



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)

Madison for Madison

A2. Committee/Conduit ID Number (if applicable)

A3. Email

madisonformadison@gmail.com

A4. Phone

608-403-5665

A5. Mailing Address

5022 American Parkway, 490

A6. City

Madison

A7. State

WI

A8. Zip

53718

SECTION B: REPORT INFORMATION

B1. Report Type (Choose One)

January Continuing

Spring Pre-Primary

Fall Pre-Primary

Special Pre-Primary

July Continuing

Spring Pre-Election

September

Special Pre-Election

Fall Pre-Election

Special Post-Election

B2. Special Election Date (if applicable)

Reporting Period

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 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>

B3. Reporting Period Start Date

Jan 1 2024

B4. Reporting Period End Date

June 3, 2024

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

Yes, this registrant is eligible for exemption.

No, this registrant 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

D1. Printed Name

Sabrina Madison

D2. Signature

D3. Date

7.15.2024