	FINANCE REPORT		
Is This Report an Amendment:	☑ No		
Instructions for completing schedules are on the back	of each schedule.		
COMMITTEE IDENTIFICATION			
Name of Committee Noah Lieberman For Council Street Address			OFFICE LISE ONLY
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	istration State	ment in the back of this form.
NAME OF REPORT			
✓ January Continuing 2023	Spring I	Fall S	Special Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Colur Caler	ndar
1. RECEIPTS		Year-T	o-Date
1A. Contributions (Including Loans) from Individuals	\$ 1647.99	\$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)	\$0	\$0	
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$495.28	\$495.28	
CASH SUMMARY			
Cash Balance Beginning of Report	\$0		
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)	\$ 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 my knowledge and belief it is true, correct 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.

SCHEDULE 1-A

RECEIPTS Contributions (Including Loans) From Individuals

Complete Committee Name

Noah Lieberman For Council

Instructions for completing schedules are on the back of each schedule. Full Name, Mailing Address and Zip Code Of Contributor Occupation (if year-to-date total exceeds \$200) Amount of Y-T-D Contribution 10/12/2022 Noah Lieberman **Technical Services** 248.40 248.40 3009 Foxwood Trl Madison, WI 53713 Check if: ☐ In-Kind ■ Loan Conduit – Ethics ID# 11/7/2022 Noah Lieperman 473.40 **Technical Services** 125.00 3009 Foxwood Trl Madison, WI 53713 Check if: In-Kind Loan Conduit - Ethics ID# Noah Lieberman **Technical Services** 12/3/2022 204.59 677.99 3009 Foxwood Trl Madison, WI 53713 Check if: In-Kind Loan Conduit - Ethics ID# 11/15/2022 Patient Advocate Speaker Katya Lezin 500.00 500.00 2655 Providence Spring Ln Charlotte, NC 28270 Check if: In-Kind Loan Conduit – Ethics ID# 11/15/2022 100.00 Chris Sexton 100.00 1624 Fordem Ave, Apt 307 Madison, WI 53704 Check if: In-Kind Loan Conduit – Ethics ID# 11/15/2022 50.00 50.00 Doug Reed 2142 Winnebago St Madison, WI 53704 Check if: In-Kind Loan Conduit - Ethics ID# 11/15/2022 Lars Knapp 250.00 250.00 Nonprofit Consultant 310 Berryhill Dr Carrboro, NC 27510 Check if: In-Kind Loan Conduit - Ethics ID# \$ 1477.99 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE **TOTAL ITEMIZED CONTRIBUTIONS TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS** TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS



RECEIPTS Contributions (Including Loans) From Individuals

Page 2 of 2

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 Contributor	Occupation (if year-to-date total 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	\$ 170.00				
TOTAL ITEMIZED CONTRIBUTIONS			\$ 1647.99			
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ 0			
	TOTAL CONTRIB	\$ 1647.99				



RECEIPTS Contributions from Committees (Transfers-In)

Page	1	of 1
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Complete Committee Name
Noah Lieberman For Council

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	
	Oricoxii. E iii viid E Eddi	
	Check if: ☐ In-Kind ☐ Loan	
	Check if:	
	Check if:	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	\$ 0
		- 5
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	\$0



RECEIPTSOther Income and Commercial Loans

Page 1 of 1

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
		SUBTOTAL OTHER INCOME THIS PAGE	\$ 0
		SUBTOTAL OTHER INCOME THIS PAGE	
		TOTAL ITEMIZED OTHER INCOME	\$ 0
		TOTAL OTHER INCOME	\$ 0

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Complete Committee Name
Noah Lieberman For Council

