

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

MILWAUKEE COUNTY
ELECTION COMMISSION

2015 JUL 21 P 1:03

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OFFICE USE ONLY

GAB ID Number: 0501275

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee
CRG Network

Street Address
9272 N Thrush Ln

City, State and Zip Code
Bayside, WI 53217

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

REPORT PERIOD

January Continuing _____ Pre-Primary _____ Spring Fall Special Termination Report
 July Continuing 2015 Pre-Election _____ *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 | \$0 | \$0 |
| 1B. Contributions from Committees (Transfers-In) | \$0 | \$0 |
| 1C. Other Income and Commercial Loans | \$0 | \$0 |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$0 | \$0 |

2. DISBURSEMENTS

| | | |
|--|-----------|-----------|
| 2A. Gross Expenditures | \$ 129.70 | \$ 129.70 |
| 2B. Contributions to Committees (Transfers-Out) | \$ 100.00 | \$ 100.00 |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 229.70 | \$ 229.70 |

CASH SUMMARY

| | |
|---|---------------|
| Cash Balance Beginning of Report | \$ \$2,265.29 |
| Total Receipts | \$0 |
| Subtotal | \$ \$2,265.29 |
| Total Disbursements | \$ 229.70 |
| CASH BALANCE END OF REPORT | \$ 2035.59 |
| 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 C. A. Kliesmet | Signature <i>Chris Kliesmet</i> | Date: 7/16/15 |
| | Email Address: ckliesmet@wi.rr.com | Daytime Phone: 414-429-9501 |

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-2S (Rev 04/2014)

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name
CRG Network PAC, GAB ID: 0501275

| Date | Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made | Specific Purpose of Expenditure | Amount | Office Use |
|---|--|---------------------------------|----------|------------|
| 2/16/2015 | Wisconsin GAB P.O. Box 7984 Madison, WI 53707-7984 Check if: <input type="checkbox"/> In-Kind | Filing Fee | \$100.00 | |
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | | | \$100.00 | |
| TOTAL ITEMIZED EXPENDITURES | | | \$100.00 | |
| TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS | | | \$29.70 | |
| TOTAL EXPENDITURES | | | \$129.70 | |

DISBURSEMENTS
Contributions to Committees
(Transfers-Out)

Complete Committee Name
CRG Network PAC, GAB ID: 0501275

| Date | Full Name, Mailing Address and Zip Code | Amount | Calendar YTD Total | Office Use |
|---|---|----------|--------------------|------------|
| 1/7/2015 | Friends of Bob Donovan PO Box 70019 Milwaukee, WI 70019 Check if: <input type="checkbox"/> In-Kind | \$100.00 | \$100.00 | |
| SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE | | \$100.00 | | |
| TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES | | \$100.00 | | |