

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: Yes No

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

COMMITTEE IDENTIFICATION

Name of Committee

Greg For Madison

Street Address

5308 Maher Ave

City, State and Zip Code

Madison WI 53716

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing _____ Pre-Primary *'21*
 July Continuing _____ Spring Fall Special Termination Report
 September Continuing _____ Pre-Election _____ also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

	Column A This Period	Column B Calendar Year-To-Date
1. RECEIPTS		
IA. Contributions (Including Loans) from Individuals	\$ 10.00	\$ 10.00
IB. Contributions from Committees (Transfers-In)	\$ 0.00	\$ 0.00
IC. Other Income and Commercial Loans	\$ 0.00	\$ 0.00
TOTAL RECEIPTS (Add totals from IA, IB and IC)	\$ 10.00	\$ 10.00
2. DISBURSEMENTS		
2A. Gross Expenditures	\$ 515.28	\$ 515.28
2B. Contributions to Committees (Transfers-Out)	\$ 0.00	\$ 0.00
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 515.28	\$ 515.28

CASH SUMMARY

Cash Balance Beginning of Report	\$ 538.10
Total Receipts	\$ 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

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 <i>Greg Dixon</i>	Signature of Candidate or Treasurer <i>[Signature]</i>	Date: <i>10/26/22</i>
	Email <i>greg4madison@gmail.com</i>	Daytime Phone: <i>608-616-0040</i>

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.

Contributions (Including Loans) From Individuals

Complete Committee Name
Greg For Madison

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
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$ 0.00	0.00
TOTAL ITEMIZED CONTRIBUTIONS	\$ 0.00	0.00
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$ 10.00	10.00
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$ 10.00	10.00

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name
Grey For Madison

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 <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ <u>0</u>
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ <u>0</u>

Complete Committee Name
Greg 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 Made	Specific Purpose of Expenditure	Amount
1/6/21	A Quality S. gus, 4606 Pflaum Rd, Madison, WI 53718 Check if: <input type="checkbox"/> In-Kind Offset	yard signs	295.40
1/7/21	Farm & Fleet, 2202 S. Stoughton Rd, Madison, WI 53716 Check if: <input type="checkbox"/> In-Kind Offset	hand warmers, constituent walk & talk	5.26
1/9/21	GoDaddy.com LLC, 14455 N Hayden Rd Ste 219, Scottsdale AZ 85260 Check if: <input type="checkbox"/> In-Kind Offset	domain registration, gregformadison.com	12.17
1/12/21	Farm & Fleet, see above address Check if: <input type="checkbox"/> In-Kind Offset	AC adapter for GPS batteries recharging, constituent walk & talk	5.26
1/14/21	GoDaddy.com LLC (address above) Check if: <input type="checkbox"/> In-Kind Offset	SSL security certificate	79.99
1/17/21	US Postal Service, 8300 NE Underground Blvd, Kansas City, MO 64144 Check if: <input type="checkbox"/> In-Kind Offset	stamps, constituent mailings	19.30
1/17/21	Costco Wholesale, 2850 Hoepler Rd, Sun Prairie WI 53590 Check if: <input type="checkbox"/> In-Kind Offset	postcards, constituent mailings	17.40
1/19/21	Walmart, 2151 Royal Ave, Monona WI 53713 Check if: <input type="checkbox"/> In-Kind Offset	Card stock, constituent mailings	5.24
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 440.02
TOTAL ITEMIZED EXPENDITURES			\$ see pg 2
TOTAL UNITEMIZED EXPENDITURES			\$ see pg 2
TOTAL EXPENDITURES			\$ see pg 2

SCHEDULE 2-A

DISBURSEMENTS
Gross Expenditures

Complete Committee Name
Greg 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 Made	Specific Purpose of Expenditure	Amount
1/24/21	Walmart (see address page 1) Check if: <input type="checkbox"/> In-Kind Offset	color paper, lit drops	5.24
1/31/21	Greg Dixon, 5308 Mather Ave, Madison, WI 53716 Check if: <input type="checkbox"/> In-Kind Offset	personal auto, mileage reimbursement	69.43
1/13/21	Stripe Inc. 354 Oyster Point Blvd South San Francisco CA 94080 Check if: <input type="checkbox"/> In-Kind Offset	contribution credit card processing fee	0.59
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE	\$ 75.26
TOTAL ITEMIZED EXPENDITURES	\$ 515.28
TOTAL UNITEMIZED EXPENDITURES	\$ 0.00
TOTAL EXPENDITURES	\$ 515.28

DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Complete Committee Name
Greg For Madison

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: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$ <u>0.00</u>	<u>0.00</u>
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$ <u>0.00</u>	<u>0.00</u>

**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Complete Committee Name
Greg For Madison

Instructions 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)				

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$ 0

TOTAL ITEMIZED OBLIGATIONS

\$ 0

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$ 0

TOTAL INCURRED OBLIGATIONS

\$ 0

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

Complete Committee Name
Greg For Madison

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

Date	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
12/11/20	Greg Dixon 5309 Maher Ave Madison WI 53716	25.00	0	0	25.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	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
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

Date	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
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$ 25.00

TOTAL OUTSTANDING LOANS \$ 25.00