

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: REGIST	RANT INFORMATI	ION			
A1. Name of Committee/Conduit					
AS. Mailing Address 207 Morningside Ave		A3. Email angelaformadison@gmail.com As.City Madison		A4. Phone (608) 571-7598 A7. State WI A8. Zip 53716	
B1. Report Type (Choose One) January Continuing July Continuing	Spring Pre-Primary Spring Pre-Election	Fall Pre-Primary September Fall Pre-Election	Special	Pre-Primary Pre-Election Post-Election	B2. Special Election Date (if applicable)
Reporting Period The start date for your compaign 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 1/1/21		
an end date of June 30, this report si Review the filing calendar with repo		B4. Reporting Period End Date 06/30/21			
Party and Legislative Campaign C B5. Is This Report for Your General General Fund	al Fund or Segregated Fund				
SECTION C: LIMITED	ACTIVITY REPOR	TING EXEMPTION			
Filing Exemption Registrants that will not accept contributions, make diabursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign flounce reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must remove each year. Condidates may not claim exemption in the year of their election before the day they appear on the ballot.			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: CERTIFIC	ATION				
certify that the above named registra he same as previously reported. This i				report and that the	e cash balance remains
Authorized Representative DL Printed Name	D2. Si	gnature			D3. Date
Heather Driso	0.00	Heather Dr	ianell		9/23/21