

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. Phone | |
| A5. Mailing Address | A6. City | | A7. Sta | te 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 Special | Pre-Primary Pre-Election Post-Election | B2. Special Election Date (if applicable) |
| Reporting Period The start date for your campaign finance report should be the day for previous campaign finance. Example: If your previous report had a an end date of June 30, this report should have a start date of July 1 | B3. Reporting Period Start Date B4. Reporting Period End Date | | | |
| Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar | | | | |
| 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 that will not accept contributions, make disbursements, aggregate amount of more than \$2,000 in a calendar year are eligible campaign finance reports. Exempt status is effective only for the cale granted. Registrants wishing to remain on exempt status must renew not claim exemption in the year of their election before the day they | C1. Exemption Request and Affirmation Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year. 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 D2. S | Signatur© 7 / | | | D3. Date |
| | Signatur 7. 1. Me | | | Do. Date |