

Note: Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Office Use Only

Is this report an amendment? Yes No

COMMITTEE IDENTIFICATION			
Committee Name	Friends of Clint Keaveny		
Mailing Address	Monona, WI 53716		
Email	clintfordane@gmail.com	Daytime Phone	(608) 658-1785

FILING PERIOD			
<input type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary
<input checked="" type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-Election	
Report Year			2023
Is this a Termination Report?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS			
	This Period	Year-to-Date	<i>Office Use Only</i>
Beginning Cash On-Hand	\$ 424.28		
1. Money Received			
1-A. Monetary Contributions from Individuals	\$ -		
1-B. Monetary Contributions from Committees (Transfers-In)	\$ -		
1-C. Other Income and Commercial Loans	\$ -		
<i>Total Monetary Receipts</i>	\$ -	\$ -	
2. Money Spent			
2-A. Gross Monetary Expenditures	\$ 200.00		
2-B. Monetary Contributions to Committees (Transfers-Out)	\$ -		
<i>Total Monetary Disbursements</i>	\$ 200.00	\$ -	
Ending Cash On-Hand	\$ 224.28		

SUMMARY OF OUTSTANDING DEBTS			
3-A. Incurred Obligations (Unpaid Bills)	\$ -		
3-B. Outstanding Loan Balance	\$ -		

SUMMARY OF NON-MONETARY / IN-KIND ACTIVITY			
1-D. In-Kind Contributions Received	\$ -		
2-C. In-Kind Contributions Made	\$ -		

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Clint Keaveny

Clint Keaveny

8/8/2023

Signature of the candidate or treasurer

Print Name

Date

Gross Monetary Expenditures

Date	Name	Address	City	ST	Zip	Purpose	Comments	Amount
2/6/2023	Friends of Kristie Goforth	PO Box 6594	Monona		53716	Donation		\$200