

**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.

*Rec'd  
1-28-13  
R*

**COMMITTEE IDENTIFICATION**

Name of Committee

THOMAS G. SLADEK

Street Address

2634 SEQUOIA LANE

City, State and Zip Code

GREEN BAY, WI 54313

**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 2013     Pre-Primary \_\_\_\_\_     Spring     Fall     Special  
 July Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_     Spring     Fall     Special

Termination Report  
also complete Schedule 4

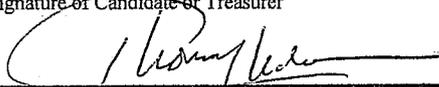
**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 1509.95
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 325.00
1C. Other Income and Commercial Loans	\$ 0	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 0	\$ 1834.95
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 12.00	\$ 1800.49
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 12.00	\$ 1800.49

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 46.46
Total Receipts	\$ 0
Subtotal	\$ 46.46
Total Disbursements	\$ 12.00
<b>CASH BALANCE END OF REPORT</b>	\$ 34.46
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ —
<b>LOANS</b> (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  THOMAS G. SLADEK	Signature of Candidate or Treasurer 	Date: 1-25-13  Daytime Phone: 9204997701
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**NOTE:** The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**THOMAS & SLABEK**

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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
11/30/12	NORTH SHORE BANK 15700 W. BLUEMOUND RD. BROOKFIELD, WI 53005 Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	6.00
12/31/12	(SAME AS ABOVE) Check if: <input type="checkbox"/> In-Kind Offset	BANK FEE	6.00
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 12.00
TOTAL ITEMIZED EXPENDITURES			\$ 12.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 0
TOTAL EXPENDITURES			\$ 12.00