

**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 _____
 July Continuing _____
 September Continuing _____

Pre-Primary ~~Feb 10, 2025~~
 Pre-Election _____

Spring

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	\$ 355.00	\$ 355.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 6
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 355.00	\$ 355.00

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 414.52	\$ 736
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 414.52	\$ 736

CASH SUMMARY

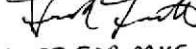
Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 0
Subtotal	\$ 0
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 0
INCURRED OBLIGATIONS	\$ 0
(Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0

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

FRANCO FERRANTE

Signature of Candidate or Treasurer



Date: 2/10/25

Email: FERRANTEFORMKE@GMAIL.COM Daytime Phone: 414.335.2268

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.

Complete Committee Name

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

Instructions for completing contributions are on the back of each column.				
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
2/7/25 1/24/25	JON A DAMS 3488 N FREDERICK MILWAUKEE, WI, 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$50.00	\$50.00
2/2/25	SALVATORE SAFINA 3779 SOUTH HERMAN ST MILWAUKEE, WI, 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$100.00	\$100.00
2/4/25	Laura KREMER 1623 ASTOR ST MILWAUKEE, WI, 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$100.00	\$100.00
2/7/25	AMELIA FERRANTE 3425 S RUSSEL RD NEW BERLIN, WI, 53151 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input checked="" 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				

Instructions for Completing Schedule 1-A

RECEIPTS - Contributions (Including Loans) From Individuals

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report contributions, including loans from individuals, on this form.
- ▶ Enter the number of Schedule 1-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) each contribution was RECEIVED. *Do not* enter the date that appears on the contributor's check or the date deposited, unless it is the same as the date received (*is in committee's possession and control*).

Full Name, Mailing Address, and Zip Code:

1. Enter the full name and address of the contributor.
2. For single or cumulative contributions totaling over \$200 in a calendar year: Enter the full name and address of the contributor. Enter the occupation.

Calendar Year-to-Date Total: Add contributions previously received this calendar year, from this contributor to the contributions received in this report period. The Calendar Year-to-Date Total for an individual must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year. Once the individual's Calendar Year-to-Date Total exceeds \$200, you must enter the contributor's occupation.

Subtotal Itemized Contributions this page: Enter the total of all the contributions listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Contributions: Add the subtotals from all pages of Schedule 1-A. If more than one page, enter the total on only the last page of Schedule 1-A.

Total Anonymous Contributions \$10 or less: Enter the total of anonymous contributions of \$10 or less only on the last page of Schedule 1-A.

Total Contributions Received from Individuals: Add the total Itemized contributions to the Total Anonymous Contributions \$10 or Less and enter the amount **only** on the last page of Schedule 1-A.

Special Instructions:

- ◆ Contributions and loans from individuals on Schedule 1-A include any cash, personal or individual loans, purchase of tickets to fundraising events, memberships, gifts, advances, in-kind contributions, and all other personal contributions from an individual **including** the candidate. An in-kind contribution is any goods, property, or services provided to the committee free or for less than the fair market value. (*Volunteer services are not a contribution*).
- ◆ **In-kind contributions from individuals must also be reported as in-kind expenditures on Schedule 2-A to avoid distortion of the cash balance.**
- ◆ When the contribution is in-kind, a loan, or is received through a conduit, check the appropriate box in the section where the contribution is listed. If you receive a personal check or cash, no box needs to be checked.
- ◆ Contributions from individuals transferred through conduits are reported on Schedule 1-A under the individual contributor's name with the name of the conduit listed. The transmittal letter accompanying the conduit check, identifies the conduit and lists the individuals who are the original sources of the contributions. These contributions are subject to itemization on the same basis as other individual contributions; if over \$200, the occupation must be provided.
- ◆ Any individual loans, either from the candidate or from another individual, must be reported on Schedule 1-A **and** on Schedule 3-B, Additional Disclosure, Loans, until paid in full. Loans from individuals are subject to individual contribution limits (see Campaign Finance Overview).
- ◆ Each contributor's name, address, and amount must be listed separately. Contributions from joint accounts shall be reported as coming from the individual signing the check, unless the signor indicates otherwise. If the amount is divided, each individual must be itemized separately. Do not report a contribution as coming from more than one individual.
- ◆ All receipts, including those from raffles, auctions, garage sales or other similar events must be itemized unless the contribution is anonymous and totals \$10 or less.
- ◆ Do **not** report contributions from political action committees, political party committees, or other candidate committees on Schedule 1-A. These contributions must be reported on Schedule 1-B.

