

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment:     Yes     No

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

MILWAUKEE COUNTY  
ELECTION COMMISSION

016 JUL 15 P 1:25

RECEIVED

OFFICE USE ONLY

**COMMITTEE IDENTIFICATION**

Name of Committee

Friends of Michael Mayo

Street Address

3156 N. 50TH ST

City, State and Zip Code

Milwaukee WI 53216

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 \_\_\_\_\_  
 July Continuing *2016*     Spring     Fall     Special  
 September Continuing \_\_\_\_\_     Pre-Election \_\_\_\_\_

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	\$ 3,065.00	\$ 15,065.00
1B. Contributions from Committees (Transfers-In)	\$ 810.00	\$ 1,310.00
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 3,875.00	\$ 16,375.00

**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 5,734.62	\$ 12,356.00
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 5,734.62	\$ 12,356.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 6,037.81
Total Receipts	\$ 3,875.00
Subtotal	\$ 9,912.81
Total Disbursements	\$ 5,734.62
<b>CASH BALANCE END OF REPORT</b>	\$ 4,178.19
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 1,940.00

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

Ronnie D. Hart

Signature of Candidate or Treasurer

Ronnie D. Hart

Date: 7-14-2016

Email rhart1654@att.net

Daytime Phone: 414-795-1049

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**Contributions (Including Loans) From Individuals**

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 Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/22/16	BARRY MANDEL 301 EAST ERIE STREET MILW, WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS OWNER	\$250 <sup>00</sup> / <sub>=</sub>	250 <sup>00</sup> / <sub>=</sub>
3/28/16	CHARLENE GRAY 3415 N. 5 <sup>th</sup> Str MILW, WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/29/16	LEONARD McGHEE 2633-43 <sup>rd</sup> STREET CALEDONIA, WI 53108 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	DIRECTOR/OWNER	\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/29/16	JOHN GROH 2708 South Howell MILWAUKEE, WI 53207 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/20/16	ROBERT DENROIK 4115 N. 141 <sup>st</sup> Str WAUWATOSA, WI 53222 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	DIRECTOR/UP.	\$150 <sup>00</sup> / <sub>=</sub>	150 <sup>00</sup> / <sub>=</sub>
3/17/16	KIMBERLY BORDS 4930 N. 67 <sup>th</sup> Str MILWAUKEE, WI 53218 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$25 <sup>00</sup> / <sub>=</sub>	25 <sup>00</sup> / <sub>=</sub>
3/17/16	MICHAEL GLABERE 3308 W. JUNEAU AVE MILW WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$20 <sup>00</sup> / <sub>=</sub>	20 <sup>00</sup> / <sub>=</sub>
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 645 <sup>00</sup> / <sub>=</sub>	645 <sup>00</sup> / <sub>=</sub>
TOTAL ITEMIZED CONTRIBUTIONS			\$ 645 <sup>00</sup> / <sub>=</sub>	645 <sup>00</sup> / <sub>=</sub>
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ —	—
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 645 <sup>00</sup> / <sub>=</sub>	645 <sup>00</sup> / <sub>=</sub>

**Contributions (Including Loans) From Individuals**

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 Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/17/16	WILLIAM ZAFFEROS 145 N. JACKSON ST #611 MILW, WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100 <sup>00</sup>	100 <sup>00</sup>
3/17/16	STEPHEN ADAMS 1733 W 17 <sup>th</sup> ST MILW, WI 53205 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100 <sup>00</sup>	100 <sup>00</sup>
3/17/16	EDWARD DESTAZER 2142 N. PALMER ST. MILW WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100 <sup>00</sup>	100 <sup>00</sup>
3/17/16	JAMES DESTAZER 7401 N. PIERROD RD MILW, WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100 <sup>00</sup>	100 <sup>00</sup>
3/13/16	SAVW WILLIAMS 9751 N. TERESA LA MILW WI 53224 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$100 <sup>00</sup>	100 <sup>00</sup>
3/17/16	MOIRA FITZGERALD 925 E WELLS ST #532 MILW WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	OWNER - FITZGERALD \$ ASSOC	\$200 <sup>00</sup>	200 <sup>00</sup>
3/12/16	MAC MAHMOUD MALAS W148N6912 TERRIWOOD DR MENDOMONEE FALL, WI 53051 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS OWNER	\$250 <sup>00</sup>	250 <sup>00</sup>
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 950 <sup>00</sup>	950 <sup>00</sup>
TOTAL ITEMIZED CONTRIBUTIONS			\$ 950 <sup>00</sup>	950 <sup>00</sup>
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ —	—
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 950 <sup>00</sup>	950 <sup>00</sup>

