

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			
Al. Name of Committee/Conduit (in full) Friends of David Hoffert			
A2. Committee/Conduit ID Number (if applicable)	A3. Email Friends@david	A3. Email Friends@davidhoffert.com 608-501-3243 A6. City Madison MI \$3711	
A5. Mailing Address 2006 Monroe St	A6. City Madison	A7. State WI	A8. Zip
SECTION B: REPORT INFORMATION			
B1. Report Type (Choose One) January Continuing Spring Pre-Prim July Continuing Spring Pre-Elect		Special Pre-Primary Special Pre-Election Special Post-Election	B2. Special Election Date (if applicable)
Reporting Period The start date for your campaign finance report should be the previous campaign finance. Example: If your previous report an end date of June 30, this report should have a start date of	B3. Reporting Period Start Date July 1, 2023 B4. Reporting Period End Date		
Review the filing calendar with reporting periods online at: <u>https://Ethics.wi.gov/FilingCalendar</u>		December 31, 2023	
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)			
Filing Exemption Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.		C1. Exemption Request and Affirmation	
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 D1. Printed Name D2. Signature D3. Date			
David Hoffert	Aut		D3. Date