CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				
Is This Report an Amendment:	✓ No			
Instructions for completing schedules are on the back of	each 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 con	nplete the Campaign Registration State	ement in the	back of this form.	
REPORT PERIOD				
January Continuing □ Pre-Primary July Continuing ✓ Pre-Election 2018	— □Spring □Fall □	Special	☐ Termination I	-
SUMMARY OF RECEIPTS AND DISBURSEMENTS 1. RECEIPTS	Column A This Period		nn B Calendar ar-To-Date	
1A. Contributions (Including Loans) from Individuals	\$1,000.00	100	\$12,825.00	
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)	\$1,000.00		\$13,136.00	
2. DISBURSEMENTS				
2A. Gross Expenditures	\$190.71		\$2,621.68	
2B. Contributions to Committees (Transfers-Out)	\$0.00		\$75.00	
TOTAL DISBURSEMENTS (add totals from 2A and 2	B) \$190.71		\$2,696.68	
CASH SUMMARY				
Cash Balance Beginning of Report	\$19,326.31			
Total Receipts	\$1,000.00			
Subtotal Tetal Dishuman and	\$20,326.31 \$190.71			
Total Disbursements CASH BALANCE END OF REPORT	\$20,135.60			
	Ψ20,133.00			
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 knowledge and belief it is tru	e, correct	and complete	

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:	10/29/2018
Melissa Mulliken			
	Email campaign@sheriffdavema	Daytin	ne Phone: (608) 206-1818
	honey.com		

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

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

SCHEDULE 1-A

Co

RECEIPTS	Page	2	Of	4
ntributions (Including Loans) From Ind	ividuals		=	

Complete Committee Name	
riends of Dave Mahoney for Sheriff	

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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
09/13/2018	Contributor Type: Individual Contribution Type: Monetary	Investment Advisor	\$1,000.00	\$1,000.00
	Verona, WI 53593 Contributor Type: Individual	cs ID#	\$1,000.00	

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$1,000.00
TOTAL ITEMIZED CONTRIBUTIONS	\$1,000.00
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$0.00
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$1,000.00

SCHEDULE 2-A

Check if: In-Kind Offset

DISBURSEMENTS Gross Expenditures

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	Oross Experiantin		
·	nmittee Name f Dave Mahoney for Sheriff		
Date 09/10/2018	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made US Postal Service 215 Martin Luther King Jr Blvd Madison, WI 53703 Payee Type: Business Expense Category: Monetary Expense Purpose: Administrative Expenses	Specific Purpose of Expenditure PO Box Rental	Amount \$120.00
	Check if: In-Kind Offset		
Date 09/10/2018	Full Name, Mailing Address and Zip Code of Person or Business to Whom Payment is Made Wells Print and Digital PO Box 1744 Madison, WI 53701 Payee Type: Business Expense Category: Monetary Expense Purpose: Printing - Brochures	Specific Purpose of Expenditure Printing	Amount \$70.71

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$190.71
TOTAL ITEMIZED EXPENDITURES	\$190.71
TOTAL UNITEMIZED EXPENDITURES	\$0.00
TOTAL EXPENDITURES	¢100 71

SCHEDULE 3-B

Loans

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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	List All Endorsers or Guarantors (if any)						
Full Name, Ma	Full Name, Mailing Address and Zip Code of Guarantor Occupation						
Amount Gu		aranteed Outstanding					