

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	ON				
A1. Name of Committee/Conduit (in full)					
William Tishler					
A2. Committee/Conduit ID Number (if applicable)	A3. Email		A4. Phone		
	wptishler@gmail.com		608.333.1824		
A5. Mailing Address	A6. City		A7. State A8. Zip		
4318 Herrick LN	Madison		WI	53711	
43 10 HeHICK EIN	Madioon				
SECTION B: REPORT INFORMATION					
B1. Report Type (Choose One)				B2. Special Election	
January Continuing Spring Pre-Primary	Fall Pre-Primary	Special Pre-	-Primary	Date (if applicable)	
☐ July Continuing ☐ Spring Pre-Election	September	Special Pre-	-Election		
_	Fall Pre-Election	Special Pos	t-Election		
Reporting Period		B3. Reporting Period	Start Date		
The start date for your campaign finance report should be the day for	3/21/23				
previous campaign finance. Example: If your previous report had a					
			4. Reporting Period End Date		
Review the filing calendar with reporting periods online at: https://l	6/30/21				
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 XYes, this registrant is eligible for exemption.					
exemption from filing campaign finance reports. This exemption applies until the registrant				ioi exemption.	
exceeds the \$2,500 aggregate activity threshold, amends its registra	☐ No, this registrant is not requesting exemption				
				esting exemption	
SECTION D: CERTIFICATION					
I certify that the above named registrant has not engaged in any find			ort and that th	e cash balance remains	
the same as previously reported. This report fulfills the requirement.	s under Wis. Stat. § 11.0103(3))(d).			
Authorized Representative					
D1. Printed Name D2. S	Signature	١		D3. Date	
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