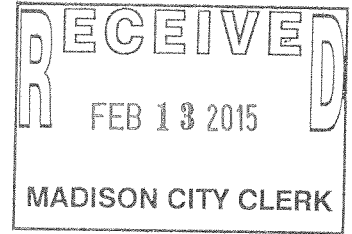


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

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 Drive**

City, State and Zip Code: **Madison, WI 53719**

OFFICE USE ONLY

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 Pre-Primary 15 Spring Fall Special
 July Continuing Pre-Election Spring Fall Special Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
1A. Contributions (Including Loans) from Individuals	\$1743.34	\$1743.34
1B. Contributions from Committees (Transfers-In)	\$100.00	\$100.00
1C. Other Income and Commercial Loans	\$-0-	\$-0-
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$1843.34	\$1843.34
2. DISBURSEMENTS		
2A. Gross Expenditures	\$1200.04	\$1200.04
2B. Contributions to Committees (Transfers-Out)	\$-0-	\$-0-
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$1200.04	\$1200.04

CASH SUMMARY

Cash Balance Beginning of Report	\$-0-
Total Receipts	\$1843.34
Subtotal	\$1843.34
Total Disbursements	\$1200.04
CASH BALANCE END OF REPORT	\$643.30
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 Barbara McKinney	Signature of Candidate or Treasurer 	Date: 02/09/2015
	Email: McKinney4commoncouncil@gmail.com	Daytime Phone: 608-829-0635

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Barbara McKinney

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
01,13,15	Brian Lavendel 2302 Center Avenue Madison, WI 53704		\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,14,15	Laura McNeil 2109 Rusk Street Madison, WI 53704		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,15,15	Peg Wallace 2220 Chamberlain Avenue Madison, WI 53726		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,15,15	Sunshine Jones 4333 Crawford Drive Madison, WI 53711		\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,17,15	Melissa Sargent 1638 Mayfield Lane Madison, WI 53704		\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,22,15	Caroline Werner 4712 Roosevelt Street Oregon, WI 53575		\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,22,15	Donald Hausch 1120 Edgehill Drive Madison, WI 53705	Not employed.	\$200.00	\$200.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,22,15	Leslie Shear 2610 Chamberlain Avenue Madison, WI 53705		\$36.00	\$36.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$536.00

TOTAL ITEMIZED CONTRIBUTIONS \$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS \$

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Barbara McKinney

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
01,24,15	Marilyn Feil 3634 Alpine Road Madison, WI 53704		\$30.00	\$30.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,25,15	Amelia Royko Maurer 509 South Baldwin St. #1 Madison, WI 53703		\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,28,15	Rebecca Krantz 2116 Jefferson Street Madison, WI 53711	Consultant, self-employed	\$250.00	\$250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,29,15	Julia Holman 7646 Carrington Drive Madison, WI 53719		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,29,15	Shella Spear 823 Whispering Oaks Oregon, WI 53575		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,29,15	Nanette Bulebosh N8894 Snake Road Elkhart Lake, WI 53020		\$30.00	\$30.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,31,15	Crystal Banse 1612 Waldorf Blvd. Madison, WI 53719		\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
01,31,15	Lisa West 2884 Osmundsen Road Fitchburg, WI 53711		\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$635.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Complete Committee Name
Friends of Barbara McKinney

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

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
01,31,15	Candace McDowell 1 Elver Court Madison, WI 53719		\$50.00	\$50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
02,01,15	Liz Dannenbaum 4313 Major Avenue Madison, WI 53716		\$20.00	\$20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
02,01,15	Carousel Bayrd 4901 Sherwood Road Madison, WI 53711		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
02,01,15	Bonnie Margulls 22 Chautauqua Trail Madison, WI 53719		\$25.00	\$25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
02,02,15	Shiva Bidar-Sielaff 2704 Kendall Avenue Madison, WI 53705		\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
02,02,15	Floyd Rose 3024 Waunona Way Madison, WI 53713	Not employed	\$250.00	\$250.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
02,02,15	Wisconsin Progress 211 S. Paterson, #310 Madison, WI 53703		\$27.34	\$27.34
	Check if: <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: <u>GAB # 0501401</u>		
/ /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$572.34
TOTAL ITEMIZED CONTRIBUTIONS	\$1743.34
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$1743.34

SCHEDULE 1-B

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Friends of Barbara McKinney

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

Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
01 / 26 / 15	Ahrens for Council 4014 Major Avenue, Madison, WI 53716	\$100.00	\$100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 100.00	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 100.00	

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Barbara McKinney

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

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
01, 13, 15	Act Blue 366 Summer St Somerville MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	Funds processing fee	\$10.87
01, 22, 15	Act Blue 366 Summer St Somerville MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	Funds processing fee	\$10.32
01, 28, 15	Wells Print & Digital PO Box 1744, Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	Printing, letterhead	\$146.83
01, 28, 15	Wells Print & Digital PO Box 1744, Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	Printing, remit envelopes	\$189.19
01, 29, 15	Wells Print & Digital PO Box 1744, Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	Printing, door card	\$382.23
01, 29, 15	Wells Print & Digital PO Box 1744, Madison, WI 53701 Check if: <input type="checkbox"/> In-Kind Offset	Printing, #10 envelopes	\$161.39
01, 30, 15	Fed Ex Office 7805 Mineral Point, Madison 53717 Check if: <input type="checkbox"/> In-Kind Offset	Copying	\$51.52
01, 30, 15	Office Depot 676 S. Whitney Way, Madison 53711 Check if: <input type="checkbox"/> In-Kind Offset	Office Supplies	\$48.40
01, 31, 15	Wis. Dems 15 N. Pinckney, #200, Madison 53703 Check if: <input type="checkbox"/> In-Kind Offset	VAN list	\$143.29
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 1144.04
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Friends of Barbara McKinney

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

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
02, 01, 15	Act Blue 366 Summer St Sommerville MA02144 Check if: <input type="checkbox"/> In-Kind Offset	Funds processing fee	\$28.66
02, 02, 15	Wisconsin Progress 211 S. Paterson #310 Madison 53703 Check if: <input checked="" type="checkbox"/> In-Kind Offset	Training	\$27.34
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ **56.00**

TOTAL ITEMIZED EXPENDITURES \$ **1200.04**

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS \$

TOTAL EXPENDITURES \$ **1200.04**