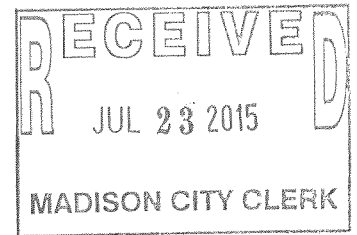


**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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



OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Barbara McKinney

Street Address

1209 Dayflower Drive

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 _____ Pre-Primary _____ Spring _____ Fall _____ Special _____
 July Continuing 2015 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	\$ 1900.00	\$ 7447.84
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 1100.00
1C. Other Income and Commercial Loans	\$ 0	\$ 0
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 1900.00	\$ 8547.84
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 3892.03	\$ 7345.27
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 3892.03	\$ 7345.27

CASH SUMMARY

Cash Balance Beginning of Report	\$ 3194.60
Total Receipts	\$ 1900.00
Subtotal	\$ 5094.60
Total Disbursements	\$ 3892.03
CASH BALANCE END OF REPORT	\$ 1202.57
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	Signature of Candidate or Treasurer	Date:
<i>Barbara McKinney</i>		<i>7/20/15</i>
Email <i>McKinney4commoncouncil@gmail.com</i> Daytime Phone: <i>608/829-0635</i>		

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.

GAB-2L (Rev. 04/14) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

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
3/24/15	Todd E. Meurer 6352 Goose Lake Drive Verona, WI 53593		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/24/15	Leslie Ann Howard 4110 Euclid Avenue Madison, WI 53711		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/25/15	Hiam H. Garner 2118 Adams Street Madison, WI 53711		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Conduit	Conduit Name: <i>Realtors Direct Giver Prog.</i>		
3/25/15	Becky Schigiel 1 S. Yellowstone Drive Madison, WI 53705		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: <i>/</i>		
3/25/15	Henry Sanders 926 Menomonie Lane Madison, WI 53704		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/28/15	Earnestine Moss * No address given		20.00	35.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/28/15	Juan Jose Lopez 2532 Fairfield Place Madison, WI 53704		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/28/15	Crystal Banse 1612 Waldorf Blvd. Madison, WI 53719	Attorney, National Guard Bureau 111 S. George Mason Arlington, VA 22204	250.00	300.00 250.00 <i>CB</i>
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE \$ 595.00

TOTAL ITEMIZED CONTRIBUTIONS \$ _____

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS \$ _____

TOTAL CONTRIBUTIONS RECEIVED 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
3/30/15	Kathleen King 5912 Hammersly Road Madison, WI 53711		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Celia Jackson 2730 B S. Shore Drive Milwaukee, WI 53207	Administrator, Alverno College 3400 S. 43rd St. Milwaukee, WI 53234	200.00	200.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Darlene Moss 4049 Steinies Drive Madison, WI 53714		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	William Laner 2933 Milwaukee St. Madison, WI 53704		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Elizabeth Banks 1618 Fordem Avenue, #204 Madison, WI 53704		20.00	20.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Kathryn Simmons 6229 Adobe Way Madison, WI 53719		25.00	25.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Rose Mary Jackson 714 McClellan Drive Madison, WI 53718		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Marian Fredal 1410 Drake St. Madison, 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	\$ 445.00
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$
TOTAL CONTRIBUTIONS RECEIVED 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
3/31/15	Gretchen Lowe 205 Crystal Lane Madison, WI 53714		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Robert Maddan 7126 E. Valhalla Way Madison, WI 53719		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Mary Anglim 2134 E. Washington Ave Madison, WI 53704		50.00	50.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Susan Ezalarab 5785 Clermont Court Fitchburg, WI 53711		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	Scott Haumersen PO Box 647 Sun Prairie, WI 53590		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
3/31/15	David Ahrens 4014 Major Avenue Madison, WI 53716		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
4/1/15	Melissa Scholz 2115 Adams Street Madison, WI 53711	Attorney, Scholz Non-Profit Law 16. N. Carroll St. Suite 5 Madison, WI 53703	150.00	150.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
4/1/15	Mary Strickland 307 Glen Thistle Ct. Madison, WI 53705		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 700.00

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

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
6/1/15	Charles Kime 1109 Brookwood Drive Madison, WI 53711		100.00	100.00
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		
	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: _____		
	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	\$ 100.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 1840.00
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$ 60.00
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 1900.00

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
3/25/15	Budget Signs 2225 Industrial Drive Madison, WI 53713 Check if: <input type="checkbox"/> In-Kind Offset	Yard Signs Wires Rally Signs Shipping	\$896.37
3/26/15	Wells Print & Digital PO Box 1744 Madison, WI 53701-1744 Check if: <input type="checkbox"/> In-Kind Offset	Printing Postage	\$985.12
3/27/15	Act Blue 366 Summer Street Summerville, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	Funds Processing Fee	\$14.82
3/31/15	Wells Print & Digital PO Box 1744 Madison, WI 53701-1744 Check if: <input type="checkbox"/> In-Kind Offset	Printing Postage	\$808.24
3/31/15	Act Blue 366 Summer St. Summerville, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	Funds Processing Fee	\$7.90
4/2/15	Wells Print & Digital PO Box 1744 Madison, WI 53701-1744 Check if: <input type="checkbox"/> In-Kind Offset	Printing Postage	\$1054.84
4/5/15	Act Blue 366 Summer Street Summerville, MA 02144 Check if: <input type="checkbox"/> In-Kind Offset	Funds Processing Fee	\$9.88
5/1/15	Madison Labor Temple 1602 S. Park Street Madison, WI 53715 Check if: <input type="checkbox"/> In-Kind Offset	Space Rental	\$75.00
1/1	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			\$ 3852.17
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$ 39.86
TOTAL EXPENDITURES			\$ 3892.03