

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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 Grant F. Langley

Street Address

P.O. Box 444

City, State and Zip Code

Menomonee Falls, Wisconsin 53052-0444

2013 JAN 28 PM 2:58
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 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	\$ 0.00	\$ 0.00
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 0.00

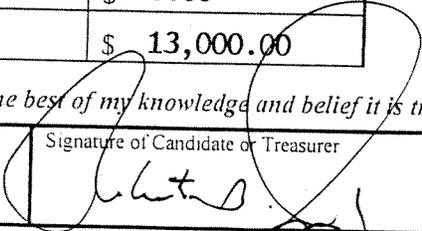
2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0.00	\$ 1,536.47
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0.00	\$ 1,536.47

CASH SUMMARY

Cash Balance Beginning of Report	\$ 2,377.49
Total Receipts	\$ 0.00
Subtotal	\$ 2,377.49
Total Disbursements	\$ 0.00
CASH BALANCE END OF REPORT	\$ 2,377.49
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 13,000.00

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 Robert G. Pyzyk, Treasurer	Signature of Candidate or Treasurer 	Date: 1/28/13
		Daytime Phone: 262-251-5330

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.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Grant F. Langley

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: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 0.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 0.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 0.00
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 0.00

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Grant F. Langley

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
Date / /	Full Name of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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 of Committee, 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-In) THIS PAGE		\$ 0.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 0.00	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Grant F. Langley

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
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
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	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 0.00

TOTAL ITEMIZED EXPENDITURES \$ 0.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ 0.00

TOTAL EXPENDITURES \$ 0.00

SCHEDULE 3-A

ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans

Complete Committee Name
Friends of Grant F. Langley

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)					
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	\$ 0.00

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
Friends of Grant F. Langley

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

Date 7 / 1 / 09	Full Name, Mailing Address and Zip Code of Loan Source Grant F. Langley 12208 W. Douglas Avenue Milwaukee, WI 53225	Outstanding Balance Beginning of This Period 13,000.00	New Loans This Period 0.00	Cumulative Payments This Period 0.00	Outstanding Balance End of This Period 13,000.00
	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
	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 \$ **13,000.00**

TOTAL OUTSTANDING LOANS \$ **13,000.00**