

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

3-19-13 to 6-30-13
MILWAUKEE COUNTY
ELECTION COMMISSION
2013 JUL 22 A 9:44
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 Staskunas

Street Address
2010 South 103rd Ct.

City, State and Zip Code
West Allis, Wi. 53227

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

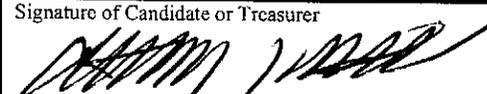
SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$ 580	\$ 4,970
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 752
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 580	\$ 5,722
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 10,882.27	\$ 23,910.13
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 10,882.27	\$ 23,910.13

CASH SUMMARY

Cash Balance Beginning of Report	\$ 10,401.06
Total Receipts	\$ 580
Subtotal	\$ 10,981.06
Total Disbursements	\$ 10,882.27
CASH BALANCE END OF REPORT	\$ 98.79
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	----
LOANS (Balance at the Close of This Period-3B)	\$ 1,000

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 ANTHONY J STASKUNAS	Signature of Candidate or Treasurer 	Date: 7-9-13
		Daytime Phone: 414-541-9444

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.

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Staskunas

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
3/25/13	Brian+Julie Due S97W13260 Champions Muskego, Wi. 53150		50	50
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
3/25/13	Mary Ehm 9200 W. Layton Ave Greenfield, Wi. 53228		30	30
Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit		Conduit Name: _____		
3/25/13	Donald Kitten 10408 W. Coldspring Rd. Greenfield, Wi. 53228	Self Em. Real Estate 10408 W. Coldspring Greenfield, Wi. 53228	500	500
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

\$ 580

TOTAL ITEMIZED CONTRIBUTIONS

\$ 580

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$ ---

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 580

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Staskunas

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 / 19 / 13	USPS 11111 W. Oklahoma Ave. West Allis, Wi. 53227 Check if: <input type="checkbox"/> In-Kind Offset	postage	920
3 / 19 / 13	City of Franklin 9229 W. Loomis Rd. Franklin, Wi. 53132 Check if: <input type="checkbox"/> In-Kind Offset	Absentee List	9
3 / 22 / 13	SS Speedy 2256 S. 116th St. West Allis, Wi. 53227 Check if: <input type="checkbox"/> In-Kind Offset	mail prep.	875.10
3 / 26 / 13	Creative Graphics 8728 W. Greenfield Ave. West Allis, Wi. 53214 Check if: <input type="checkbox"/> In-Kind Offset	printing	578.69
3 / 26 / 13	Weber Printing 3048 N. 34th St. Milwaukee, Wi. 53210 Check if: <input type="checkbox"/> In-Kind Offset	printing	363.26
3/29/13 3 / 29 / 13	SS Speedy 2256 S. 116th St. West Allis, Wi. 53227 Check if: <input type="checkbox"/> In-Kind Offset	mail prep.	3,080.42
4 / 4 / 13	Weber Printing 3048 N. 34th St. Milwaukee, Wi. 53210 Check if: <input type="checkbox"/> In-Kind Offset	printing	4,031.80
4 / 9 / 13	Ritch Williams 615 W. Main St. #305 Madison, Wi. 53708 Check if: <input type="checkbox"/> In-Kind Offset	database and mailing prep	1,000
5 / 3 / 13	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094 Check if: <input type="checkbox"/> In-Kind Offset	service charge	12
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 10,870.27
TOTAL ITEMIZED EXPENDITURES			\$ 10,882.27
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ ----
TOTAL EXPENDITURES			\$ 10,882.27

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Staskunas

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
6 5 13	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094 Check if: <input type="checkbox"/> In-Kind Offset	service charge	12
/ /	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			\$ 12 x 12
TOTAL ITEMIZED EXPENDITURES			\$ 10,882.27
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ -----
TOTAL EXPENDITURES			\$ 10,882.27

SCHEDULE 3-B

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of Staskunas

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
10/30/2002	Anthony J. Staskunas 2010 S. 103rd Ct. West Allis, Wi. 53227	1,000.00	-	-	1,000.00

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
/ /					

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

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	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$
TOTAL OUTSTANDING LOANS \$