CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				
Is This Report an Amendment:	✓ No			
Instructions for completing schedules are on the back of eac	h schedule.			
COMMITTEE IDENTIFICATION				
Name of Committee Friends of Dave Mahoney for Sheriff				
Street Address P.O. Box 1463		(OFFICE USE O	NLY
City, State and Zip Code Madison, WI 53701				
Please check if address is different than previously reported, and complet	e the Campaign Registration Stat	ement in the	back of this form.	
REPORT PERIOD				
☐ January Continuing ☐ Pre-Primary 2018 ☐ July Continuing ☐ Pre-Election	□Spring ☑Fall [Special	☐ Termination I	
SUMMARY OF RECEIPTS AND				
DISBURSEMENTS	Column A This Period	Colum	nn B Calendar	
1. RECEIPTS		Yea	ar-To-Date	
1A. Contributions (Including Loans) from Individuals	\$0.00		\$11,825.00	
1B. Contributions from Committee (Transfers-In)	\$0.00		\$311.00	
1C. Other Income and Commercial Loans	\$0.00		\$0.00	
TOTAL RECEIPTS (add totals from 1A, 1B, and 1C)	\$0.00		\$12,136.00	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$2,013.46		\$2,430.97	
2B. Contributions to Committees (Transfers-Out)	\$75.00		\$75.00	
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$2,088.46		\$2,505.97	
CASH SUMMARY				
Cash Balance Beginning of Report	\$21,414.77			
Total Receipts	\$0.00			
Subtotal	\$21,414.77			
Total Disbursements	\$2,088.46			
CASH BALANCE END OF REPORT	\$19,326.31			
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$0.00			
LOANS (Balance at the Close of This Period-3B)	\$8,811.69			
I certify that I have examined this report and to the best of my k	knowledge and belief it is tri	ie, correct	and complete	

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 08/06/2018		
Melissa Mulliken				
	Email campaign@sheriffdavema	Daytime Phone: (608) 206-1818		
honey com				

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.

ETHCF-2L (Rev. 01/16) The Government Accountability Board prescribes this form. Completed forms must be filed with your local clerk.

SCHEDULE 2-A

Check if: In-Kind Offset

DISBURSEMENTS

JOHL	Gross Expenditure	S	
Complete Cor	nmittee Name		
Friends o	f Dave Mahoney for Sheriff		
Date 07/22/2018	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Kathy Mahoney 7514 Fox Point Cir Madison, WI 53717 Payee Type: Individual Expense Category: Monetary Expense Purpose: Administrative Expenses	reimburse for storage unit	\$1,995.00
	Check if: In-Kind Offset		
Date 07/13/2018	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
07/13/2010	Wells Print and Digital PO Box 1744 Madison, WI 53701 Payee Type: Business Expense Category: Monetary	printing	\$18.46
	Expense Purpose: Printing - Brochures		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

TOTAL ITEMIZED EXPENDITURES

TOTAL UNITEMIZED EXPENDITURES

TOTAL EXPENDITURES

Page 2 of 4

\$2,013.46

\$2,013.46

\$2,013.46

\$0.00

SCHEDULE 2-B

DISBURSEMENTS Contributions to Committees (Transfers-out)

Page	3	of	4

Complete Committee Name	
Friends of Dave Mahoney for Sheriff	

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

Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
07/12/2018	Shelia Stubbs for State Assembly PO Box 259863 Madison, WI 53725 Payee Type: Registered Expense Category: Contribution Made Expense Purpose: Contribution to Committee	\$75.00	\$75.00
	Check if: In-Kind Loan		

SCHEDULE 3-B

Loans

Page 4 of 4

Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Complete Committee Name	
Friends of Dave Mahoney for	Sheriff

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 Payment This Period	Outstanding Obligations End of This Period
Date	David J. Mahoney					
05/05/2007	7514 Fox Point Cir Madison, WI 53717		\$8,811.69	\$0.00	\$0.00	\$8,811.69
List All Endors	ers or Guarantors (if any)					
Full Name, Ma	Full Name, Mailing Address and Zip Code of Guarantor Occupation					
Amount Guaranteed Outstanding						