

**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 MKE

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 _____

September Continuing _____

Fall _____

Special _____

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

Frank Ferrante

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross ExpendituresPage 1 of 1

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 FLYERS	\$241.48
1/130/24	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		
		SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 321.48
		TOTAL ITEMIZED EXPENDITURES	\$ 321.48
		TOTAL UNITEMIZED EXPENDITURES	\$ —
		TOTAL EXPENDITURES	\$ 321.48