

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. State	A8. Zip
SECTION B: REPORT INFO	RMATION				
B1. Report Type (Choose One) January Continuing Spring Pre-Primary July Continuing Spring Pre-Election		Fall Pre-Primary September Fall Pre-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			B3. Reporting Period Start Date B4. Reporting Period End Date		
an end date of June 30, this report should have a start date of July 1. Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar			B4. Reporting Ferr	od End Date	
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 and wou campaign finance reports. Exempt status is effective only for the calendar year in which it is calendar				ption Request and Affirmation this registrant is eligible for a filing exemption yould like to request an exemption for this dar year. nis registrant is not requesting exemption	
CECTION D. CEDITICIONI					
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	n2 c	ignature		<u> </u>	D3. Date
2 Timed Paint	<i>D2.</i> 3	Allle			De. Date