

**Note:** Use of this form is required by the Ethics Commission for reporting campaign finance activity. Completion of this form is mandatory for local committees. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Office Use Only

Is this report an amendment? ☐ Yes ☐ No

### COMMITTEE IDENTIFICATION

Committee Name	Veronica for District 18		
Mailing Address	3709 School Road, Madison, WI 53704		
Email	<a href="mailto:veronicadistrict18@gmail.com">veronicadistrict18@gmail.com</a>	Daytime Phone	608-772-0382

### FILING PERIOD

<input checked="" type="checkbox"/> January Continuing	<input type="checkbox"/> Spring Pre-Primary	<input type="checkbox"/> Fall Pre-Primary	<input type="checkbox"/> Special Pre-Primary	Report Year	2021
<input type="checkbox"/> July Continuing	<input type="checkbox"/> Spring Pre-Election	<input type="checkbox"/> September	<input type="checkbox"/> Special Pre-Election	Is this a Termination Report?	
	<input type="checkbox"/> Fall Pre-Election	<input type="checkbox"/> Special Post-		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SUMMARY OF MONETARY RECEIPTS AND DISBURSEMENTS

	This Period	Year-to-Date	Office Use Only	
<b>Beginning Cash On-Hand</b>	\$ -			
<b>1. Money Received</b>				
1-A. Monetary Contributions from Individuals	\$ 100.00	\$ 100.00		
1-B. Monetary Contributions from Committees (Transfers)	\$ -	\$ -		
1-C. Other Income and Commercial Loans	\$ -	\$ -		
<b>Total Monetary Receipts</b>	\$ 100.00	\$ 100.00		
<b>2. Money Spent</b>				
2-A. Gross Monetary Expenditures	\$ -	\$ -		
2-B. Monetary Contributions to Committees (Transfers-O	\$ -	\$ -		
<b>Total Monetary Disbursements</b>	\$ -	\$ -		
<b>Ending Cash On-Hand</b>	\$ 100.00			

### SUMMARY OF OUTSTANDING DEBTS

3-A. Incurred Obligations (Unpaid Bills)	\$ -		
3-B. Outstanding Loan Balance	\$ -		

### SUMMARY OF NON-MONETARY / IN-KIND ACTIVITY

1-D. In-Kind Contributions Received	\$ -	\$ -	
2-C. In-Kind Contributions Made	\$ -	\$ -	

I certify that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.

Jonathan D. Gramling

Jonathan D. Gramling

1/14/2021

Signature of the candidate or treasurer

Print Name

Date

**Monetary Contributions from Individuals (Including Personal Loans)**

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount
1/26/2020	Jonathan D. Gramling	303 Whispering Pines Way	Fitchburg	WI	53713	Accountant		\$ 100.00