CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

RECEIVED

JUL 1 1 2024 ⊠ No ☐ Yes Is This Report an Amendment: Instructions for completing schedules are on the back of each schedule. CITY OF KENOSHA CLERK/TREASURER COMMITTEE IDENTIFICATION Peni Keeling triends OFFICE USE ONLY Street Address Avenue City, State and Zip Cod 53142 enosha Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. NAME OF REPORT Pre-Primary ___ January Continuing Termination Report Special Fall Spring July Continuing 2024 attach CF-13, Termination Request Pre-Election September Continuing SUMMARY OF RECEIPTS AND Column B Column A Calendar This Period DISBURSEMENTS Year-To-Date 1. RECEIPTS 845.00 Ca. 001 1A. Contributions (Including Loans) from Individuals 49.02 \$ \$ 1B. Contributions from Committees (Transfers-In) \$ 01 \$ 01 1C. Other Income and Commercial Loans 0.3 TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) 2. DISBURSEMENTS 621.36 2A. Gross Expenditures 0 \$ 0 \$ 2B. Contributions to Committees (Transfers-Out) 374. 22 6a .36 TOTAL DISBURSEMENTS (Add totals from 2A and 2B) CASH SUMMARY 522.16 Cash Balance Beginning of Report **Total Receipts** \$ Subtotal Total Disbursements CASH BALANCE END OF REPORT 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 Signature of Candidate or Treasurer 7/10/2024

Teni Keeling, landidate Email Deni Keeling @: Doctobaling Daytime Phone: 262 945.752

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 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 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name O Veelings				
Complete Committee Name Friends of Pen Rections Instructions for completing schedules are on the back of each schedule. Date Full Name, Mailing Address and Zip Code Of Contributor Of Contributor				Y-T-D Total
Date	Full Name, Mailing Address and Zip Code Of Contributor	Cooperation	Contribution	
	Domenick & Gina Tirabassi 8531 39+4 Avenue Kenosha, WI 53142			04-00
4/2/	8531 39+6 Avenue	retired	¥ 10000	840.00
17724	Kenosha WI 53,42		1,0-	
	Check if: In-Kind Loan Conduit - Ethics ID#			
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_	1			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			SE \$ 100 00	
TOTAL ITEMIZED CONTRIBUTIONS			IS \$	84500
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			ss \$	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			.s \$	845 00

RECEIPTS **Contributions from Committees** (Transfers-In)

iplete Committee N	nds of real resu	ng		
Instructions for com	Amount of Contribution			
Date	Full Name of Committee, Mailing Address a	and Zip Code	Committee Ethics ID Number	T (T) Cart C
4-2-24	Wis Dems 15 N. Pinkney Suit Madison wit Checkit: In-Kind 1 Loan	e 200 53703	03000 64	#49.02
	Check if: 📵 In-Kind 📵 Loan			
	Check if: [] In-Kind [] Loan			
	Check if: 📵 In-Kind 📵 Loan			
	Check if: 📵 In-Kind 📵 Loan			
	Check if: 📵 In-Kind 📵 Loan			
	Check if: 📵 In-Kind 📵 Loan	A47-774-8VL		
	Check if: 🖸 In-Kind 🛱 Loan			
	Check if: 🖸 In-Kind 🖸 Loan			-
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			11,000	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$ 49.02	

SCHEDULE 1-C

RECEIPTS Other Income and Commercial Loans

	1		- 1
Page		of	

Complete Con	riends of Peni Keeling		
estructions f	or completing schedules are on the back of each sched	ule.	
Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
5-21·	Schehern Lakes Credit Union 3000 80th Street Kenosha, WI 53142	Interest on savings act.	.0)
		SUBTOTAL OTHER INCOME THIS PAGE	s .01
		TOTAL ITEMIZED OTHER INCOME	۸)

DISBURSEMENTS Gross Expenditures

Page _____ of ____

Complete Committee Name
Friends of Peni Keeling

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
4-2-24	Wis Dems 15N Pinckney-Suite 200 Modison, WI 53703 Check if: In-Kind Offset	Consulting fee	#49.02
3-2-24	United States Postal Service	prstage	# 68 12
4-3-24	Check if: 1 In-Kind Offset Pen: Keeling 7915 315t Ave: Kentsha, N.I. 53142 Check if: 1 In-Kind Offset	reimbursement for campaign material and supplies	\$357.21
	Check if: C In-Kind Offset		
	Check if: In-Kind Offset		
	Check if:		
	Check if: 🔲 In-Kind Offset		
	Check if: an-Kind Offset	UBTOTAL ITEMIZED EXPENDITURES THIS PAGE	s 374 22
		TOTAL ITEMIZED EXPENDITURES THIS PAGE	2011 22
		TOTAL UNITEMIZED EXPENDITURES	\$
		TOTAL EXPENDITURES	374.22