

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

MCEC RECD*180727 AM 11:12

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Michael Mayo

Street Address

3156 N 50TH ST.

City, State and Zip Code

Milwaukee WI 53216

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 **2018** 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	\$ 0.00	\$ 15,475.00
1B. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 1,310.00
1C. Other Income and Commercial Loans	\$ 0.00	\$ 0.00
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0.00	\$ 16,785.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 394.69	\$ 15,550.69
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 394.69	\$ 15,550.69

CASH SUMMARY

Cash Balance Beginning of Report	\$ 1,788.19
Total Receipts	\$ 0.00
Subtotal	\$ 1,788.19
Total Disbursements	\$ 394.69
CASH BALANCE END OF REPORT	\$ 1,393.50
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00
LOANS (Balance at the Close of This Period-3B)	\$ 0.00

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: 7/26/2018
	Email: RJenkins1654@gmail.com	Daytime Phone: 1-262-424-9921

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.

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Michael Mayo

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
6/14/18	HARTLAND CLARKE Chk only P.O. Box 27131 Raleigh NC 27611-7131 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Check Printing Fee	27.13
7/12/18	HARTLAND CLARKE P.O. Box 27131 Raleigh NC 27611-7131 Check if: <input type="checkbox"/> In-Kind Offset	Image ITEM Fee	3.00
6/22/18	MICHAEL MAYO SR. 3156 N 50TH ST. MILW WI 53216 Check if: <input type="checkbox"/> In-Kind Offset	Reimbursement For County Supervisor Phone 495- 3111 Phone Now disconnected	364.56
	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		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 394.69
TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
TOTAL EXPENDITURES	\$ 394.69