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Page _____ of _____

Complete Committee Name

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

RECEIPTS

Complete Committee Name

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

SCHEDULE 2-A

DISBURSEMENTS

Gross Expenditures

Page ____ of ____

Complete Committee Name

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

Instructions for Completing Schedule 2-A

DISBURSEMENTS

Gross Expenditures

General Instructions:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report gross expenditures on this form.
- Enter the number of Schedule 2-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the disbursement was made.

Full Name, Mailing Address, and Zip Code of Person or Business to Whom Payment Is Made: Enter the name and complete address of the person or business to whom payments were made.

Specific Purpose of Expenditure: Enter the specific purpose of the expenditure. A complete description of the type of expenditure or reimbursement must be given (i.e., food for fundraiser or campaign T-shirts for resale). You may use more than one box or attach an additional sheet if needed.

Subtotal Itemized Expenditures This Page: Enter the total of all the expenditures listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Expenditures: Add the subtotals from all pages of Schedule 2-A. If more than one page, enter the total itemized on only the last page of Schedule 2-A.

Total Unitemized Expenditures: Enter the total of unitemized expenditures that are specifically exempted by statute from the normal itemization requirements. (For example, expenses of \$20 or less (§11.0204(1)(a) 8.); expenses for a PAC or independent expenditure committee's fundraising or administrative expenses (§11.0101 (10)(a)); and spending on express advocacy before reaching the \$2,500 threshold (§11.0505(2)(a) and §11.0605(2)(a)). Place the total on only the last page of Schedule 2-A. Note: If you choose to itemize an expenditure, DO NOT include that amount again in the total of unitemized expenditures.

Total Expenditures: Add the **Total Itemized Expenditures** to the **Total Unitemized Expenditures**, and enter the amount on the last page of Schedule 2-A.

Special Instructions:

- ◆ Only expenditures of **more than \$20** must be itemized. Expenditures of **\$20 or less** should be totaled and reported as unitemized expenditures.
- ◆ Expenditures for general services, such as consulting, data processing, or reimbursement, should be broken down into the specific services rendered, e.g., salary, travel, data entry, polling.
- ◆ In-kind contributions reported in Schedule 1-A or 1-B, must also be reported as in-kind offsets in Schedule 2-A.
- ◆ Expenditures incurred for in-kind contributions to other registrants must be reported in Schedule 2-B, NOT 2-A. See instructions on Schedule 2-B.
- ◆ All expenditures must be made from the campaign depository and must be used for political purposes only.
- ◆ It is permissible for a candidate or an agent of a committee to pay for items from personal funds as long as receipts are submitted to the treasurer for reimbursement from the depository. Reporting of a reimbursement must include information that describes the nature of the original expenditure, and the original vendor of the good(s) or service(s).
- ◆ It is permissible to maintain a petty cash account to pay for minor items provided that funds for the petty cash account are drawn from the campaign depository and that a record of the transactions is kept. Expenditures over \$100 must be paid by negotiable instrument, and be itemized on the report. Expenditures of \$20 or less may be included in unitemized expenditures. If itemized, the purpose of each expenditure must be provided. Only the specific expenditures are reported. Contributions received, deposited, and later returned to the original contributor must be reported as an expense in Schedule 2-A.

SCHEDULE 2-B

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page ____ of ____

Complete Committee Name

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

Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE

Complete Committee Name

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE \$					
TOTAL ITEMIZED OBLIGATIONS \$					
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$					
TOTAL INCURRED OBLIGATIONS \$					

Loans
Individual, Committee or Commercial
ADDITIONAL DISCLOSURE

Complete Committee Name

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 / /					

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

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

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

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$

TOTAL OUTSTANDING LOANS

\$