	FINANCE REPORT TTEES OF WISCO		
Is This Report an Amendment: Yes	□ No	7JUN	
· —	_		
Instructions for completing schedules are on the back COMMITTEE IDENTIFICATION	of each schedule.		
No.			
Greg For Madisan			
Greg For Madisan Street Address Maher Ave			OFFICE USE ONLY
Madison WI 53716			
Please check if address is different than previously reported, and	complete the Campaign Reg	istration State	ment in the back of this form.
NAME OF REPORT			
☐ January Continuing ☐ Pre-Primary 21 ☐ July Continuing ☐ Pre-Election ☐ Pre-Election	Spring	Fall :	Special Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND	C-1 A	Cal	P
DISBURSEMENTS	Column A This Period	Colur Cale	
1. RECEIPTS		Year-T	o-Date
IA. Contributions (Including Loans) from Individuals	\$ 10,00	s 10	,00
IB. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 4	.00
IC. Other Income and Commercial Loans	\$ 0.00	s 0	.00
TOTAL RECEIPTS (Add totals from IA, IB and IC)	\$ 10.00	s 10	.00
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 515.28	\$ 515.	. 28
2B. Contributions to Committees (Transfers-Out)	s 0.00	s ·O·	00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 515.28	\$ 515.	28
CASH SUMMARY			
Cash Balance Beginning of Report	\$ 538.10		
Total Reccipts	\$ 10.00]	
Subtotal	\$ 548.10		
Total Disbursements	\$ 515.28		
CASH BALANCE END OF REPORT	\$ 32.82		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0,00		
LOANS (Balance at the Close of This Period-3B)	\$ 25.00		
Leavish that I have avaninal this paper and to the host of m		ie trua norse	rt and complete

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: 10/26/22
Graz dixon	Email greg 4 madisen Bagmail ocous	Daytime Phone: 608-616-0040

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 1-A

RECEIPTS Contributions (Including Loans) From Individuals

	1		1
Page		of	1

Complete Comm	nittee Name / /				
Gra 1	or Madisa				
Instructions fo	r completing schedules are on the back of each sched	dule			
Date	Full Name, Mailing Address and Zlp Code C Of Contributor	Occupation (if year-to-date	total exceeds \$200)	Amount of Contribution	Y-T-D Total
	•				
	Check if: In-Kind Loan Conduit - Ethics ID#				
	1				
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	Check if In-Kind Loan Conduit - Ethics D#				
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	Check if In-Kind Loan Conduit - Ethics ID#				
	Check If In-Kind Loan Conduit – Ethics ID# _				
	Check if: In-Kind Loan Conduit - Ethics ID# _				***************************************
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	Check If: In-Kind Loan Conduit - Ethics ID#	was,			
	Check if: In-Kind Loan Conduit - Ethics ID#				
					0 .1
	SUBTOTAL IT	EMIZED CONTRIBUT	NONS THIS PAGE	5 0,00	0000
		TOTAL ITEMIZED	CONTRIBUTIONS	s Q,00	0.00
	TOTAL ANONYI	MOUS CONTRIBUTIO	ONS \$10 OR LESS	, 10.00	10.00
		TIONS DECEIVED ER		10.00	10.00

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page	 of	1	

Complete Committee Nam	عد المع	Madison
Instructions for comple	ting sch	nedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
	Check if In-Kind Loan	
	Check if: ☐ In-Kind ⊡ Loan	
	Check if In-Kind Loan	
	Check rf	
.,	Check if. 1n-Kind Loan	
	Check of In-Kind Loan	
	Check if I m-kind J Loan	
	Check if: In-Kind Loan	
	Check if. 1 In-Kind Loan	
	Check if In-Kind Loan	
		0
	SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE	. 0
	TOTAL CONTRIBUTIONS (Transfers-in) RECEIVED FROM COMMITTEES	, 0



RECEIPTS Other Income and Commercial Loans

Page ___ of ___

2/1 uctions for	completing schedules are on the back of each sch	edule.	
ate	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
	1977-1981		
			Ì
			İ
	477		
			1
	Allenge		_
		A short to	
		SUBTOTAL OTHER INCOME THIS P	AGE \$ O
		TOTAL ITEMIZED OTHER INC	OME S
		TOTAL ITEMIZED OTHER INC	\$ /U
		TOTAL OTHER INC	DME S

