

**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.

MILWAUKEE COUNTY  
ELECTION COMMISSION

2012 JAN 30 A 11:41

**RECEIVED**

**OFFICE USE ONLY**

**COMMITTEE IDENTIFICATION**

Name of Committee

FRIENDS OF A T BUFORD

Street Address

6947 NORTH 84TH STREET

City, State and Zip Code

MILWAUKEE, WISCONSIN 53224

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     Pre-Election     Spring     Fall     Special

Termination Report  
also complete Schedule 4

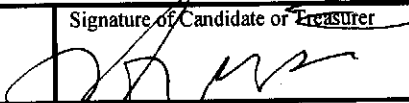
**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

	Column A This Period	Column B Calendar Year-To-Date
<b>1. RECEIPTS</b>		
1A. Contributions (Including Loans) from Individuals	\$ 100.00	\$ 100.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 100.00	\$ 100.00
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ 0	\$ 0
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 0	\$ 0

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 100
Subtotal	\$ 100
Total Disbursements	\$ 0
<b>CASH BALANCE END OF REPORT</b>	\$ 100
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

*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 <b>NICOLE M. BROOKSHIRE</b>	Signature of Candidate or Treasurer 	Date: <b>JANUARY 30, 2012</b> Daytime Phone: 414-839-6034
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**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. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

**Contributions (Including Loans) From Individuals**

Complete Committee Name  
**FRIENDS OF A T BUFORD**

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
12/20/11	<b>ADOBOLIA T BUFORD 6947 N. 84TH STREET MILWAUKEE, WI 53224</b>	<b>JAG PROGRAM SPECIALIST MILWAUKEE URBAN LEAGUE 435 W. NORTH AVENUE MILWAUKEE, WI 53212</b>	<b>100.00</b>	<b>100.00</b>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		
/ /	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: _____		
/ /	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: _____		
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
/ /	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: _____		

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$

**TOTAL ITEMIZED CONTRIBUTIONS**

\$

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

\$

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$