

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

RECEIVED

Is This Report an Amendment: Yes No

JUL 15 2024

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

COMMITTEE IDENTIFICATION

Name of Committee
Cali Buchino for 4th District Alderperson

CITY OF KENOSHA
CITY CLERK/TREASURER

Street Address
3201 15th St APT 1B

OFFICE USE ONLY

City, State and Zip Code
Kenosha, WI 53144

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- | | | | | | |
|--|---|---------------------------------|-------------------------------|----------------------------------|---|
| <input type="checkbox"/> January Continuing _____ | <input type="checkbox"/> Pre-Primary _____ | <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> Special | <input type="checkbox"/> Termination Report
<i>attach CF-13,
Termination Request</i> |
| <input checked="" type="checkbox"/> July Continuing 2024 | <input type="checkbox"/> Pre-Election _____ | | | | |
| <input type="checkbox"/> September Continuing _____ | | | | | |

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 100	\$ 2,450
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	\$ 495.01	\$ 2,664.64
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 680.37
Total Receipts	\$ 100
Subtotal	\$ 780.37
Total Disbursements	\$ 495.01
CASH BALANCE END OF REPORT	\$ 285.36
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 Cali Buchino	Signature of Candidate or Treasurer <i>Cali Buchino</i> Email buchinofor4th@gmail.com	Date: 07/15/2024 Daytime Phone: (262) 995-3123
---	---	---

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.

