

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

MILWAUKEE COUNTY  
ELECTION COMMISSION

Is This Report an Amendment:     Yes             No

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

2015 JUL 16 P 1:38

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Staskunas

Street Address

2010 South 103rd Ct.

City, State and Zip Code

West Allis, Wi. 53227

RECEIVED

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 2015     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

\$ --

\$ --

1B. Contributions from Committees (Transfers-In)

\$ --

\$ --

1C. Other Income and Commercial Loans

\$ .28

\$ .28

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ .28

\$ .28

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 0

\$ 0

2B. Contributions to Committees (Transfers-Out)

\$

\$

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 0

\$ 0

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 1,073.20

Total Receipts

\$ .28

Subtotal

\$ 1,073.48

Total Disbursements

\$ 0

**CASH BALANCE END OF REPORT**

\$ 1,073.48

**INCURRED OBLIGATIONS**

(Balance at the Close of This Period-3A)

\$ --

**LOANS** (Balance at the Close of This Period-3B)

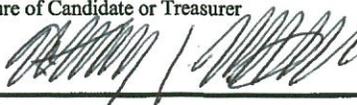
\$ 1,700

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



Date:

7-15-15

Email

Daytime Phone:

261-0944

**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 / 5 / 15	BMO Harris Bank P.O. Box <del>60094</del> 94033 Palatine, IL. 60094	interest	.05
2 / 5 / 15	BMO Harris Bank P.O. Box 94033 Palatine, IL. 60094	interest	.05
3 / 5 / 15	BMO Harris Bank P.O. Box 94033 Palatine, IL. 60094	interest	.04
4 / 3 / 15	BMO Harris Bank P.O. Box 94033 Palatine, IL. 60094	interest	.05
5 / 5 / 15	BMO Harris Bank P.O. Box 94033 Palatine, IL. 60094	interest	.04
6 / 5 / 15	BMO Harris Bank P.O. Box 94033 Palatine, IL. 60094	interest	.05
/ /			
/ /			
/ /			
/ /			
<b>SUBTOTAL OTHER INCOME THIS PAGE</b>			\$ .28
<b>TOTAL ITEMIZED OTHER INCOME</b>			\$ --
<b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b>			\$ --
<b>TOTAL OTHER INCOME</b>			\$ .28