

## 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) Nichelle Nichols for Public Schools						
A2. Committee/Conduit ID Number (if applicable)	A3. Email nichelle4mmsd@gmail.com	A4. Phone 608-658-5252				
A5. Mailing Address 5320 Park Meadow Drive	A6. City Madison	•	A7. State WI	A8. Zip 53704		
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SECTION B: REPORT INFORMATION							
B1. Report Type (Choose One)	Spring Pre-Primary	Fall Pre-Primary September Fall Pre-Election	Special Pre-Primary Special Pre-Election Special Post-Election	B2. Special Election Date (if applicable)			
<b>Reporting Period</b> The start date for your campaign finance report should be the day following the end date of your		B3. Reporting Period Start Date					
previous campaign finance. Example: If your previous report had a start date of January 1 and		7/1/2024					
an end date of June 30, this report should have a start date of July 1.		B4. Reporting Period End Date					
Review the filing calendar with reporting periods online at: <u>https://Ethics.wi.gov/FilingCalendar</u>		12/31/2024					
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	C1. Exemption Request and Affirmation
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.	Yes, this registrant is eligible for 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	D2. Signature	D3. Date
Nichelle Nichols	Thehelle of Juhala	1/14/2025