

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Rec'd 1/29/15 kat

Is This Report an Amendment:     Yes             No

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

**COMMITTEE IDENTIFICATION**

Name of Committee

FRIENDS OF TOM 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 2015     Pre-Primary \_\_\_\_\_     Spring     Fall     Special  
 July Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND DISBURSEMENTS**

**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals

\$ 50.00

\$ 50.00

1B. Contributions from Committees (Transfers-In)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

1C. Other Income and Commercial Loans

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 50.00

\$ 50.00

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 6.00

\$ 12.00

2B. Contributions to Committees (Transfers-Out)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 6.00

\$ 12.00

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 98.46

Total Receipts

\$ 50.00

Subtotal

\$ 148.46

Total Disbursements

\$ 6.00

**CASH BALANCE END OF REPORT**

\$ 142.46

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$ \_\_\_\_\_

**LOANS** (Balance at the Close of This Period-3B)

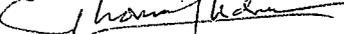
\$ \_\_\_\_\_

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

THOMAS G. SLADEK

Signature of Candidate or Treasurer



Date:

1/27/15

Email

tomsladek@aol.com

Daytime Phone:

920-499-7701

**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.

GAB-2L (Rev. 04/14)    This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**FRIENDS OF TOM SLADEK**

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
8/6/14	TOM SLADEK 2634 SEQUOIA LANE GREEN BAY, WI 54313	RETIRED	50.00	50.00
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

<b>SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE</b>	\$ 50.00
<b>TOTAL ITEMIZED CONTRIBUTIONS</b>	\$ 50.00
<b>TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS</b>	\$ —
<b>TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS</b>	\$ 50.00

**SCHEDULE 2-A**

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name  
FRIENDS OF TOM SLADEK

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
7/31/14	NORTH SHORE BANK 15700 W. BLUEMOUND RD. BROOKFIELD, WI 53005 Check if: <input type="checkbox"/> In-Kind Offset	BANK SERVICE FEE	6.00
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$	6.00
TOTAL ITEMIZED EXPENDITURES	\$	6.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$	—
TOTAL EXPENDITURES	\$	6.00