

**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

Diego Colorado

Street Address

4402 Boulder Terrace

City, State and Zip Code

Madiso, WI 53711

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

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 250	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 250	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 44.99	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 44.99	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ 0
Total Receipts	\$ 250
Subtotal	\$ 250
Total Disbursements	\$ 44.99
CASH BALANCE END OF REPORT	\$ 205.01
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

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 Diego Colorado	Signature of Candidate or Treasurer <i>Diego Colorado</i> Date: 2/12/2023 Email Colorado4wisconsin@gmail.com Daytime Phone: 608.982.5608
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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.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name _____

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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
1/20/23	Sally Stix 2217 Aspen rd. Madison, WI 53711 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID#	Not Employed	\$250	\$250
	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	\$	\$250
TOTAL ITEMIZED CONTRIBUTIONS	\$	\$250
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS	\$	0
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	\$250

SCHEDULE 2-A

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

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Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/13/2023	SquareSpace, inc 8 clarkson st New York, NY 10014 Check if: <input type="checkbox"/> In-Kind Offset	Website	\$23.00
1/13/2023	SquareSpace, inc 8 clarkson st New York, NY 10014 Check if: <input type="checkbox"/> In-Kind Offset	Domain	\$20.00
1/18/2023	Google 1600 Amphitheatre Parkway Mountain View, CA 94043 Check if: <input type="checkbox"/> In-Kind Offset	Storage	\$1.99
	 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		
	 Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 44.99
TOTAL ITEMIZED EXPENDITURES			\$ 44.99
TOTAL UNITEMIZED EXPENDITURES			\$ 0
TOTAL EXPENDITURES			\$ 44.99