**Contributions (Including Loans) From Individuals**

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 Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/09/16	WILLIAM FINLAYSON M.D. 7320 N. PHEASANT LANE RIVER HILLS, WI 53217 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	
3/14/16	ROYER M BOMPHEG 7481 N. NAJAWO RD MILW WI 53217 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$60 <sup>00</sup>	
3/17/16	MAYHOUNA MONTA 1642 N. 16 <sup>th</sup> STR MILW, WI 53205 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$60 <sup>00</sup>	
3/19/16	PATRICK MCKENNA 5012 S MEADOW PARK LN GREENFIELD, WI #204 53220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	
3/21/16	DAVID DREW 7101 W. TRPDI AVE MILW WI 53220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	
3/16/16	WILLIE CHAMPLON 3739 W. 49 <sup>th</sup> STR MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	
3/15/16	LEONDA HOLMES 5909 W. 72 <sup>nd</sup> STR MILW, WI 53218 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 370<sup>00</sup> 370<sup>00</sup>

TOTAL ITEMIZED CONTRIBUTIONS

\$ 370<sup>00</sup> 370<sup>00</sup>

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 370<sup>00</sup> 370<sup>00</sup>

**SCHEDULE 1-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

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 Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/17/16	KEVIN Schloops 3675 S RIVERSHIRE DR. #8 GREENFIELD WI 53228 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/18/16	BRUCE COLBURN 3905 N. FARWELL AVE. MILW WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/17/16	VIOLA HAWKINS 6402 W. KEEFE AVE PKY MILW WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/17/16	JULIUS HOLBERTS 3819 N. 58 <sup>TH</sup> ST MILW, WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/17/16	EVAN GOYKE 2734 W. STATE STREET MILW, WI 53206 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/17/16	STEVEN KROLL 3310 W ARTHUR AVE MILW WI 53215 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
3/17/16	LAFAYETTE CRUMP ESQ 2442 N. 116 <sup>TH</sup> STR WAUWATOSA WI 53226 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup> / <sub>=</sub>	50 <sup>00</sup> / <sub>=</sub>
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 350	350
TOTAL ITEMIZED CONTRIBUTIONS			\$ 350	350
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ -	-
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 350	350

**Contributions (Including Loans) From Individuals**

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 Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/17/16	LOLETA SHERMAN 6700 N. 78 STR MILW WI 53223 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$30 <sup>00</sup>	30 <sup>00</sup>
3/17/16	CHARLES DAVIS 5431 W. GREEN TREE RD MILW WI 53223 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	50 <sup>00</sup>
3/17/16	Bill Stone 4677 N. 66 STR MILW WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$50 <sup>00</sup>	50 <sup>00</sup>
3/17/16	TRACEY DEW 2727 N. 56 <sup>th</sup> STR MILW WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$20 <sup>00</sup>	20 <sup>00</sup>
3/17/16	TAMMY WOODARD 7504 W. Willowbrook Ct MEQUON WI 53092 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$20 <sup>00</sup>	20 <sup>00</sup>
3/17/16	JEAN KIES 399 N. Kent Ave Whitefish Bay, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$40 <sup>00</sup>	40 <sup>00</sup>
3/17/16	DEAN MOORE 5643 N. 67 <sup>th</sup> STR MILW WI 53218 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$40 <sup>00</sup>	40 <sup>00</sup>
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 250 <sup>00</sup>	250 <sup>00</sup>
TOTAL ITEMIZED CONTRIBUTIONS			\$ 250 <sup>00</sup>	250 <sup>00</sup>
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ -	-
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 250 <sup>00</sup>	250 <sup>00</sup>

**SCHEDULE 1-A**

**RECEIPTS**

**Contributions (Including Loans) From Individuals**

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 Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
3/20/16	ALVIN ROBINSON 4460 W. DEERON DR BROWN DEER WI #204 53223 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	BUSINESS OWNER	\$500 <sup>00</sup>	\$500 <sup>00</sup>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 500 <sup>00</sup>	500 <sup>00</sup>
TOTAL ITEMIZED CONTRIBUTIONS	\$ 500 <sup>00</sup>	500 <sup>00</sup>
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ -	-
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 500 <sup>00</sup>	500 <sup>00</sup>



