

**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. St	ate	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 Pre-Primary Special Pre-Election Special Post-Election			32. 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 C1. Exemption Request						
Registrants that will not accept contributions, make disbursements, aggregate amount of more than \$2,000 in a calendar year are eligibed campaign finance reports. Exempt status is effective only for the cale	Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.					
granted. Registrants wishing to remain on exempt status must renew not claim exemption in the year of their election before the day they	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	Signature			10	O3. Date	
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