CAMPAIG LOCAL COM					
Is This Report an Amendment:	⊠ No				
Instructions for completing schedules are on the ba	ack of each schedule.				
COMMITTEE IDENTIFICATION					
Name of Committee  Grass For Madison					
Street Address			OF	FICE USE ONLY	
5308 Maher HVC City, State and Zip Code			_	_	
Street Address  Street Address  Street Address  City, State and Zip Code  Madison WI 53716					
Please check if address is different than previously reported, a	and complete the Campaign Regi	istration State	ment in the b	ack of this form.	
NAME OF REPORT					
January Continuing Pre-Primary		_			
☐ July Continuing Pre-Election	Spring F	fall 🔲 S	Special	Termination Report also complete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colur	nn B		
DISBURSEMENTS	This Period	Caler Year-Te			
1. RECEIPTS					
1A. Contributions (Including Loans) from Individuals	\$ 900.00		0.00		
1B. Contributions from Committees (Transfers-In)	\$ 0.00	Ψ	2.00		
1C. Other Income and Commercial Loans	s 0.00	\$ 6	0.00		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 900.00	\$ 90	0.00		
2. DISBURSEMENTS					
2A. Gross Expenditures	\$ 396.00	\$ 396	00.00		
2B. Contributions to Committees (Transfers-Out)	s 00.00	\$ .0	.00		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 396.00	\$ 396	.00		
CASH SUMMARY					
Cash Balance Beginning of Report	\$ 0,00			•	
Total Receipts	\$ 900.00				
Subtotal	\$ 900.00				
Total Disbursements	\$ 396.00				
CASH BALANCE END OF REPORT	\$ 504.00				
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)  \$ 0.00					
LOANS (Balance at the Close of This Period-3B)	\$				
I certify that I have examined this report and to the best o	f my knowledge and belief it is	s true, correc	t and compl	ete.	
Type or Print Name of Candidate or Treasurer Signature of Candidate or Treasurer Date: 1/14/2/					
Grag Dixan	Email gedixon agma.	1. com	·	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

Page \_\_\_\_ of \_\_\_

Complete Committee Name
Greg Fer Madisen
Instructions of completing schedules are on the back of each schedule

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
12/11/20	Ralph Kanten 1529 Merrisen St Madison, WI 53703	accountant	500.00	500.00
	Check if In-Kind Loan Conduit – Ethics ID#			
12/19/20	Emily Steinwehr 5308 Maher Ave Madison, W1 53716	teacher	400.00	400.00
	Check if I In-Kind Loan Conduit - Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan ☐ Conduit – Ethics ID#			
	Check if: I In-Kind Loan Conduit – Ethics ID#			
	Check if ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if: ☐ In-Kind ☐ Loan☐ Conduit – Ethics ID#			
	Check if In-Kind Loan Conduit - Ethics ID#	<u> </u>		
	SUBTOTAL	s 900,00	900.00	
		\$ 900.00		
	TOTAL ANON	s 0.00	0.00	
	TOTAL CONTRIB	s 900.00	900.00	

#### SCHEDULE 1-B

# RECEIPTS Contributions from Committees (Transfers-In)

Page	1	of	1	
uge	•	OI.	•	

Complete Committee Name	A 1	
Greg For	$\Lambda \Lambda \Lambda \sim 1$	
Only For	Mansan	

Instructions for completing schedules 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:	
	Check if: In-Kind Loan	
	Check if: In-Kind I Loan	
	Check if: In-Kind Loan	
	Check if:	
	Check if:	
	Check if: I In-Kind Loan	
	Check if: In-Kind Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE	s 0.00
	THIS PAGE	s 0.00
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	s_ 0.00

SCHEDULE 2-A

#### DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Committee Name

Greg 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
	Amazon web Services, Inc. 410 Tenny AveNorth Seattle, w A 98109 Check if: 1 In-Kind Offset	greg4madison, com domain registration	12.00
12/24/20	SVMK Ine. DBA Survey Menkey Curiosity way 94403 San Mateo CAI 94403 Check if: In-Kind Offset	potential constituent surveys	384.00
	Check if:   In-Kind Offset		
	Check if: In-Kind Offset		
	Check if: In-Kind Offset		
	Check if:  In-Kind Offset		
	Check if:  In-Kind Offset		
	Check if: In-Kind Offset		
	SUE	STOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 396.00 \$ 396.00
		TOTAL ITEMIZED EXPENDITURES	\$ 396.00
		TOTAL UNITEMIZED EXPENDITURES	\$ 0.00
		TOTAL EXPENDITURES	s 396.00

SCHEDULE 3-A

#### Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

Page \_\_\_\_\_ of \_\_\_\_\_

0.00

0.00

Gre	eg For Madisen				
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 Period
Date /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
/ /		Nature of Debt (Purpose)			_
Date	Full Name, Mailing Address and Zip Code of Creditor				
/ /		Nature of Debt (Purpose)			
Date /	Full Name, Mailing Address and Zip Code of Creditor				
, ,		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
, ,		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
, ,		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
, ,		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor				
1 1		Nature of Debt (Purpose)			
		SUBTOTAL ITEMIZER	OBLIGATIONS THIS PA	AGE \$	0,00
			AL ITEMIZED OBLIGATION		0.00

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS \$

TOTAL INCURRED OBLIGATIONS \$

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 s	schedule.				
Full Name, Mailing Address and Zip Code of Loan Soi		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
Date / J		0	0	0	0
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Loan Sol	urce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Penod	Outstanding Obligations End of This Period
1 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code	Occupation			<u> </u>	
of Guarantor	Amount Guarantee	ed Outstanding			
	\$				
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	_			
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Loan So  Date	urce	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
1 1					
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			
Full Name, Mailing Address and Zip Code of Guarantor	Occupation				
	Amount Guarantee	ed Outstanding			_
		SUBTOTAL O	UTSTANDING LOAI	NS THIS PAGE	s 0,00
			TOTAL OUTSTA	NDING LOANS	s 0.00