CAMPAIGN FINANCE REPO WISCONSIN LOCAL COMMIT							
ls this report an Amendment	?	YES NO					
COMMITTEE IDENTIFICATION							
Name of Committee Friends of Barbara McKinney]		
Address 1209 Dayflower Drive							
City, State, ZIP Madison, WI 53719					OFFICE US	E ON	LY
Please check if address is different than previously reported							
NAME OF REPORT Jan 20_ Continuing Pre-Primary	20			Spring	Fa		Special
July 20 Continuing Pre-election	20_1	9_		Spring	Fa	II .	Special
September 20 Continuing							
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A		Column B	Audited To	tals	
1. RECEIPTS		This Period		YTD	Office Use	Only	
A. Contributions including Loans from Individuals	\$						
B. Contributions from Committees (Transfers-In)	\$	200.00					
C. Other Income and Commercial Loans	\$	-					
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$	200.00	\$	_			
2. DISBURSEMENTS							
A. Gross Expenditures	\$	366.50					
B. Contributions to Committees (Transfers-Out)	\$	=					
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	366.50	\$	-			
CASH SUMMARY							
Cash Balance at Beginning of Report	\$	3,353.86					
Total Receipts	\$	200.00					
Subtotal	\$	3,553.86					
Total Disbursements	\$	366.50					
CASH BALANCE AT END OF REPORT	\$	3,187.36		8.			
INCURRED OBLIGATIONS (at close of period)	\$	-					
LOANS (at close of period)	\$	=					
I certify that I have examined this report and to the best of my know.		and belief it is tru	e, coi	rrect and complete	e.		
Type or Print Name of Candidate or Treasurer	-	ture of Candidate or 1			Date	3/2	25/2019
Barbara JH McKinney	Email mck		ncou	ıncil@gmail.co	Daytime Phone (608) 213-1173	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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)

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Contributions from Committees

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See	ADDRESS											,								
The state of the s	Ethics ID#																			
	COMMITTEE NAME	Madison Professional Police 03/18/19 Officers Assn, Local #1														and the second s			Transfer of the state of the st	
	DATE	တ																		
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SCHEDULE 2-A

Gross Expenditures

ADDRESS 733 Struck Street		<u>CITY</u> Madison	ST 	ZIP 53711	PURPOSE Post Office Box fee	AMOUNT \$ 82.00
	1602 S Park Street, #228		I.V	53715		\$ 40.00
73		Madison	≶	53719		\$ 244.50
					174.7	
