	GN FINANCE REPORT		
Is This Report an Amendment: 🔀 Yes	□ No		
Instructions for completing schedules are on the b	ack of each schedule.		
COMMITTEE IDENTIFICATION			
Name of Committee  Greg For Madison  Street Address  5308 Maher Ave			OFFICE USE ONLY
City, State and App Code			
Madison WI 53716			
Please check if address is different than previously reported,	and complete the Campaign Reg	istration Statement in th	e back of this form.
NAME OF REPORT			
January Continuing 2022 Pre-Primary  July Continuing  September Continuing Pre-Election	Spring 1	Fall Special	Termination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar	
1. RECEIPTS		Year-To-Date	
IA. Contributions (Including Loans) from Individuals	\$ 11.35	\$ 21.35	
1B. Contributions from Committees (Transfers-In)	\$ O	\$ Ø	
IC. Other Income and Commercial Loans	\$ O	\$ 0	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 11.35	\$ 21.35	
2. DISBURSEMENTS			
2A. Gross Expenditures	\$ 19.17	\$ 533.86	
2B. Contributions to Committees (Transfers-Out)	s o	s 0	7
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 19.17	\$ 533.86	
CASH SUMMARY			
Cash Balance Beginning of Report	5 32.82		
Total Receipts	\$ 11.35		
Subtotal	s 44.17		
Total Disbursements	\$ 19,17		
CASH BALANCE END OF REPORT	\$ 25.00		
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0.00		
LOANS (Balance at the Close of This Period-3B)	\$ 25.00	J	
I certify that I have examined this report and to the best	of my knowledge and belief it i	is true, correct and com	plete.
Type or Print Name of Candidate or Treasurer  Greg Dixon	Signature of Candidate or Treasurer  Email 9 29 4 madison	Date:	11 1 2 Z ne 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.11.1401, Wis. Stats.

SCHEDULE 1-A

## RECEIPTS Contributions (Including Loans) From Individuals

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

Greg For Mauisan	
Instructions for 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
12/22/21	Greg Dixon 5308 Maher Ave Madizon WI 53716 Check if: [In-Kind [Loan] Conduit - Ethics ID#		11.35	21.35
	Check if. In-Kind Loan Conduit - Ethics ID#			
	Check if: In-Kind Loan Conduit – Ethics ID#			
	Check if: In-Kind Loan Conduit - Ethics ID#		- WANDAN WAND	_
		1		
····	Check if: In-Kind Loan Conduit - Ethics ID#			
	Check if. In-Kind Loan Conduit - Ethics ID#			
	Check if. In-Kind Loan Conduit - Ethics ID#			
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 11.35	21.35
TOTAL ITEMIZED CONTRIBUTIONS			\$ 11.35	21.35
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS			\$ 0	21.35
	TOTAL CONTRI	BUTIONS RECEIVED FROM INDIVIDUALS	\$ 11.35	d(\ ) J

### SCHEDULE 1-B

# RECEIPTS Contributions from Committees (Transfers-In)

Page	of (	

nplete Committee Name	
ipiete Committee Hame	

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: Tr-Kind Loan	
	Check if: In-Kind Loan	
	Check if: In-Kind Loan	
	Check rf: In-Kind Loan	
	Check if. In-Kind Loan	
_	Check if: In-Kind Loan	
WINDS.	Check if.   In-Kind   Loan	
	Check if: In-Kind Loan	
	SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE	. 0
	TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES	s O

SCHEDULE	1 ^
SCHEDULE	1-6

## RECEIPTS Other Income and Commercial Loans

Page	l	of	l
5-	<u> </u>		-

		e and Commercial Loans	. ege <u></u> e. <u></u>
Complete Com	For Madizon		
Instructions for	or completing schedules are on the back of each sched	ule.	
Date	Full Name, Malling Address and Zip Code of Source of Income	Type of Income	Amount
	4.45.55		
	10.000000000000000000000000000000000000		
	7.074		
_			
***************************************			
	Table 1		
		SUBTOTAL OTHER INCOME THIS PAGE	, 0
			•

TOTAL ITEMIZED OTHER INCOME \$

TOTAL OTHER INCOME \$

0

sc	HF	DH	П	= 2	-Δ
9		9			

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

Check if: In-Kind Offset

Check if. In-Kind Offset

### DISBURSEMENTS Gross Expenditures

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

Amount

[	Complete Comm	ittee Name For Madison	
•	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 <b>Ma</b> de	Specific Purpose of Expenditure
	12/22/4	Go Daddy. com UC 14455 N. Hayden Rd Ste 219 Scotts dale AZ 25260	domain renewal

,219	Jomain renental	[9.17
	<u> </u>	
\$UB	TOTAL ITEMIZED EXPENDITURES THIS PAGE	s 19.17
TOTAL ITEMIZED EXPENDITURES		\$ 19.17
	TOTAL UNITEMIZED EXPENDITURES	\$ 0.00
	TOTAL EXPENDITURES	\$ 19.17

SCHEDULE 2-B

# DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page	Į	of \	
- 3			

G-y 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
	Charles [7] haves [7] have		
	Check if:		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: I In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	Check if: In-Kind Loan		
	SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	s 0	0
	TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES	s 0	0

SCHEDULE 3-A

## Incurred Obligations Excluding Loans ADDITIONAL DISCLOSURE

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

Compleie Compleie	ommittee Name		7		
	er Far Mudisai				
Instructions	for completing schedules are on the back of each	schedule.			
		Outstanding Balance Beginning This Penod	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				
1 1		Nature of Debt (Purpose)			
		( dipose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	_	1 80 8380 800 800		
/ /		Nature of Debt (Purpose)	10.00		
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				
, ,		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	<del> </del>			
1 1					
		Nature of Debt (Purpose)			
Date	Full Name, Mailing Address and Zip Code of Creditor	Anada		and deliberation of the control of t	
1 1		Nature of Debt (Purpose)		*AV	
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	Tanna, walling radios and sup sociolo district				
		Nature of Debt (Purpose)	. 201	Administration	_ [
		SUBTOTAL ITEMIZED	OBLIGATIONS THIS F	PAGE \$ Q	
		тот	AL ITEMIZED OBLIGAT	ions \$ 0	
		TOTAL UNITEMIZED	OBLIGATIONS \$20 OR	LESS \$ O	
		TOTA	L INCURRED OBLIGAT	ions \$ O	-

#### SCHEDULE 3-B

#### Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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

Greg Far Wadison							
Full Name, Mailing Address and Zip Code of Loan Source Greg Dixon 5305 Waher Ave 211120 Madison WI 53716		Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Pariod	Outstanding Obligations End of This Penod		
List All Endorsers or Guarantors (if any)	/10	25.00	0	OPTITUDE DE LA CONTRACTION DEL CONTRACTION DE LA	23.00		
Full Name, Mailing Address and Zip Code of Guarantor	Occupation  Amount Guarantee	Occupation  Amount Guaranteed Outstanding					
	s						
Full Name, Mailing Address and Zip Code of Guarantor	Occupation  Amount Guarantee	Occupation  Amount Guaranteed Outstanding					
	\$	\$					
Full Name, Mailing Address and Zip Code of Loa	n Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Penod		
Date /							
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 Loa  Date	Full Name, Mailing Address and Zip Code of Loan Source		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	Occupation					
	Amount Guarante	ed Outstanding			_		
Full Name, Mailing Address and Zip Code of Guarantor	Occupation	Occupation					
	Amount Guarante	ed Outstanding					