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City Clerk's Office

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.

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee: Small 4 Tosa

Street Address: 4249 N 99th St.

City, State and Zip Code: Wauwatosa, WI 53222

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 _____
☒ July Continuing 2026 ☐ Spring ☐ Fall ☐ Special
☐ September Continuing _____ ☐ Pre-Election _____

☐ Termination Report *attach CF-13, Termination Request*

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 96.50	$ 740
1B. Contributions from Committees (Transfers-In)	$	$
1C. Other Income and Commercial Loans	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 96.50	$ 740
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 347.05	$ 618.24
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 350.55	$ 618.24

CASH SUMMARY	
Cash Balance Beginning of Report	$ 468.81
Total Receipts	$ 100.00
Subtotal	$
Total Disbursements	$ 350.55
CASH BALANCE END OF REPORT	$ 218.26
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: Scott Gall

Signature of Candidate or Treasurer: Scott Gall Date: 7/14/26

Email: Small4tosa@gmail.com Daytime Phone: 920 342 1128

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.1400, 11.1401, Wis. Stats.

SCHEDULE 1-A

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name
Small 4 Tosa

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

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds $200)	Amount of Contribution	Y-T-D Total
4/7/26	James Greer Black 2637 North Maryland Ave, 2 Milwaukee, WI 53211 Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#		100	100
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	$ 100	
TOTAL ITEMIZED CONTRIBUTIONS	$ 100	
TOTAL ANONYMOUS CONTRIBUTIONS $10 OR LESS	$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	$ 100	

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	Check if: ☐ In-Kind ☐ Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	$
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	$

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

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

SUBTOTAL OTHER INCOME THIS PAGE	$
TOTAL ITEMIZED OTHER INCOME	$
TOTAL OTHER INCOME	$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name: Small 4 Tosa

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
4/7/26	Act Blue PO Box 962017 Boston, MA 02196 Check if: ☐ In-Kind Offset	Contribution charges	3.50
4/1/26	Office Max Wauwatosa, WI Check if: ☐ In-Kind Offset	Supplies for mailing	56.12
4/3/26	United States Postal Service Butler, WI Check if: ☐ In-Kind Offset	Stamps for mailing	156.00
3/27/26	Printplace 8000 Haskell Ave Van Nuys CA 91406 Check if: ☐ In-Kind Offset	Campaign printed materials and advertisments	134.93
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		
	Check if: ☐ In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	$ 350.55
TOTAL ITEMIZED EXPENDITURES	$ 350.55
TOTAL UNITEMIZED EXPENDITURES	$
TOTAL EXPENDITURES	$ 350.55

Campaign Finance Report—Statement of No Activity

State of Wisconsin

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION

A1. Name of Committee/Conduit (in full)
Friends of Krista LaFave

A2. Committee/Conduit ID Number (if applicable)	A3. Email	A4. Phone
	kristaforjudge@gmail.com	414-305-8650

A5. Mailing Address	A6. City	A7. State	A8. Zip
2577 N. 69th St.	Wauwatosa	WI	53213

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)

- ☐ January Continuing
- ☑ July Continuing
- ☐ Spring Pre-Primary
- ☐ Spring Pre-Election
- ☐ Fall Pre-Primary
- ☐ September
- ☐ Fall Pre-Election
- ☐ Special Pre-Primary
- ☐ Special Pre-Election
- ☐ Special Post-Election

B2. Special Election Date (if applicable)

Reporting Period

The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1.

Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar

B3. Reporting Period Start Date
1/1/2026

B4. Reporting Period End Date
6/30/2026

Party and Legislative Campaign Committees Only

B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)

- ☑ General Fund
- ☐ Segregated Fund

SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)

Filing Exemption

Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding $2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the $2,500 aggregate activity threshold, amends its registration, or is terminated.

C1. Exemption Request and Affirmation

- ☑ Yes, this registrant is eligible for exemption.
- ☐ No, this registrant is not requesting exemption

SECTION D: CERTIFICATION

I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).

Authorized Representative

D1. Printed Name	D2. Signature	D3. Date
Jeanne Sidner	Jeanne Sidner	7/14/2026