

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

7-1-12 to 12-31-12
MILWAUKEE COUNTY
ELECTION COMMISSION

This Report an Amendment: Yes No

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

2013 JAN 31 P 4:33

COMMITTEE IDENTIFICATION

Name of Committee: **FRIENDS of MICHAEL MAYO**
Street Address: **3156 N. 50th ST.**
City, State and Zip Code: **MILWAUKEE, WI 53216**

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

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 1,025.00	\$ 15,845-
1B. Contributions from Committees (Transfers-In)	\$ -	\$ 800-
1C. Other Income and Commercial Loans	\$ -	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1,025.00	\$ 16,645

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 379.14	\$ 27,017.70
2B. Contributions to Committees (Transfers-Out)	\$ -	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 379.14	\$ 27,017.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ (952.04)
Total Receipts	\$ 1,025.00
Subtotal	\$ 172.96
Total Disbursements	\$ 379.14
CASH BALANCE END OF REPORT	\$ (206.18)
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 640.00

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 KENNETH F. LITTLE	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: 1/31/13
		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.

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
8/3/12	John VASSALLO 730 N. PLANKINTON AVE MILWAUKEE, WI 53203	RESTAURANT MOSTREET LLC 730 N. PLANKINTON AVE 108 MILWAUKEE, WI 53203	\$500.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
8/3/12	DEBRA A. STEPHENSON 730 N. PLANKINTON AVE SD MILWAUKEE, WI 53203	RESTAURANT MOSTREET LLC 730 N. PLANKINTON AVE SD MILWAUKEE, WI 53203	\$500.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/13/12	MACKIE WESTBROOK 839 N. MARSHALL ST. #10 MILWAUKEE, WI 53202		\$25.00	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
11/13/12	MICHAEL MAYO 3156 N. 5TH ST. MILWAUKEE, WI 53210		\$100.00	
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		
/ /				
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name:		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 1,125.00

TOTAL ITEMIZED CONTRIBUTIONS \$ 1,125.00

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$ 1,125.00

DISBURSEMENTS
Gross Expenditures

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 Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
10/28/12	ATTY	OFFICE PHONES 414-445-9630	\$200.00
	Check if: <input type="checkbox"/> In-Kind Offset		
10/26/12	WE ENERGIES	UTILITIES 4616 W. BULLWIGHS	\$54.14
	Check if: <input type="checkbox"/> In-Kind Offset		
10/26/12	UNION COPY CENTERS 3060 S. 43RD ST MILWAUKEE, WI 53219	CAMPAIGN MAILERS	\$125.00
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 379.14

TOTAL ITEMIZED EXPENDITURES \$ 379.14

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$ -

TOTAL EXPENDITURES \$ 379.14

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name
FRIENDS of Michael MAID

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
11/13/12	MICHAEL MAID 3156 N. SOUTH ST. MILWAUKEE, WI 53210	\$540.00	\$100.00	0	\$640.00

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
	Name and Address of Employer
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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 \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 640.00
TOTAL OUTSTANDING LOANS \$ 640.00