

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) Lindsay for Alder				
A2. Committee/Conduit ID Number (if applicable)			A4. Phone 608-217-5217	
A5. Mailing Address	A6. City		A7. Stat	•
5405 Sudbury Way	Madison		WI	53714
SECTION B: REPORT INFORMATION				
B1. Report Type (Choose One) X January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary September Fall Pre-Election	Special Special	Pre-Primary Pre-Election 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			riod Start Date	
4		B4. Reporting Period End Date		
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar 12-31-22				
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.			Request and Affirmation gistrant is eligible for a filing exemption ike to request an exemption for this ar. istrant 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				I na n
D1. Printed Name Lindsay Lemmer D2. S	signature Andrews			D3. Date 1-17-23