

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

7-1-12 to 12-31-12

Is This Report an Amendment:     Yes     No

MILWAUKEE COUNTY  
ELECTION COMMISSION

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

2013 JAN 23 A 11:19

**COMMITTEE IDENTIFICATION**

Name of Committee

*Friends of John Barrett*

Street Address

*334 N. 74th Street*

City, State and Zip Code

*Milw, WI 53213*

**RECEIVED**  
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 2013     Pre-Primary \_\_\_\_\_     Spring     Fall     Special  
 July Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_     Spring     Fall     Special

Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

1A. Contributions (Including Loans) from Individuals

Column A  
This Period

Column B  
Calendar  
Year-To-Date

\$ 0

\$ 0

1B. Contributions from Committees (Transfers-In)

\$ 0

\$ 0

1C. Other Income and Commercial Loans

\$ 0

\$ 0

**TOTAL RECEIPTS** (Add totals from 1A, 1B and 1C)

\$ 0

\$ 0

**2. DISBURSEMENTS**

2A. Gross Expenditures

\$ 3.00

\$ 3.00

2B. Contributions to Committees (Transfers-Out)

\$ 0

\$ 1,000.00

**TOTAL DISBURSEMENTS** (Add totals from 2A and 2B)

\$ 3.00

\$ 1,003.00

**CASH SUMMARY**

Cash Balance Beginning of Report

\$ 879.35

Total Receipts

\$ 0

Subtotal

\$ 879.35

Total Disbursements

\$ 3.00

**CASH BALANCE END OF REPORT**

\$ 876.35

**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

*Mark J. Maurer*

Signature of Candidate or Treasurer

*[Signature]*

Date: *1/21/2013*

Daytime Phone *(414) 305-3232*

**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.



**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

*N/A*

Complete Committee Name

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

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



**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
10/31/2012	Bank Bank 7540 W Capital Dr. M, W, WE 53216	Service Charge	\$3.00
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Check if: <input type="checkbox"/> In-Kind Offset		

<b>SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE</b>	\$ 3.00
<b>TOTAL ITEMIZED EXPENDITURES</b>	\$ 3.00
<b>TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS</b>	\$ 0
<b>TOTAL EXPENDITURES</b>	\$ 3.00



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

*N/A*

Complete Committee Name \_\_\_\_\_

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

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 \$

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Full Name, Mailing Address and Zip Code of Guarantor	Occupation
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	Amount Guaranteed Outstanding \$

**SUBTOTAL OUTSTANDING LOANS THIS PAGE** \$

**TOTAL OUTSTANDING LOANS** \$