

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

7-1-11 to 12-31-11

Is This Report an Amendment:  Yes  No

MILWAUKEE COUNTY  
ELECTION COMMISSION

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

**COMMITTEE IDENTIFICATION**

2012 JAN 31 P 3:47

Name of Committee  
**FRIENDS of MICHAEL MAYO**

RECEIVED  
OFFICE USE ONLY

Street Address  
**3150 N. 50<sup>th</sup> ST.**

City, State and Zip Code  
**MILWAUKEE, WI 53210**

WSEB ID Number:

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 2011  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	Audited Totals Office Use Only	
<b>1. RECEIPTS</b>				
1A. Contributions (Including Loans) from Individuals	\$ 576.00	\$ 9,339.00	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$ 100.00	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>	<b>\$ 576.00</b>	<b>\$ 9,439.00</b>	<b>\$</b>	<b>\$</b>
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$ 158.00	\$ 1,015.40	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$ -	\$ -	\$	\$
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	<b>\$ 158.00</b>	<b>\$ 1,015.40</b>	<b>\$</b>	<b>\$</b>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 8,334.65	\$
Total Receipts	\$ 576.00	\$
Subtotal	\$ 8,910.65	\$
Total Disbursements	\$ 158.00	\$
<b>CASH BALANCE END OF REPORT</b>	<b>\$ 8,752.65</b>	<b>\$</b>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ -	\$
LOANS (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>KENNETH F. LITTLE-TREASURER</b>	Signature of Candidate or Treasurer <i>Kenneth F. Little</i>	Date: <b>1/30/12</b>
	<i>Treasurer</i>	Daytime Phone: <b>(414) 745-9836</b>

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.

RECEIPTS  
Contributions (Including Loans) From Individuals

Complete Committee Name  
**FRIENDS of MICHAEL MAYO**

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
1 / 1	MARK WADE 2072 CENTER ST. MILWAUKEE, WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	OWNER MARK II PAR 5300 S. HOWELL MILWAUKEE, WI 532	\$ 476.00	\$ 476.00 Office Use
1 / 1	BRIAN C. RANDALL 330 E. KILBOURN AVE SUITE 1250 MILWAUKEE, WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit <input type="checkbox"/> Loan	ATTORNEY BRIAN C. RANDALL ATTORNEY AT LAW 330 E. KILBOURN AVE #1250 MILWAUKEE, WI 53202	\$ 100.00	\$ 100.00 Office Use
1 / 1				
1 / 1				
1 / 1				
1 / 1				
1 / 1				
1 / 1				
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 576.00	\$ 576.00
TOTAL ITEMIZED CONTRIBUTIONS			\$ 576.00	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$ -	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 576.00	

**DISBURSEMENTS**  
Gross Expenditures

Complete Committee Name  
**FRIENDS OF MICHAEL MAYD**

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	Office Use
9/8/11	MICHAEL MAYD, SR. 3150 N. 50th ST MILWAUKEE, WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	LOAN - REPAY	\$ 153.00	
9/8/11	MARK WADIS 2072 W. CENTER ST MILWAUKEE, WI 53212 Check if: <input type="checkbox"/> In-Kind Offset	REIMBURSE OVER PAYMENT OF CONTRIBUTION	\$ 5.00	
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount	Office Use

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 158.00

TOTAL ITEMIZED EXPENDITURES \$ 158.00

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ -

TOTAL EXPENDITURES \$ 158.00

**SCHEDULE 3-E**

**ADDITIONAL DISCLOSURE**  
Contributions Returned to Contributor

Complete Committee Name  
**FRIENDS of Michael MAHD**

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

Date of Original Contribution	Name and Address of Contributor	Amount Returned
	MARK WADE 2072 WILKINSON ST. MILWAUKEE, WI 53212	\$5.00
<b>SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS</b>		<b>\$ 5.00</b>
<b>TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS</b>		<b>\$ -</b>
<b>TOTAL RETURNED CONTRIBUTIONS</b>		<b>\$ 5.00</b>

**SCHEDULE 3-F**

**ADDITIONAL DISCLOSURE**  
Contributions Donated to Charity or Common School Fund

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

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
<b>SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS</b>			<b>\$</b>
<b>TOTAL DONATED CONTRIBUTIONS</b>			<b>\$</b>

**ADDITIONAL DISCLOSURE**  
Loans  
Individual, Committee or Commercial

Complete Committee Name  
**FRIENDS of MICHAEL MAYD**

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

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
/ /	MICHAEL MAYD 3156 N. 50TH ST. MILW. WI 53210	\$ 153.00	Ø	\$ 153.00	Ø

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 \$

<b>SUBTOTAL OUTSTANDING LOANS THIS PAGE</b>	\$
<b>TOTAL OUTSTANDING LOANS</b>	\$