

**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.

COMMITTEE IDENTIFICATION

Name of Committee

THOMAS G. SLADEK

Street Address

2634 SEQUOIA LANE

City, State and Zip Code

GREEN BAY, WI 54313

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7-20-12
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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 _____ Pre-Primary _____ Spring _____ Fall _____ Special _____
 July Continuing 2012 Pre-Election _____ Spring _____ Fall _____ Special _____

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1509.95	\$ 1509.95
1B. Contributions from Committees (Transfers-In)	\$ 325.00	\$ 325.00
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1834.95	\$ 1834.95

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 1788.49	\$ 1788.49
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A. and 2B)	\$ 1788.49	\$ 1788.49

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 1834.95
Subtotal	\$ 1834.95
Total Disbursements	\$ 1788.49
CASH BALANCE END OF REPORT	\$ 46.46
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

Thomas G. Sladek

Date: 7-20-12

Daytime Phone: 9204997701

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.

Complete Committee Name

THOMAS G. 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
2/10/12	MARK CACCIATORE 5118 MOSEER LN PERRYSBURG, OH 43551		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/15/12	RICHARD CARLSTEDT 1640 DANCING DUNES DR GREEN BAY, WI 54313		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/11/12	RON ERICKSON 2066 SOUTH POINT RD GREEN BAY, WI 54313		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/12/12	RODNEY L. GOLDHAHN 310 TRADERS POINT LN GREEN BAY, WI 54302		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/10/12	CHARLES L. JOHNSON 2120 GREENLEAF RD DEPERE, WI 54115		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/16/12	GERALD C. LORITZ 1036 HIGHLAND SPRINGS CT ONEIDA, WI 54155		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/16/12	LARRY MASTALISH 322 HEIDELBERG GREEN BAY, WI 54302		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/123/12	DAVID M. NELSON 425 SCOTT DR. GREEN BAY, WI 54303		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 320.00

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Complete Committee Name
THOMAS G. 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
1/27/12	DAVID M. NELSON 425 SCOTT DR GREEN BAY, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		50.00	100.00
2/10/12	DOUGLAS SHELTON 19 LILAC LN DANBURY, CT 06810 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		100.00	100.00
1/13/12	THOMAS SLADEK 2634 SEQUOIA LN GREEN BAY, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	RETIRED	100.00	100.00
3/12/12	THOMAS SLADEK 2634 SEQUOIA LN GREEN BAY, WI 54313 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	RETIRED	798.95	898.95
4/12/12	THOMAS SLADEK 2634 SEQUOIA LN GREEN BAY, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	RETIRED	50.00	948.95
1/23/12	JERRY SLAVIK 4292 STAGECOACH RD. GREEN BAY, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		20.00	20.00
3/13/12	DAVID DILLENBURG 1520 WOODLAND DR HOBART, WI 54313 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		21.00	21.00
1/1				

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1139.95

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1459.95

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ 50.00

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1509.95

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
THOMAS G. SLADEK

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
2/21/12	CONCERNED TAXPAYERS 310 TRADERS POINT LANE GREEN BAY, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	50.00	50.00
3/12/12	CONCERNED TAXPAYERS 310 TRADERS POINT LANE GREEN BAY, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	50.00	100.00
3/20/12	FRIENDS OF CAROL 11320 N. CRESTVIEW DR FOUNTAIN HILLS, AZ 85268 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	100.00	100.00
4/2/12	FRIENDS OF CAROL 11320 N. CRESTVIEW DR FOUNTAIN HILLS, AZ 85268 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	75.00	175.00
2/11/12	TAXPAYERS FOR LASEE 830 SPRING HILLS CT. DE PERE WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	50.00	50.00
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
/ /	Full Name of Committee, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 325.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 325.00	

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
THOMAS G. 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
211112	BADGERLAND PRINTING 610 GEORGE ST. DE PERE, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING	71.74
218112	U.S. POSTMASTER 300 PACKERLAND DR GREEN BAY, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	POSTAGE	45.00
215112	BRIAN VERHEYDEN 1108 DOWNER ST. GREEN BAY, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	VETER LISTS	60.00
318112	BADGERLAND PRINTING 610 GEORGE ST. DE PERE, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING	71.74
3112112	AD/SMITH INC. 3039 JOY LANE GREEN BAY, WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	GRAPHIC ART SERVICES	65.00
3115112	VALLEY SCREEN PRINT, INC. 951 W. BROADWAY DR APPLETON, WI 54913 Check if: <input type="checkbox"/> In-Kind Offset	SIGNS	236.30
3124112	BADGERLAND PRINTING 610 GEORGE ST. DE PERE, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING	36.93
3128112	BADGERLAND PRINTING 610 GEORGE ST. DE PERE, WI 54115 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING	226.83
412112	DAVE DILLENBURG 1520 WOODLAND DR. HO-BART, WI 54813 Check if: <input type="checkbox"/> In-Kind Offset	RADIO ADS (REIMBURSEMENT)	155.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 968.54

TOTAL ITEMIZED EXPENDITURES \$

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

THOMAS G. 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
3 / 30 / 12	DAVID DILLENBURG 1520 WOODLAND DR HOBART, WI 54313 Check if: <input checked="" type="checkbox"/> In-Kind Offset	RADIO ADS	21.00
3 / 29 / 12	THOMAS SLADEK 2634 SEQUOIA LANE GREEN BAY, WI 54313 Check if: <input checked="" type="checkbox"/> In-Kind Offset	POSTAGE AND ENVELOPES	798.95
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 819.95
TOTAL ITEMIZED EXPENDITURES			\$ 1788.49
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ —
TOTAL EXPENDITURES			\$ 1788.49