Office Use Only

| ctivity. Completion of this f | quired by the Ethics Commission for reportion is mandatory for local committees. It is | s not the Commission's | | |
|-------------------------------|--|------------------------|-----------------|-------------------|
| • • | ally identifiable information from this form fo | or any other purpose. | | |
| | • | | | |
| COMMITTEE IDENTIFIC | CATION | | | |
| Committee Name | | Mo Cheeks for M | Mayor | |
| Mailing Address | | 3545 Nakoma Rd, Madis | on, WI 53711 | |
| Email | maurice@mocheeks.com | Daytime Phone | 608.6 | 609.1152 |
| ILING PERIOD | | | | |
| | | | Report Year | 2020 |
| | | | Is this a Termi | nation Report? No |
| | Jan 1 2020 - June 30 2020 | | | |
| SUMMARY OF MONET | ARY RECEIPTS AND DISBURSEME | NTS | | |
| | | This Period | Year-to-Date | Office Use Only |
| | Beginning Cash On-Hand | \$ 3,694.31 | | |
| 1. Money | Received (Receipts) | | | |
| 1-A. Monetary Contribution | ons from Individuals | \$ - | | |
| 1-B. Monetary Contribution | ons from Committees (Transfers-In) | \$ - | | |
| 1-C. Other Income and C | Commercial Loans | \$ - | | |
| | Total Monetary Receipts | \$ - | \$ - | |
| 2. Money S | Spent (Disbursements) | | | |
| 2-A. Gross Monetary Exp | penditures | \$ 15.00 | \$ 15.00 | |
| 2-B. Monetary Contribution | ons to Committees (Transfers-Out) | \$ - | | |
| | Total Monetary Disbursements | \$ 15.00 | \$ 15.00 | |
| | Ending Cash On-Hand | \$ 3,679.31 | | |
| SUMMARY OF OUTSTA | ANDING DEBTS | | | |
| 3-A. Incurred Obligations | (Unpaid Bills) | \$ - | | |
| | alance | \$ - | | |

Schedule 1-A Page 1 of 1

| Date | Name | Address | City | ST | Zip | Occupation | Comments | Amount |
|------|------|---------|------|----|-----|------------|----------|--------|
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Schedule 1-B Page 1 of 1

| Date | Committee Name | Address | City | ST | Zip | Comments | Amount |
|------|----------------|---------|------|----|-----|----------|--------|
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Schedule 1-C Page 1 of 1

| Date | Name | Address | City | ST | Zip | Reason for Income | Comments | Amount |
|------|------|---------|------|----|-----|-------------------|----------|--------|
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Schedule 2-A Page 1 of 1

| Date | Name | Address | City | ST | Zip | Purpose | Comments | Amount |
|------------|-------------------|--------------|------------|----|-------|----------|--------------|--------|
| 01/03/2020 | Old National Bank | P.O. box 718 | Evansville | IN | 47705 | Bank fee | Merchant fee | \$2.50 |
| 02/03/2020 | Old National Bank | P.O. box 718 | Evansville | IN | 47705 | Bank fee | Merchant fee | \$2.50 |
| 03/02/2020 | Old National Bank | P.O. box 718 | Evansville | IN | 47705 | Bank fee | Merchant fee | \$2.50 |
| 04/02/2020 | Old National Bank | P.O. box 718 | Evansville | IN | 47705 | Bank fee | Merchant fee | \$2.50 |
| 05/04/2020 | Old National Bank | P.O. box 718 | Evansville | IN | 47705 | Bank fee | Merchant fee | \$2.50 |
| 06/01/2020 | Old National Bank | P.O. box 718 | Evansville | IN | 47705 | Bank fee | Merchant fee | \$2.50 |
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C SEthics Commission

Schedule 2-B Page 1 of 1

| Date | Committee Name | Address | City | ST | Zip | Comments | Amount |
|------|----------------|---------|------|----|-----|----------|--------|
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Schedule 3-A Page 1 of 1

| Date | Name | Address | City | ST | Zip | Purpose | Outstanding Balance, Beginning of Period | New Obligation This Period | Outstanding Balance, Close of Period |
|------|------|---------|------|----|-----|---------|---|-------------------------------|--|
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Schedule 3-B Page 1 of 1

| Date | Name | Address | City | ST | Zip | Guarantor (if Any) | Outstanding Balance, Beginning of Period | New Loan Amount This Period | Outstanding Balance, Close of Period |
|------|------|---------|------|----|-----|--------------------|---|-----------------------------------|--|
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