

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

2014 JUL 15 A 11:37

COMMITTEE IDENTIFICATION

Name of Committee: Friends of Staskunas

Street Address: 2010 South 103rd Ct.

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

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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

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 0
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$.28	\$.28
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$.28	\$.28

2. DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
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	\$ 1,072.65
Total Receipts	\$.28
Subtotal	\$ 1,072.93
Total Disbursements	\$ 0
CASH BALANCE END OF REPORT	\$ 1,072.93
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ --
LOANS (Balance at the Close of This Period-3B)	\$ 1,700

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
[Signature]

Date: 7/14/14
Daytime Phone: 541-9440

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. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

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 Source of Income	Type of Income	Amount
1 / 3 / 14	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.05
2 / 5 / 14	BMO Harris Bank R. O. Box 60094 94033 Palatine, Il. 60094	interest	.05
3 / 5 / 14	BMO Harris Bank P.O. Box 94033 Palatine , Il. 60094	interest	.04
4 / 4 / 14	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.05
5 / 5 / 14	BMO Harris Bank P.O. Box 94033 Palatine, Il. 60094	interest	.04
6 / 5 / 14	BMO Harris Bank P.O. box 94033 Palatin, Il. 60094	interest	.05
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SUBTOTAL OTHER INCOME THIS PAGE	\$.28
TOTAL ITEMIZED OTHER INCOME	\$.28
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS	\$ --
TOTAL OTHER INCOME	\$.28

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
8 26 13	Anthony J. Staskunas 2010 South 103rd Ct. West Allis, Wi. 53227	1,000	700	0	1,700

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 \$ 700

TOTAL OUTSTANDING LOANS \$ 1,700