	FINANCE REPORT			
Is This Report an Amendment: 🗌 Yes	☑ No			
Instructions for completing schedules are on the back	x of each schedule.			
COMMITTEE IDENTIFICATION				
Name of Committee Noah Lieberman For Council				
Street Address 3009 Foxwood Trl			OFFICE USE ONLY	
City, State and Zip Code Madison, WI 53713				
Please check if address is different than previously reported, and	complete the Campaign Reg	gistration State	ment in the back of this form.]
NAME OF REPORT				
✓ January Continuing 2023 □ Pre-Primary □ July Continuing □ Pre-Election □ September Continuing □ Pre-Election	Spring	Fall 🗌 S	Special Termination R also complete Sche	
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS	Column A This Period	Colur Caler Year-T	ndar	
1A. Contributions (Including Loans) from Individuals	\$ 1647.99	<u></u> \$1647.99		
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)	\$ 1647.99	\$1647.99		
2. DISBURSEMENTS				
2A. Gross Expenditures	\$495.28	\$495.28		
2B. Contributions to Committees (Transfers-Out)	\$ O	\$ 0		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$495.28	\$495.28		
CASH SUMMARY				
Cash Balance Beginning of Report	\$ O			
Total Receipts	\$ 1647.99			
Subtotal	\$ 1647.99			
Total Disbursements	\$ 495.28			
CASH BALANCE END OF REPORT	\$1152.71			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	<u></u> \$0			
LOANS (Balance at the Close of This Period-3B)	\$ 577.99			
I certify that I have examined this report and to the best of m	iy knowledge and belief it i	s true, correc	t and complete.	

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
Noah Lieberman	Noah Lieberman	1/1/2023
	Email noah@noahforcouncil.com	Daytime Phone: 704-737-3735

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.

RECEIPTS Contributions (Including Loans) From Individuals

Complete Comn				
Instructions for	Noah Lieberman For Cour r completing schedules are on the back of each scl			
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
10/12/2022	Noah Lieberman 3009 Foxwood Trl Madison, WI 53713	Technical Services	248.40	248.40
	Check if: In-Kind Conduit – Ethics ID#			
11/7/2022	Noah Lleberman 3009 Foxwood Trl Madison, WI 53713	Technical Services	125.00	473.40
	Check if: 🔲 In-Kind 🗹 Loan Conduit – Ethics ID#			
12/3/2022	Noah Lieberman 3009 Foxwood Trl Madison, WI 53713	Technical Services	204.59	677.99
	Check if: 🔲 In-Kind 🛛 🗹 Loan 🗌 Conduit – Ethics ID#			
11/15/2022	Katya Lezin 2655 Providence Spring Ln Charlotte, NC 28270	Patient Advocate Speaker	500.00	500.00
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#			
11/15/2022	Chris Sexton 1624 Fordem Ave, Apt 307 Madison, WI 53704		100.00	100.00
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#			
11/15/2022	Doug Reed 2142 Winnebago St Madison, WI 53704		50.00	50.00
11/15/2022	Check if: In-Kind Loan Conduit – Ethics ID#			
11/13/2022	Lars Knapp 310 Berryhill Dr Carrboro, NC 27510	Nonprofit Consultant	250.00	250.00
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#	 		
I	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 1477.99	
		TOTAL ITEMIZED CONTRIBUTIONS	\$	
	TOTAL ANON	IYMOUS CONTRIBUTIONS \$10 OR LESS	\$	
			1	

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

RECEIPTS Contributions (Including Loans) From Individuals

Complete Comn	^{nittee Name} Noah Lieberman For Cour	ncil			
Instructions for	r completing schedules are on the back of each sc				
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date t	otal exceeds \$200)	Amount of Contribution	Y-T-D Total
11/16/2022	Max Prestigiacomo 933 Winding Way Middleton, WI 53562			10.00	10.00
	Check if: 🔲 In-Kind 🔲 Loan 🔤 Conduit – Ethics ID#				
11/17/2022	Eric Sundquist 408 Santa Ynez Way Sacramento, CA 95816			25.00	25.00
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#				
11/17/2022	Liz Preston 2026 N Farragut Portland, OR 97217			10.00	10.00
	Check if: 🔲 In-Kind 🔲 Loan Conduit – Ethics ID#				
11/19/2022	Susanne Lieberman 1620 Comanche Road Arnold, MD 21012			100.00	100.00
	Check if: 🔲 In-Kind 🔲 Loan 🛛 Conduit – Ethics ID#				
12/10/2022	Amy Westra 4530 Armistice Ln Madison, WI 53704			25.00	25.00
	Check if: In-Kind Loan Conduit – Ethics ID#				
	Check if: In-Kind Loan Conduit – Ethics ID#				
	Check if: 🔲 In-Kind 🔲 Loan 🗌 Conduit – Ethics ID#				
	SUBTOTAL		ONS THIS PAGE	\$ 170.00	
		TOTAL ITEMIZED C	ONTRIBUTIONS	\$ 1647.99	
	TOTAL ANON	NYMOUS CONTRIBUTION	IS \$10 OR LESS	\$ 0	

