	TO BETTWE			
lo this report on				JUL 16 2019
Is this report an Amendment?	No			JOL 10 Fare
Amendments	INO			MADISON CITY CL
COMMITTEE IDENTIF	ICATION			MADISON
Name of Committee	Friends of Barbara McKinney			1
Address	1209 Dayflower Drive	OFFICE USE ONLY		
City, State, ZIP	Madison, WI 53719	GAB # ID		
NAME OF BERORT	1 00 0 ti i B Bi		0 :	
NAME OF REPORT	Jan 20 Continuing Pre-Prima	Spring	120	
	July 20_19_ Continuing Pre-ele	ection 20	Spring	g Fall Spec
SUMMARY OF RECEI	Column A	Column B	Audited Totals	
	This Period	YTD	Office Use Only	
TOTAL RECEIPTS (Ad	\$ -			
TOTAL DISBURSEME	NTS (Add totals from 2A and 2B)	\$ 86.00		
CASH SUMMARY				
Cash Balance at Beginr	ning of Report	\$ 3,187.36		
Total Receipts	\$ -			
Subtotal	\$ 3,187.36			
Total Disbursements	\$ 86.00			
CASH BALANCE AT E	\$ 3,101.36			
INCURRED OBLIGATION	\$ -			
LOANS (at close of peri	od)	\$ -		
I certify that I have examine	d this report and to the best of my knowle	edge and belief it is	true, correct and c	complete.
	Signature of Candidate		Date ######	
Type or Print Name of Candidate o	or Treasurer	Signature of Candidate	or moderator	
Type or Print Name of Candidate o	or Treasurer	Email	o or rioudurer	Daytime Phone

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss.11.60, 11.61, Wisconsin Stats.

ETHCF-2S (09/16) Wisconsin Ethics Commission, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-266-8123 | Fax: 608-264-9319 | web: https://cfis.wi.gov | email: ETHCFIS@wi.gov

PayeeT ype	LastName/B usinessNa me	i r sAddressLine1	City	State		ExpenditureD ate		Expense Category	
В	Union Labor N	N 1602 S Park Street	Madison	WI	53715	3/27/2019	40	IA	Ad
									office
									box
В	USPS	733 Struck Street	Madison	WI	53711	6/29/2019	46	10	rental