI 53221 Check if: <input type="checkbox"/> In-Kind Offset	PRINT FIYERS	\$241.48
11/30/24	TARGET 2950 S CHASE AVE, MILWAUKEE, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	PURCHASE PHONE & FIRST MONTHLY BILL	\$50.00
1/7/25	TARGET 2950 S CHASE AVE. MILWAUKEE, WI 53207 Check if: <input type="checkbox"/> In-Kind Offset	MONTHLY PHONE BILL	\$30.00
	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 \$ 321.48

TOTAL ITEMIZED EXPENDITURES \$ 321.48

TOTAL UNITEMIZED EXPENDITURES \$ —

TOTAL EXPENDITURES \$ 321.48