CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN				
Is This Report an Amendment:	✓No			
Instructions for completing schedules are on the back of eac	ch 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 comple	te the Campaign Registration State	ement in the	back of this form.	
REPORT PERIOD				
January Continuing 2019 Pre-Primary		7.4.1.1		
July Continuing	Spring Fall	Special		-
September Continuing Pre-Election			also complete So	chedule 4
SUMMARY OF RECEIPTS AND				
DISBURSEMENTS	Column A This Period		nn B Calendar	
1. RECEIPTS	to	Yea	ar-To-Date	Į
1A. Contributions (Including Loans) from Individuals	\$0.00		\$12,825.00	
1B. Contributions from Committee (Transfers-In)	\$0.00 \$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		\$13,130.00	Ì
2. DISBURSEMENTS				
2A. Gross Expenditures	\$158.59		\$2,780.27	
2B. Contributions to Committees (Transfers-Out)	\$0.00		\$75.00	
TOTAL DISBURSEMENTS (add totals from 2A and 2B)	\$158.59		\$2,855.27	
CASH SUMMARY				
Cash Balance Beginning of Report	\$20,135.60			
Total Receipts	\$0.00			
Subtotal	\$20,135.60			
Total Disbursements	\$158.59			
CASH BALANCE END OF REPORT	\$19,977.01			
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 true, correct and complete

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date: 01/15/2019	
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.

Complete Committee Name

Friends of Dave Mahoney for Sheriff

Friends of Dave Manoney for Sheriff				
Date 10/23/2018	Full Name, Mailing Address and Zip Code of	Specific Purpose of Expenditure golf tournament award trophies	Amount \$158.59	
	Check if: In-Kind Offset			

\$158.59
\$158.59
\$0.00
\$158.59

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

TOTAL ITEMIZED EXPENDITURES

TOTAL UNITEMIZED EXPENDITURES

TOTAL EXPENDITURES

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page 3 **of** 3

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 7514 Fox Point Cir					
05/05/2007	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	iling Address and Zip Code of Guarantor	Occupation				
		Amount Gua	aranteed Outstanding			

SUBTOTAL OUTSTANDING LOANS THIS PAGE

TOTAL OUTSTANDING LOANS