

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

7-1-12 to 12-31-12
MILWAUKEE COUNTY
ELECTION COMMISSION
2013 JAN 30 P 3 26
RECEIVED
OFFICE USE ONLY

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 RUSSELL STAMPER II**
Street Address: **2437 N SHERMAN BL**
City, State and Zip Code: **MILWAUKEE, WI 53210**

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 2013 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

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ -	\$ 13,132.47
1B. Contributions from Committees (Transfers-In)	\$ -	\$ 937.32
1C. Other Income and Commercial Loans	\$ -	\$ 295.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 14,364.79

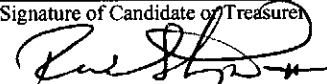
2. DISBURSEMENTS

2A. Gross Expenditures	\$ 18.00	\$ 19,816.54
2B. Contributions to Committees (Transfers-Out)	\$ -	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 18.00	\$ 19,816.54

CASH SUMMARY

Cash Balance Beginning of Report	\$ 73.24
Total Receipts	\$ 0
Subtotal	\$ 71.24
Total Disbursements	\$ 18.00
CASH BALANCE END OF REPORT	\$ 53.24
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ 10,1080.00

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 RUSSELL STAMPER II	Signature of Candidate or Treasurer 	Date: 1-30-13
		Daytime Phone: 414 793 8670

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.

**RECEIPTS
Contributions (Including Loans) From Individuals**

Complete Committee Name

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
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

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
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$	

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount

SUBTOTAL OTHER INCOME THIS PAGE	\$
TOTAL ITEMIZED OTHER INCOME	\$
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$
TOTAL OTHER INCOME	\$

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
FRIENDS OF RUSSELL STAMPER II

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
7/27/12	GUARANTY BANK 544 E. OLDFEN AVE. SUITE 800 MILWAUKEE, WI 53202 Check if: <input type="checkbox"/> In-Kind Offset	RESEARCH / COPY FEE WITHIN BANK	\$ 18.00
/ /	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
/ /	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			\$ 18.00
TOTAL ITEMIZED EXPENDITURES			\$ 18.00
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 18.00
TOTAL EXPENDITURES			\$ 18.00

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name

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

Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, Mailing Address and Zip Code Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	Amount	Calendar Year-To-Date Total
Date / /	Full Name, 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-Out) THIS PAGE

\$

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES

\$

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name

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

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	\$
TOTAL ITEMIZED OBLIGATIONS	\$
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$
TOTAL INCURRED OBLIGATIONS	\$

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name

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

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$