

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Josh Mahony For Congress

ADDRESS (number and street) PO Box 1884

Check if different than previously reported. (ACC)

Fayetteville AR 72702

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼ C C00650093

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

STATE ▼ DISTRICT AR 03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 11 / 27 / 2018 through M M / D D / Y Y Y Y 12 / 31 / 2018

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 Treasurer DeLeeuw, Rhianon, Tara, ,

Signature of Treasurer DeLeeuw, Rhianon, Tara, , [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 27 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only									
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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 10	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Josh Mahony For Congress

A. Full Name (Last, First, Middle Initial)
Mahony, Joshua, C M, ,

Mailing Address 116 E Maple St

City Fayetteville	State AR	Zip Code 72701-3431
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FEC ID number of contributing federal political committee. **C** H8AR03074

Name of Employer Self-Employed	Occupation Congressional Candidate
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
89906.20

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2018

Transaction ID : 3704248

Amount of Each Receipt this Period
400.00

Memo Item

* In-Kind: In-Kind Contribution for Compliance Consulting from Roger That Compliance

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	400.00
TOTAL This Period (last page this line number only)..... ▶	400.00