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- 7-18-13 AR

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: THOMAS G. SLADEK

Street Address: 2634 SEQUOIA LANE

City, State and Zip Code: GREEN BAY, WI 54313

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 2013 ☐ 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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 10.00	$ 10.00
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)	$ 10.00	$ 10.00
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 0	$ 0
2B. Contributions to Committees (Transfers-Out)	$ 0	$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 0	$ 0

CASH SUMMARY	
Cash Balance Beginning of Report	$ 34.46
Total Receipts	$ 10.00
Subtotal	$ 44.46
Total Disbursements	$ 0
CASH BALANCE END OF REPORT	$ 44.46
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	Signature of Candidate or Treasurer	Date: 7-17-13
THOMAS G. SLADEK	[signature]	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.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) 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
1/25/13	THOMAS G. SLADEK 2634 SEQUOIA LN. GREEN BAY, WI 54313 Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:	$10.00	$10.00
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		
/ /	Check if: ☐ In-Kind ☐ Loan ☐ Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 10.00
TOTAL ITEMIZED CONTRIBUTIONS	$ 10.00
TOTAL UNITEMIZED CONTRIBUTIONS $20 OR LESS	$ —
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 10.00