CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN

MILWAUKEE COUNTY ELECTION COMMISSION
2012 MAR 22 A 11: 34
RECEIVED

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
FRIENDS OF A T BUFORD

Street Address
6947 N. 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
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	$ 0	$ 1336.16
1B. Contributions from Committees (Transfers-In)	$	$
1C. Other Income and Commercial Loans	$	$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	$ 0	$ 1336.16
2. DISBURSEMENTS		
2A. Gross Expenditures	$ 445.00	$ 1336.16
2B. Contributions to Committees (Transfers-Out)	$	$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	$ 445.00	$ 1336.16

CASH SUMMARY

Cash Balance Beginning of Report	$ 445.00
Total Receipts	$ 0
Subtotal	$ 445.00
Total Disbursements	$ 445.00
CASH BALANCE END OF REPORT	$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	$ 0
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	Signature of Candidate or Treasurer	Date:
NICOLE M BROOKSHIRE		Daytime Phone:

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

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 Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
02/28/12	M&J STUDIOS 1704 E MENLO BLVD SHOREWOOD, WI 53211 Check if: ☐ In-Kind Offset	PROFESSIONAL PHOTO FOR CAMPAIGN LITERATURE	105.00
02/28/12	RICHARD BADGER 130W OAKLEAF DR #11 OAK CREEK, WI 53154 Check if: ☐ In-Kind Offset	CONTRACT PAYMENT	138.50
02/28/12	NICOLE BROOKSHIRE 8019 W MARION STREET MILW, WI 53222 Check if: ☐ In-Kind Offset	CONTRACT PAYMENT	138.50
02/28/12	NORTHSHORE BANK Check if: ☐ In-Kind Offset	BANK ACCOUNT FEES	58.00
/ /	Check if: ☐ In-Kind Offset		
/ /	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	$ 445.00
TOTAL ITEMIZED EXPENDITURES	$ 445.00
TOTAL UNITEMIZED EXPENDITURES $20 OR LESS	$
TOTAL EXPENDITURES	$ 445.00

SCHEDULE 4

TERMINATION REQUEST

Complete Committee Name

FRIENDS OF A T BUFORD

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations with the Board, including settlement offers, fulfilled before termination can be granted. All records must be maintained until termination is granted.

DISPOSAL OF RESIDUAL FUNDS

THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-F FUND OR 2-B

Date	Recipient	Amount
03/20/2012	N/A - ACCOUNT HAS NO RESIDUAL FUNDS REMAINING	0

LOAN OR DEBT FORGIVENESS

I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date