

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

MILWAUKEE COUNTY
ELECTION COMMISSION

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

2016 MAR 25 P 3:47

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 Pre-Primary Spring Fall Special Termination Report
 July Continuing Pre-Election also complete Schedule 4
 September Continuing

SUMMARY OF RECEIPTS AND DISBURSEMENTS

| | Column A This Period | Column B Calendar Year-To-Date |
|--|-------------------------|--------------------------------------|
| 1. RECEIPTS | | |
| 1A. Contributions (Including Loans) from Individuals | \$ 10,500.00 | \$ 12,000.00 |
| 1B. Contributions from Committees (Transfers-In) | \$ 500.00 | \$ 500.00 |
| 1C. Other Income and Commercial Loans | \$ - 0 - | \$ - 0 - |
| TOTAL RECEIPTS (Add totals from 1A, 1B and 1C) | \$ 11,000.00 | \$ 12,500.00 |
| 2. DISBURSEMENTS | | |
| 2A. Gross Expenditures | \$ 6,621.38 | \$ 6,621.38 |
| 2B. Contributions to Committees (Transfers-Out) | \$ - 0 - | \$ - 0 - |
| TOTAL DISBURSEMENTS (Add totals from 2A and 2B) | \$ 6,621.38 | \$ 6,621.38 |

CASH SUMMARY

| | |
|---|--------------|
| Cash Balance Beginning of Report | \$ 1,659.19 |
| Total Receipts | \$ 11,000.00 |
| Subtotal | \$ 12,659.19 |
| Total Disbursements | \$ 6,621.38 |
| CASH BALANCE END OF REPORT | \$ 6,037.81 |
| INCURRED OBLIGATIONS (Balance at the Close of This Period-3A) | \$ - 0 - |
| LOANS (Balance at the Close of This Period-3B) | \$ 2,440.00 |

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 <i>Ronnie D. Hart</i> | Date: 3-25-16 |
| | Email: rhart1654@att.net | Daytime Phone: 414-795-1044 |

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.

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 |
|---|---|--|------------------------|-------------|
| 1/15/16 | Guy Mascari 6619 W Lloyd St. Wauwatosa WI 53213 | Director Milwaukee County Research Park | 250.00 | 250.00 |
| 2/8/16 | Elleese Mayo 3156 N 50th St. Milwaukee WI 53216 | Retired Principal | 200.00 | 200.00 |
| 2/11/16 | Michael Mayo Sr 3156 N 50th St. Milwaukee WI | County Board Supv. | 1,800.00 | 2,440.00 |
| 2/12/16 | Leonard / Sharon Jackson 6550 N Range Lind Rd Glendale WI 53209 | | 75.00 | 75.00 |
| 2/16/16 | Ye Rim Zborovskiy 201 E Mequon Rd Mequon, WI 53092 | | 150.00 | 150.00 |
| 2/19/16 | Antonio J. Mayo 7266 N 87th St. Milwaukee WI 53224 | Retired & Care- giver | 1,000.00 | 1,000.00 |
| 2/17/16 | Arkadiy Kopshteyn 10712 N Magnolia Dr Mequon WI 53092 | Owner Healing Hands | 500.00 | 500.00 |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ 3,975.00 | 4,615.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ 6,525.00 | 11,140.00 |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ - 0 - | - 0 - |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ 10,500.00 | 11,140.00 |

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Michael Mayo

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| 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 |
|---|---|--|---------------------------|----------------|
| 2/17/16 | J Allen Stokes 2915 N 2nd St. Milwaukee WI 53212 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 125.00 | 125.00 |
| 2/12/16 | Gregory M. Wesley, Jr 3349 N Summit Ave Milwaukee WI 53211 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Attorney Gonzalez, Saggio F Harkin | 200.00 | 200.00 |
| 3/4/16 | Karl Rajani 106 W. Seaboth St. Suite 1005 Milwaukee WI 53204 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Business owner | 1,000.00 | 1,000.00 |
| 3/1/16 | Kathryn A. Andrea 6803 3rd Ave Kenosha WI 53143 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | CPA | 200.00 | 200.00 |
| 3/5/16 | Daniel Keegan 2036 N Prospect Apt 1004 Milwaukee WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| 3/5/16 | Albert Keel N101W14786 Reintwa Dr German town, WI 53022 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| 3/7/16 | Lee E. Holloway 2836 N Grant Blvd Milwaukee WI 53210 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ 1,825.00 | 1,825.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ — | — |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ — | — |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ — | — |

