CAMPAIGN FINANCE REPORT						
Is this report an Amendment?						
COMMITTEE IDENTIFICATION]					
Name of Committee Gloria Reyes for Madison School E]					
Address 4002 Tomscot Trail						
City, State, ZIP Madison, WI 53704						ONLY
Please check if address is different than previously reported	_					
NAME OF REPORT Jan Continuing Pre-Primary 20 Spring					Fall	Special
July 2022 Continuing Pre-election	_ , _ , _					Special
September 20 Continuing						
SUMMARY OF RECEIPTS AND DISBURSEMENTS		Column A		Column B	Audited Total	5
1. RECEIPTS]	Γhis Period		YTD	Office Use On	ly
A. Contributions including Loans from Individuals	\$	-	\$	14,398.98		
B. Contributions from Committees (Transfers-In)	\$	-	\$	1,150.00		
C. Other Income and Commercial Loans	\$	-				
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$	-	\$	15,548.98		
2. DISBURSEMENTS						
A. Gross Expenditures	\$	5.00	\$	14,686.97		
B. Contributions to Committees (Transfers-Out)	\$	-				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	5.00	\$	14,686.97		upas varancia
CASH SUMMARY						
Cash Balance at Beginning of Report	\$	862.01				
Total Receipts	\$	-				
Subtotal	\$	862.01				
Total Disbursements	\$	5.00				
CASH BALANCE AT END OF REPORT	\$	857.01				
INCURRED OBLIGATIONS (at close of period)	\$	-				
LOANS (at close of period)	\$	-				
I certify that I have examined this report and to the best of my knowl	edge (and belief it is true	e, co	orrect and complet	e.	
Type or Print Name of Candidate or Treasurer	Signa	ture of Candidate or T	reas	urer	Date	
Jonathan D. Gramling, Treasurer	Jonathan D. Gramling 7/15/2022					
	Email		4.1		Daytime Phone	
	grar	nling@capitalci	tyhi	ues.com	608-469-0009	

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.

Print the completed report and file with your local clerk or election commission by the filing deadline. ETHCF-2LE (01/16)

SCHEDULE 2-A Gross Expenditures

ENTS	Name and American		_
COMMENT			
AMOUNT	\$ 5.00		
PURPOSE	Annual Debit Card Fee		
ZIP	53708 A		
ST	Μ		
CITY	Madison		
ADDRESS	P.O. Box 8046		
NAME			
<u>DATE</u>	01/31/22		
N-KINE			