

**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 YOLANDA ADAMS

Street Address

P.O. Box 815

City, State and Zip Code

KENOSHA WI 53141-0815

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 JAN 1, 2023 - Feb 6, 2023
 Spring Fall Special
 Pre-Election _____

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 174.25	\$ 199.25
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 174.25	\$ 199.25

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 26.00	\$ 26.00
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 26.00	\$ 26.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 25.00
Total Receipts	\$ 174.25
Subtotal	\$ 199.25
Total Disbursements	\$ 26.00
CASH BALANCE END OF REPORT	\$ 173.25
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 <i>Nancy Locante</i>	Signature of Candidate or Treasurer <i>Nancy Locante</i>	Date: <i>2-6-2023</i>
	Email: <i>nancy.locante@gmail.com</i>	Daytime Phone: <i>262-705-2535</i>

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
Friends of Yolanda Adams

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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
01-18-23	TOD OHNSTAD DBA FRIENDS OF TOD OHNSTAD 3814-18TH AVE, KENOSHA WI 53140 Check If: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# <u>158</u>		100.00	100.00
02-06-23	Sheena Barriteau 5717-35th Ave Kenosha WI 53144 Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		50.00	50.00
02/02/23	Kerry Spitzer 4006-83rd Pl Kenosha WI 53142 Check If: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		24.25	24.25
	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	\$ 174.25	174.25
TOTAL ITEMIZED CONTRIBUTIONS	\$ 0	0
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 0	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 174.25	174.25

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF YOLANDA ADAMS

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
02-03-23	Copy Center 5036-6th Ave Kenosha WI 53140 Check If: <input type="checkbox"/> In-Kind Offset	Print 100 Fliers	26.00
	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		
	Check If: <input type="checkbox"/> In-Kind Offset		
	Check If: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 26.00
TOTAL ITEMIZED EXPENDITURES	\$ 0
TOTAL UNITEMIZED EXPENDITURES	\$ 0
TOTAL EXPENDITURES	\$ 26.00