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 |
|---|---|--|---------------------------|----------------|
| 3/14/16 | Linda Stewart 3337 N 51st Blvd Milwaukee WI 53216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| 3/8/16 | Paul F. Matthews 110 E Cloverdale Ln Glendale WI 53217 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | | 100.00 | 100.00 |
| 3/8/16 | Kenneth Xunicor Susan L. Mickowski 2003 Hudson Way Waukesha WI 53186 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Executive Director | 200.00 | 200.00 |
| 3/09/16 | Debra Stephenson 730 N Plainfield Ave Suite 1A Milwaukee WI 53208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | ATTORNEY | 500.00 | 500.00 |
| 3/4/16 | Gary R. Boyle Nancy M. Rottier 130 Lakewood Blvd Madison WI 53704 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Executive Director | 500.00 | 500.00 |
| 3/7/16 | Harold A. Scott 19515 Summerhill Court Brookfield WI 53045 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Retired | 250.00 | 250.00 |
| 3/2/16 | Helen A. Mayo 4321 N 25th St. Milwaukee WI 53209 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Retired | 1,000.00 | 1,000.00 |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$2,650.00 | 2,650.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ — | — |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ — | — |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ — | — |

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 |
|---|---|--|---------------------------|----------------|
| 3/1/16 | Felicia Mayo 4307 N 25th St. Milwaukee WI 53209 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Nurse Home Health Care | 1,000 | 1000.00 |
| 2/1/16 | Daniel F. McKeithan Jr 777 E Wisconsin Ave Suite 3020 Milwaukee WI 53202 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | Chairman | 800.00 | 800.00 |
| 2/19/16 | James Hodson 4928 S. Imperial Cr. Greenfield WI 53220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# | CPA | 250.00 | 250.00 |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE | | | \$ 2,050.00 | 2,050.00 |
| TOTAL ITEMIZED CONTRIBUTIONS | | | \$ — | — |
| TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS | | | \$ — | — |
| TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS | | | \$ — | — |

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 |
|---|---|------------------------|
| 3/21/16 | Service Employee INT'L Union 600 West Virginia ST Suite 202 Milwaukee WI 53204 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan | 500.00 |
| | 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 | |
| | 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 | | \$ 500.00 |
| TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | | \$ 500.00 |

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 |
|---------|--|---------------------------------|----------|
| 3/2/16 | Union Copy Centers, INC 3060 S. 43rd St. Milwaukee WI 53219 Check if: <input type="checkbox"/> In-Kind Offset | Yard Signs | 712.80 |
| 3/2/16 | Union Copy Centers, INC 3060 S. 43rd St. Milwaukee WI 53219 Check if: <input type="checkbox"/> In-Kind Offset | Flyers | 2,385.24 |
| 3/2/16 | Union Copy Centers, INC 3060 S. 43rd St. Milwaukee WI 53219 Check if: <input type="checkbox"/> In-Kind Offset | Door Hangers | 316.80 |
| 3/5/16 | Union Copy Centers, INC 3060 S. 43rd St. Milwaukee WI 53219 Check if: <input type="checkbox"/> In-Kind Offset | Door Hangers | 1,135.20 |
| 3/5/16 | US Postal Services c/o Union Copy Centers, INC 3060 S. 43rd St. Milwaukee WI Check if: <input type="checkbox"/> In-Kind Offset | Mailing | 1,415.04 |
| 3/5/16 | Rennie D HANT, Treasurer 7164 W. Duke Court Milwaukee WI 53223 Check if: <input type="checkbox"/> In-Kind Offset | <Petty Cash Account> | 500.00 |
| 3/15/16 | Xpress Copy 2821 N. 4th St. Milwaukee WI 53212 Check if: <input type="checkbox"/> In-Kind Offset | Copies | 186.30 |
| | Check if: <input type="checkbox"/> In-Kind Offset | | |

| | |
|--|-------------|
| SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE | \$ 6,621.38 |
| TOTAL ITEMIZED EXPENDITURES | \$ 6,621.38 |
| TOTAL UNITEMIZED EXPENDITURES | \$ - 0 - |
| TOTAL EXPENDITURES | \$ 6,621.38 |

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.

| | | | | | |
|---------------|---|--|-----------------------|---------------------------------|--|
| | 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 |
| Date | <u>Michael Mayo SR</u> <u>3156 N 50th St.</u> <u>Milwaukee WI 53216</u> | <u>640.00</u> | <u>1,800.00</u> | | <u>2,440.00</u> |
| <u>2/1/16</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 \$ |

| | | | | | |
|------|--|--|-----------------------|---------------------------------|--|
| | 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 |
| Date | | | | | |
| / / | | | | | |

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 \$ |

| | | | | | |
|------|--|--|-----------------------|---------------------------------|--|
| | 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 |
| Date | | | | | |
| / / | | | | | |

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>2440.00</u> |
| TOTAL OUTSTANDING LOANS | <u>\$ 2440.00</u> |