

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Recd 7/15/14 kak

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 SLABEK

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 Pre-Primary Spring Fall Special
 July Continuing *2014* 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	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 0
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 6.00	\$ 6.00
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 6.00	\$ 6.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 104.46
Total Receipts	\$ —
Subtotal	\$ 104.46
Total Disbursements	\$ 6.00
CASH BALANCE END OF REPORT	\$ 98.46
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: <i>7-8-14</i>
<i>THOMAS G. SLABEK</i>	<i>[Signature]</i>	
	Email: <i>tom.sladek@aol.com</i>	Daytime Phone: <i>9204997701</i>

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
FRIENDS OF TOM SLADEK

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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
6/30/14	NORTH SHORE BANK 15700 W. BLUEMOUND RD. BROOKFIELD, WI 53005	BANK SERVICE FEE	6.00
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SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 6.00
TOTAL ITEMIZED EXPENDITURES	\$ 6.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ —
TOTAL EXPENDITURES	\$ 6.00