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 1647.99



RECEIPTS Contributions from Committees

(Transfers-In)

Complete Committee Name	
Noah Lieberman For Counc	I

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	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	
	Check if: 🔲 In-Kind 🔲 Loan	
	Check if: 🔲 In-Kind 🔲 Loan	
	Check if: 🔲 In-Kind 🔲 Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$0
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$ O

RECEIPTS Other Income and Commercial Loans

Complete Committee Name Noah Lieberman For Council

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

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
			<u> </u>
			\$ 0
		SUBTOTAL OTHER INCOME THIS PAGE	şU
		TOTAL ITEMIZED OTHER INCOME	\$ 0
		TOTAL OTHER INCOME	۰ <u>۰</u>

TOTAL OTHER INCOME \$0

Complete Committee Name Noah Lieberman For Council

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

11/20/2022 ActBlue Technical Services Service Fee for Donation 366 Summer Street Service Fee for Donation	
Somerville, MA 02144-3132	ons 41.30
Check if: In-Kind Offset	
12/11/2022ActBlue Technical Services 366 Summer Street Somerville, MA 02144-3132Service Fee for Dona	tions 0.99
Check if: 🔲 In-Kind Offset	
10/12/2022Squarespace, Inc. 225 Varick Street, 12th Floor New York, NY 10014Website and Domain re	egistration 248.40
Check if: In-Kind Offset	
12/3/2022Wells Print and Digital Services 3121 Watford Way Madison, WI 53713Door hangers	204.59
Check if: 🔲 In-Kind Offset	
Check if: In-Kind Offset	
Check if: In-Kind Offset	
Check if: 🔲 In-Kind Offset	
Check if: 🔲 In-Kind Offset	
SUBTOTAL ITEMIZED EXPENDITUR	RES THIS PAGE \$495.28
TOTAL ITEMIZED E	xpenditures \$495.28
TOTAL UNITEMIZED E	xpenditures \$0

TOTAL EXPENDITURES \$495.28



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Committee Name

Noah Lieberman For Council

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D
			Total
	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		
	Check if: 🔲 In-Kind 🔲 Loan		
	Check if: 🔲 In-Kind 🔲 Loan		
	Check if: 📋 In-Kind 📋 Loan		
	Check if: 🔲 In-Kind 🔲 Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ 0	
	SUDIVIAL CONTRIDUTIONS (Transiers-Out) THIS PAGE	Ψ	
		\$ 0	
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	\$	

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	Cumula Tł	itive Payments his Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Nature of Debt (Purpose)				
		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					
1 1						
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /		Noture of Dobt (Durages)				
		Nature of Debt (Purpose)				
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)				
				T		
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE					\$	
	TOTAL ITEMIZED OBLIGATIONS					
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OF	RLESS	\$	
		ΤΟΤΑ	L INCURRED OBLIGA	TIONS	\$	

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page 1 of 1

Complete Committee Name Noah Lieberman For Council

Instructions fo	r completing schedules are on the back of each s	chedule.						
	Full Name, Mailing Address and Zip Code of Loan Sou		Outstanding		Cumulative	Outstanding		
	Noah Lieberman		Obligations Reginning of This	Now Loopo Thio	Payments This Deried	Obligations End of This Period		
	3009 Foxwood Trl		Beginning of This Period	New Loans This Period	This Period	End of This Period		
Date	Madison, WI 53713							
10/12 /22			0.00	577.99	0.00	577.99		
List All Endorse	rs or Guarantors (if any)			1				
Full Name Maili	ng Address and Zip Code	Occupation						
of Guarantor		Technical Ser	rvices					
Noah Lieb	erman	Amount Guaranteed Outstanding						
3009 Foxw		s 577.99						
Madison, V	VI 53713							
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation						
		Amount Guarante	ed Outstanding					
		\$						
	Full Name Mailing Address and Zin Code of Lass Com		Outotonding	1	Cumulative	Outotanding		
	Full Name, Mailing Address and Zip Code of Loan Sou	irce	Outstanding Obligations Beginning of This Period	New Loans This Period	Payments This Period	Outstanding Obligations End of This Period		
Date			Tenod	Tenod				
1 1								
List All Endorse	rs or Guarantors (if any)			1				
Full Name. Maili	ng Address and Zip Code	Occupation						
of Guarantor								
		Amount Guarantee	ed Outstanding					
		\$						
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation						
		Amount Guaranteed Outstanding						
		\$						
	Full Name, Mailing Address and Zip Code of Loan Sou	Irce	Outstanding		Cumulative	Outstanding		
			Obligations Beginning of This Period	New Loans This Period	Payments This Period	Obligations End of This Period		
Date								
/ /								
List All Endorse	rs or Guarantors (if any)							
Full Name, Maili of Guarantor	ng Address and Zip Code	Occupation						
		Amount Guaranteed Outstanding						
		\$						
Full Name, Mailing Address and Zip Code of Guarantor		Occupation Type text here						
		Amount Guaranteed Outstanding						
		\$						
l								
			SUBTOTAL O	UTSTANDING LOA	ANS THIS PAGE	\$		