DISBURSEMENTS Gross Expenditures

Complete Committee Name

Cones For Madison

Instructions for completing schedules are on the back of each schedule

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
16/21	A Quality Signs, 4606 Pflam Rd, Mad son, WI 53718	yard 41gms	295.40
1/7/21	Check it: 1 In-Kind Offset Form & Flett, 22025. Stangthfon 2d, Madison. WI 53716 Check it: 1 In-Kind Offset	hand warmes, constituent walked falls	5.26
1/9/21	CoDaddy-com LLC 14455 N Hayden Pd Stezig Scottsdale AZ 85260 Check if In-Kind Offset	greg for medican. com	12.17
1/1421	Farty & Fleet, , ee above address Check il: 1 In-Kind Offset	AC adapter for CPS batteries rechanging, constituent walk & y, tall	5.26
1/14/21	CoDaddy, com LLC (address above) Check if: [] In-Kind Offset	SSL security	79,99
1/1/21	B300 NF Underground Plan 210, Karlsas City, Check it. In-Kind Offset	stamps, const tunt	19.30
1/17/21	Costco Wholesale 2850 Hoepler R & Sun Prairie W (53590 Check of [In-Kind Offset	pastanos, constituent mailings	17.40
1/19/21	Walmant, 215/ Reyal My, Manena W1 53713 Check it: 1 In-Kind Offset	cand stock, constituent mailing s	5.24
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	\$440.02
		TOTAL ITEMIZED EXPENDITURES	\$440.02 \$54932 \$54932 \$54132
		TOTAL UNITEMIZED EXPENDITURES	, see 13 2
		TOTAL EXPENDITURES	see ps z

DISBURSEMENTS Gross Expenditures

Page 2 of 2

Complete Committee Name

Orcs Far Word-Jon

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

Manacachia (O	completing actionness are on the back of bach schedule.		
Date	Fulf Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/2/21	Walment (see address Past 1) Check if: 1 in-Kind Offset	color paper, lit	5. 24
1/31/21	Greg Dixon, 5308 Wather Are, Madison, What S3716 Check of In-Kind Offset	personal auto, incluyed rein bus coment	69.43
1/13/21	Stripe Inc. 354 Oyster Point Blud South San Francisco CA 94080 Checkit I In-Kind Ottset	contribution credit card processing fee	0.59
	Check if In-Kind Offset		
	Check if hr-Kind Offset		or have a harden and a segregative
	Check if. In-Kind Offset		
	Check il: [1] In-Kind Offsel		
	Check if. [1] In-Kind Offset		7
	SUB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	, 75.26
		TOTAL ITEMIZED EXPENDITURES	, 515.28
		TOTAL UNITEMIZED EXPENDITURES	, 0.00
		TOTAL EXPENDITURES	\$ 515.28

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

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Complete Comm			
Oreg	For Madisen		
Instructions for	completing schedules are on the back of each schedule.		
Date	Full Name, Mailing Address and Zip Code	Amount	Y-T-D Total
_	Check if: In-Kind Loan		
	Check if. hr-Kind Loan		
	Check if: In-Kind I Loan		
	Check it: 🚺 In-Kind 🔟 Loan		
	Check if In-Kind I Loan		
	Greek II I II II II I I I I I I I I I I I		
	Cheek #		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
_	Check if. [In-Kind [Loan		
	CHRYSTAL CONTRIBUTIONS (Tarreton And The SACE	s 0 100	0.00
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		0.00
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	, 0.00	0.00

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES \$

SCHEDULE 3-A

Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page _____ of _____

Complete C	ommittee Name g For Madison				
Instruction	s for completing schedules are on the back of each	schedule.	_		
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Penod
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
	}	Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1					
		Nature of Debt (Purpose)		- Address of the Control of the Cont	- Lucianian-
Date	Full Name, Mailing Address and Zip Code of Creditor				·······
/ /	rull Name, making Address and ZIP Code of Creditor				
' '		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
/ /		Nature of Debt (Purpose)	Anton		
		reaction of poor (r dipose)			
Date	Full Name, Mailing Address and Zip Code of Creditor			0.00	
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	J			
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1	•				
		Nature of Debt (Purpose)			
Date	Eull Name Mailine Address and To College On the				
/ /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE			
			AL ITEMIZED OBLIGATI		
	TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS				
		TOTA	L INCURRED OBLIGATI	ONS \$ 💟	

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page ____ of ___

Greg For Madison								
Instructions for completing schedules are on the back of each Full Name, Mailing Address and Zip Code of Loan: Greg Dixon 5308 Waher Ave 12/11/20 Madison W 1 537	Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Pariod	Outstanding Obligationa End of This Penod			
	16	25.00	0	0	25.00			
List All Endorsers or Guarantors (if any)								
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation						
	Amount Guarante	ed Outstanding						
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation						
	Amount Guarante	Amount Guaranteed Outstanding						
	\$							
Full Name, Mailing Address and Zip Code of Loan	Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period			
Date / /								
List All Endorsers or Guarantors (if any)								
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation						
	Amount Guarante	eed Outstanding						
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation						
	Amount Guarante	Amount Guaranteed Outstending \$						
		1		• • • • • • • • • • • • • • • • • • • •	1 0			
Full Name, Mailing Address and Zip Code of Loan	Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period			
Date /								
List All Endorsers or Guarantors (if any)								
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation						
U Sparangi	Amount Guarante	Amount Guaranteed Outstanding						
	\$							
Full Name, Mailing Address and Zip Code of Guarantor	Occupation							
		Amount Guaranteed Outstanding						
	\$							
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