

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

2-7-12 to 3-19-12

Is This Report an Amendment:  Yes  No

MILWAUKEE COUNTY  
ELECTION COMMISSION

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

2012 MAR 26 P 2:40

**COMMITTEE IDENTIFICATION**

Name of Committee  
*FRIENDS OF MICHAEL BROX*

Street Address  
*3320 W. HADLEY STREET*

City, State and Zip Code  
*MILWAUKEE WI 53210*

RECEIVED *JCW*  
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  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	\$ <i>1290</i>	\$ <i>875.00</i>
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ <i>1290</i>	\$ <i>875.00</i>
<b>2. DISBURSEMENTS</b>		
2A. Gross Expenditures	\$ <i>260</i>	\$ <i>875.00</i>
2B. Contributions to Committees (Transfers-Out)	\$ <i>930</i>	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ <i>1163</i>	\$ <i>875.00</i>

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ <i>27.00</i>
Total Receipts	\$ <i>875.00</i>
Subtotal	\$
Total Disbursements	\$ <i>875.00</i>
<b>CASH BALANCE END OF REPORT</b>	\$ <i>27.00</i>
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$
<b>LOANS</b> (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 <i>MICHAEL BROX</i>	Signature of Candidate or Treasurer <i>Mr. Michael J Brox</i>	Date: <i>3.23.12</i>
		Daytime Phone: <i>(414) 748-1111</i>

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.

Complete Committee Name  
**FRIENDS OF MICHAEL BRAX**

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
2/13/12	KIETH CRAWLEY 3460 N. TEUTONIA 53206	DR. OF MEDICINE CLEVELAND OHIO	250.00	250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/14/12	MICHAEL BRAX 3320 W. HADLEY	TEACHER, 16 <sup>TH</sup> APPLETON TOOLS OF EMPOWERMENT	75.00	75.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/18/12	SARBJEET S. SANDHU, 8018 W. CAPITAL DR. MILWAUKEE, WI 53222	DR. OF MEDICINE 8018 W. CAPITAL DR MILW., WI 53222	150.00	150.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/13/12	DAVID E. OR NANCY R. GRUBER 7032 BELMONT LN FOX POINT, WI, 53217	DAVID GRUBER LAW OFFICES 100 E. WISCONSIN AVE MILW., WI	200.00	200.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
2/10/12	MR. & MRS PYLES 6700 W. TEUTONIA AVE MILW, WI 53202	McPYLES CORPORATION 6700 W. TEUTONIA AVE MILW., WI 53202	350.00	350.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
1/1				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$ 875

**TOTAL ITEMIZED CONTRIBUTIONS**

\$ 875

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

\$

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ 875

**DISBURSEMENTS  
Gross Expenditures**

Complete Committee Name

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
2/17/12	PAT MCKENNA UNION PRINTING 3036 S. 43rd STREET MILWAUKEE WI 53219 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING FLYERS / YARD SIGNS	200.00
2/17/12	MRS JUDY HAUN 5333 S. MERRILL (ADAMSON, WI) Check if: <input type="checkbox"/> In-Kind Offset	TRANSPORTATION	30.00
2/13/12	PAT MCKENNA 3060 S. 43rd ST. MILWAUKEE WI 53219 Check if: <input type="checkbox"/> In-Kind Offset	PRINTING / MAILING FLYERS	600.00
2/12/12	LEONARD BECK 1404 W. MINERAL 53209 Check if: <input type="checkbox"/> In-Kind Offset	LITERATURE DROP	45.00
/ /	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
/ /	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
/ /	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
/ /	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
/ /	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

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$ 875
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$ 875
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>	\$
<b>TOTAL EXPENDITURES</b>	\$ 875

**SCHEDULE 4**

**TERMINATION REQUEST**

Complete Committee Name

*FRIENDS OF MICHAEL BROX*

- 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 A AND OR 2 B.*

Date	Recipient	Amount

**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.

*Mr. Michael L. Brox*  
 \_\_\_\_\_  
 Signature of Candidate or Treasurer

*3.23.2012*  
 \_\_\_\_\_  
 Date