

**CAMPAIGN FINANCE REPORT  
STATE OF WISCONSIN**

1-1-12 to 2-6-12

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 FEB 13 P 2:55

Name of Committee

FRIENDS OF MICHAEL BROV

RECEIVED  
OFFICE USE ONLY

Street Address

3320 W. HADLEY

City, State and Zip Code

MILWAUKEE, WISCONSIN 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  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	\$ 1290	\$ 500	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
1C. Other Income and Commercial Loans	\$	\$	\$	\$
<b>TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)</b>	\$ 1290	\$ 1790	\$	\$
<b>2. DISBURSEMENTS</b>				
2A. Gross Expenditures	\$	\$ 100	\$	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
<b>TOTAL DISBURSEMENTS (Add totals from 2A and 2B)</b>	\$	\$ 100	\$	\$

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 736. <sup>06</sup>	\$
Total Receipts	\$ 1790	\$
Subtotal	\$	\$
Total Disbursements	\$ 1030	\$
<b>CASH BALANCE END OF REPORT</b>	\$ 760	\$
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	Signature of Candidate or Treasurer	Date: 2/13/12
MICHAEL BROV	Michael Brov	Daytime Phone: (414) 748-1111

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.

This form is prescribed by the State Elections Board P.O. Box 2973, Madison, WI 53701-2973, 608-266-8005 Fax:608-267-0500

**RECEIPTS**  
**Contributions (Including Loans) From Individuals**

Complete Committee Name

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 18 112	SARBJEET S. SANDHU 2818 W. CAPITOL DR MILWAU, WIS. 53222	M.D. CAPITOL PEDIATRIC CARE	150	150 Office Use
2 11 112	MR. & MRS PYLES 6737 N. TEBONIA AVE MILWAU, WIS 532	CEO McPYLES INC.	350	350 Office Use
1 1				
1 1				
1 1				
1 1				
1 1				
1 1				
1 1				
1 1				
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$	
TOTAL ITEMIZED CONTRIBUTIONS			\$ 500	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 500	

**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	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan ID#			
<b>SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE</b>		\$		
<b>TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES</b>		\$		

**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	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
/ /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
<b>SUBTOTAL OTHER INCOME THIS PAGE</b>			\$	
<b>TOTAL ITEMIZED OTHER INCOME</b>			\$	
<b>TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS</b>			\$	
<b>TOTAL OTHER INCOME</b>			\$	

**SCHEDULE 2-A**

**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	Office Use
2/13/12	CITY OF MILWAUKEE ELECTION COM 200 E. WATER STREET Check if: <input checked="" type="checkbox"/> In-Kind Offset	PRINTING	\$100. <sup>00</sup>	
2/14/12	MRS. JUDY HAUN VOLUNTEER Check if: <input checked="" type="checkbox"/> In-Kind Offset	TRANSPORTATION	20. <sup>00</sup>	
/ /	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	\$ 160	
TOTAL ITEMIZED EXPENDITURES	\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS	\$ 20	
TOTAL EXPENDITURES	\$ 120. <sup>00</sup>	