

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

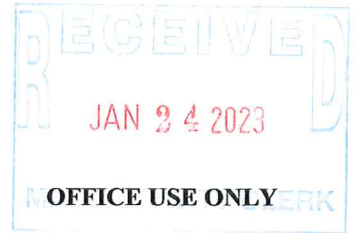
Friends of Barbara McKinney

Street Address

1209 Dayflower Dr.

City, State and Zip Code

Madison, WI 53719



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing 23 Pre-Primary _____
 July Continuing _____ Spring Fall Special
 September Continuing _____ Pre-Election _____
- Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>0</i>	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>0</i>	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>40.00</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>0</i>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>40.00</i>	\$ <i>40.00</i>

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>3,240.86</i>
Total Receipts	\$ <i>0</i>
Subtotal	\$ <i>3,240.86</i>
Total Disbursements	\$ <i>40.00</i>
CASH BALANCE END OF REPORT	\$ <i>3,200.86</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 <i>Aaron J. Backer</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>1/17/2023</i>
	Email: <i>info@wags.net</i>	Daytime Phone: <i>6082131173</i>

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.

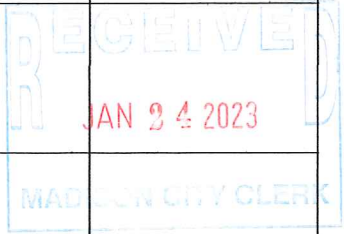
SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name Friends of Barbara McKinney

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
8/2/22	Union Labor News 1602 S. Park St., Madison, WI 53715 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Ad in Labor Day edition.	40.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		



SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 40.00
TOTAL ITEMIZED EXPENDITURES	\$ —
TOTAL UNITEMIZED EXPENDITURES	\$ —
TOTAL EXPENDITURES	\$ 40.00