

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) Friends of Mo Cheeks | | | | | |
| A2. Committee/Conduit ID Number (if applicable) | A3. Email maurice@moche | A3. Email maurice@mocheeks.com | | A4. Phone 608.609.1152 | |
| A5. Mailing Address 3545 Nakoma Rd | A6. City Madison | | A7. State | A8. Zip 53711 | |
| SECTION B: REPORT INFORMATION | | | | | |
| B1. Report Type (Choose One) January Continuing July Continuing Spring Pre-Prima Spring Pre-Elect | ary Fall Pre-Primary | 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 previous campaign finance. Example: If your previous report an end date of June 30, this report should have a start date of Review the filing calendar with reporting periods online at: h | B3. Reporting Period Start Date July 1, 2020 B4. Reporting Period End Date December 31, 2020 | | | | |
| 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 | | | 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 Maurice Chooks | D2. Signature | | | D3. Date 01/15/2021 | |
| Maurice Cheeks | W/all | | | 01/15/2021 | |