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

Complete Committee Name  
Friends of Michael Mayo

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
3/28/16	Wisconsin People Conference 500380 EB AFSCME Council 32, AFL-CIO 8033 Excelsior Drive, Suite B Madison, WI 53717-1903 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	500.00
3/14/16	ATU Cope Wisconsin Account 10000 New Hampshire Ave Silver Springs MD 20903 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	250.00
3/7/16	Campaign Fund of Metropolitan Milwaukee Association of Commercial Political Action Comm (MAC-PAC) Committee No 50010 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	60.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	

SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE \$ 810.00

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES \$ 810.00



**SCHEDULE 2-A**

**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
3/17/16	Samuel McClain JR Check if: <input type="checkbox"/> In-Kind Offset	Fund Raising Entertainment	100.00
3/28/16	Union Copier Centers Inc 3060 S. 43rd St. Milwaukee WI 53219 Check if: <input type="checkbox"/> In-Kind Offset	Mailing & Postage	2,906.37
3/28/16	98.3 FM 5407 W. McKinley Ave Milwaukee WI 53208 Check if: <input type="checkbox"/> In-Kind Offset	Radio Spots	700.40
3/28/16	WG-LB. AM 581 N 35th St. Milwaukee WI 53209 Check if: <input type="checkbox"/> In-Kind Offset	Radio Spots	30.00
3/30/16	Chris Levy Check if: <input type="checkbox"/> In-Kind Offset	Radio Announcement voice over	100.00
4/1/16	Michael Mayo 3156 N 50th St. Milwaukee WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Reimbursement for food for campaign and graphic design	358.47
4/1/16	U.S. Postal Services 5521 W. Center Milwaukee WI 53210 Check if: <input type="checkbox"/> In-Kind Offset	Postage	51.00
4/1/16	Omega PSI PHI KO 2661 N. 2nd St. Milwaukee WI 53206 Check if: <input type="checkbox"/> In-Kind Offset	Ad	100.00

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ 4,616.24

<Page 2> TOTAL ITEMIZED EXPENDITURES \$ 1,118.38

TOTAL UNITEMIZED EXPENDITURES \$           

TOTAL EXPENDITURES \$ 5,734.62

**SCHEDULE 2-A**

**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
3/23/16	<u>BMO HARRIS</u> <u>2120 W WISCONSIN AVE</u> <u>MILW. WI 53233</u> Check if: <input type="checkbox"/> In-Kind Offset	<u>Working mailing ACT</u> <u>Blue</u>	<u>208.38</u>
4/22/16	<u>BMO HARRIS</u> <u>2120 W. WISCONSIN AVE</u> <u>MILW WI 53233</u> Check if: <input type="checkbox"/> In-Kind Offset	<u>DEMOCRATIC PARTY</u> <u>END CITIZEN UNITED</u>	<u>140.00</u>
4/22/16	<u>Michael Mayo</u> <u>3156 N 50TH ST.</u> <u>MILW WI 53216</u> Check if: <input type="checkbox"/> In-Kind Offset	<u>Reimbursement for Campaign</u> <u>Phone # 414-445-3111</u>	<u>270.00</u>
5/27/16	<u>Michael Mayo</u> <u>3156 N 50th St</u> <u>MILW WI 53216</u> Check if: <input type="checkbox"/> In-Kind Offset	<u>PARTIAL LOAN</u> <u>PAYMENT TO Campaign</u>	<u>500.00</u>
	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		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ <u>4,118.38</u>
TOTAL ITEMIZED EXPENDITURES			\$ <u>          </u>
TOTAL UNITEMIZED EXPENDITURES			\$ <u>          </u>
TOTAL EXPENDITURES			\$ <u>          </u>

**SCHEDULE 3-B**

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

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 Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
<u>2/1/16</u>	<u>Michael Mayo SR 3156 N SOUTH ST. MILWAUKEE, WI 53216</u>	<u>2,440<sup>00</sup></u>		<u>500.00</u>	<u>1,940<sup>00</sup></u>

List All Endorsers or Guarantors (if any)

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

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
<u>/ /</u>					

List All Endorsers or Guarantors (if any)

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

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

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
<u>/ /</u>					

List All Endorsers or Guarantors (if any)

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

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

SUBTOTAL OUTSTANDING LOANS THIS PAGE	\$ <u>1940<sup>00</sup></u>
TOTAL OUTSTANDING LOANS	\$ <u>1940<sup>00</sup></u>