

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION					
A1. Name of Committee/Conduit (in full)					
A2. Committee/Conduit ID Number (if applicable)	A3. Email A4. P		Phone		
A5. Mailing Address	A6. City		A7. State	A8. Zip	
SECTION B: REPORT INFORMATION					
B1. Report Type (Choose One) January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary September Fall Pre-Election	Special Pre-Election ection Special Post-Election		B2. Special Election Date (if applicable)	
The start date for your campaign finance report should be the day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and			3. Reporting Period Start Date		
an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar B4. Reporting Period End D			End Date		
Party and Legislative Campaign Committees Only					
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) General Fund Segregated Fund					
SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)					
Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is calendar year			quest and Affirmation strant is eligible for a filing exemption e to request an exemption for this erant is not requesting exemption		
SECTION D: CERTIFICATION					
I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).					
Authorized Representative	6: 4		1	D1 D /	
D1. Printed Name D2.	Signature 1. 1. Meri	\(\)		D3. Date	