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

mondono ioi	completing softedules are on the back of each softedule.		
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
11/20/2022	ActBlue Technical Services 366 Summer Street Somerville, MA 02144-3132	Service Fee for Donations	41.30
	Check if:		
12/11/2022	ActBlue Technical Services 366 Summer Street Somerville, MA 02144-3132	Service Fee for Donations	0.99
	Check if:		
10/12/2022	Squarespace, Inc. 225 Varick Street, 12th Floor New York, NY 10014	Website and Domain registration	248.40
	Check if:		
12/3/2022	Wells Print and Digital Services 3121 Watford Way Madison, WI 53713	Door hangers	204.59
	Check if:		
	Check if:		
	Check if:		
	Officer II.		
	Check if:		
	Check if:		
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 495.28
		TOTAL ITEMIZED EXPENDITURES	_{\$} 495.28
		TOTAL UNITEMIZED EXPENDITURES	\$ 0
		TOTAL EXPENDITURES	\$ 495.28



DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	1	of 1

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	
			. 3.61	
	Check if: 🔲 In-Kind 🔲 Loan			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if: In-Kind Loan			
	Check if:			
	Check if: In-Kind Loan			
	Ontoka. El mina el com			
	Check if: In-Kind Loan			
	Check if: 🔲 In-Kind 🔲 Loan			
	CHECK II. III-MIIU LOGII			
	Check if: In-Kind Loan			
	OUDTOTAL COUTDIDUTIONS TO A STATE OF THE	s 0		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$ U		
		0		

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page of	
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			<u></u>			
Complete Co	ommittee Name					
Instructions	for completing schedules are on the back of each	schedule.				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumula Th	tive Payments is Period	Outstanding Balance At Close of This Period
Date	Full Name, Mailing Address and Zip Code of Creditor					
/ /						
		Nature of Debt (Purpose)	1			!
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purpose)				
Dete	Full Name, Mailing Address and Zip Code of Creditor		Г			T
Date	Full Name, Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purpose)				
		ratare or Bost (1 arpose)				
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)				
		Mature of Debt (Furpose)				
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					
/ /						
		Nature of Debt (Purpose)				
		SUBTOTAL ITEMIZE	D OBLIGATIONS THIS	PAGE	\$	
		тот	AL ITEMIZED OBLIGA	TIONS	\$	
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OR	LESS	\$	
				_	•	
		TOTA	L INCURRED OBLIGA	TIONS	\$	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page 1 of 1

TOTAL OUTSTANDING LOANS \$

Complete Committee Name
Noah Lieberman For Council

Instructions for completing schedules are on the back of each schedule.						
	Full Name, Mailing Address and Zip Code of Loan Source		Outstanding		Cumulative	Outstanding
	Noah Lieberman		Obligations Beginning of This	New Loans This	Payments This Period	Obligations End of This Period
	3009 Foxwood Trl		Period	Period	THIS T CHOC	End of Thio Follow
Date	Madison, WI 53713					
10/12 /22			0.00	577.99	0.00	577.99
List All Endorse	rs or Guarantors (if any)		•		1	1
Full Name, Mailing Address and Zip Code Occupation						
of Guarantor		Technical Services				
Noah Lieberman		Amount Guaranteed Outstanding				
3009 Foxwood Trl		s 577.99				
Madison, WI 53713						
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
		Amount Guaranteed Outstanding				
		\$				
			T 2 ::	1		T
	Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding Obligations		Cumulative Payments	Outstanding Obligations
			Beginning of This	New Loans This	This Period	End of This Period
Date			Period	Period		
1 1						
List All Endorsers or Guarantors (if any)						
Full Name, Maili	ing Address and Zip Code	Occupation				
of Guarantor						
		Amount Guaranteed Outstanding				
		\$				
Full Name Mailing Address and Tim Code		Convention				
Full Name, Mailing Address and Zip Code of Guarantor		Occupation				
		Amount Guaranteed Outstanding				
		\$				
	Full Name, Mailing Address and Zip Code of Loan Sou	rce	Outstanding		Cumulative	Outstanding
	3 7		Obligations	Now Loons This	Payments This Derived	Obligations
			Beginning of This Period	New Loans This Period	This Period	End of This Period
Date						
1 1						
List All Endorsers or Guarantors (if any)						
of Guarantor A \$		Occupation				
		Amount Guaranteed Outstanding				
		\$				
Full Name, Mailing Address and Zip Code of Guarantor		Occupation Type text here				
		Amount Guaranteed Outstanding				
		\$				
	SUBTOTAL OUTSTANDING LOANS THIS PAGE \$					