CAMPAIGN FINANCE REPORT – LOCAL COMMITTEE STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for infinance activity. Completion of this form is mandatory for local concernsion's intention to use any personally identifiable information any other purpose. Is this report an amendment? Yes COMMITTEE IDENTIFICATION Committee Name Mailing Address 22:	mmittees. It is not the					
Email BGRAYSON74@GMAIL.COM	Daytime Phone	(608)	520-3062			
FILING PERIOD						
· · · · · · · · · · · · · · · · · · ·	Special Pre-Primary	Report Year				
	Special Pre-Election		nination Report?			
Fall Pre-Election	Special Post-Election	Yes	No			
SUMMARY OF MONETARY RECEIPTS AND DISBURS	SEMENTS					
	This Period	Year-to-Date	Office Use Only			
Beginning Cash On-Hand	\$ 2,352.92					
1. Money Received						
1-A. Monetary Contributions from Individuals	\$-					
1-B. Monetary Contributions from Committees (Transfers-In)	\$-					
1-C. Other Income and Commercial Loans	\$-					
Total Monetary Receipts	\$ -	\$ -				
2. Money Spent						
2-A. Gross Monetary Expenditures	\$ 5.00					
2-B. Monetary Contributions to Committees (Transfers-Out)	\$-					
Total Monetary Disbursements	\$ 5.00	\$ -				
Ending Cash On-Hand	\$ 2,347.92					
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.

Shiva Bidar Sielebb

Shiva Bidar-Sielaff

Signature of the candidate or treasurer

Print Name

Date

1/17/2022

Date	Name	Address	City	ST	Zip	Occupation	Comments	Amount

Income	e Schedule 1-B	Monetary	Contributions from C	ommittees (1	Frans	sfers-	ln)	Pa	age 3 of 10	
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Date Committee Name Address City ST Zin Comments Amount								
	Date	Committee Name	Address	City	ST	Zip	Comments	Amount

Incom	e Schedule 1-C	Other Inc	Other Income and Commercial Loans					age 4 of 10
Date	Name	Address	City	ST	Zip	Reason for Income	Comments	Amount

Incom	e Schedule 1-D	In-Kind Contributions Received / Non-Monetary Income				netary income	age 5 of 10
Date	Name	Address	City	ST	Zip	Comments	Value

Disbursements Schedule 2-A Gross Monetary Expenditures								age 6	of 10
Date	Name	Address	City	ST	Zip	Purpose	Comments		Amount
12/31/2021	Summit Credit Union	PO Box 8046	Madison	WI	53708	Annual Card Fee		\$	5.00

Disbur	Disbursements Schedule 2-B Monetary Contributions to Con			nsfe	ers-Ou	it) Pa	Page 7 of 10	
Date	Committee Name	Address	City	ST	Zip	Comments	Amount	

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Disbur	sements Schedule 2-C	In-Kind Contributions Made				e Pa	age 8 of 10
Date	Name	Address	City	ST	Zip	Comments	Value

Debts Schedule 3-A

Incurred Obligations Excluding Loans (Unpaid Bills)

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Date	Name	Address	City	ST	Zip	Purpose	Outstanding Balance, Beginning of Period	New Obligation This Period	Outstanding Balance, Close of Period
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Debts	Schedule 3-B
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Loans (Personal, Committee, Commercial)

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Date	Name	Address	City	ST	Zip	Guarantor (if Any)	Outstanding Balance, Beginning of Period	New Loan Amount This Period	Outstanding Balance, Close of Period
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