

**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.

MILWAUKEE COUNTY
ELECTION COMMISSION

2014 JUL 21 A 11:29

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OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee
FRIENDS OF SUPERVISOR RICARDO H. BUSSLER

Street Address
2207 No. 65th St.

City, State and Zip Code
WAUWATOSA WI 53213-2035

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 **'14** 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	\$ 1.00	\$ 1.00
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$ 1.81	\$ 1.81
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 2.81	\$ 2.81

2. DISBURSEMENTS

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

CASH SUMMARY

Cash Balance Beginning of Report	\$ 19,160.07
Total Receipts	\$ 2.81
Subtotal	\$
Total Disbursements	\$
CASH BALANCE END OF REPORT	\$ 19,162.88
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 RICHARD H. BUSSLER	Signature of Candidate or Treasurer <i>Richard H. Bussler</i>	Date: 7/17/14	Daytime Phone: 414-771-6638
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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.

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

Complete Committee Name
FRIENDS OF SUPERVISOR RICHARD H. BUSSLER

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Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
12/31/13 to 6/30/14	FOCUS CREDIT UNION 1530 N. 68TH ST. WILKINSON MI 49213	EARNED INTEREST	1.81
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SUBTOTAL OTHER INCOME THIS PAGE \$ **1.81**

TOTAL ITEMIZED OTHER INCOME \$

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS \$

TOTAL OTHER INCOME \$ **1.81**