

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 David Hoffert A2. Committee/Conduit ID Number (if applicable) A3. Email	A4. Phone
Friends @	lavidhoffert. com 608-501-3243
A5. Mailing Address A6. City	A7. State A8. Zip
2006 Monroe St Madiso	NI 53711
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One) January Continuing Spring Pre-Primary Fall Pre-Prim	B2. Special Election Date (if applicable)
July Continuing Spring Pre-Election September	Special Pre-Election
Fall Pre-Elec	tion Special Post-Election
Reporting Period	B3. Reporting Period Start Date
The start date for your campaign finance report should be the day following the end date of previous campaign finance. Example: If your previous report had a start date of January 1	1 14.111 1 10.21
an end date of June 30, this report should have a start date of July 1.	B4. Reporting Period End Date
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCale	endar December 31, 2022
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 EXEMP	FION (OPTIONAL)
Filing Exemption	C1. Exemption Request and Affirmation
Registrants which do not anticipate accepting or making contributions, making disburseme	nts, or
incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may cleen exemption from filing campaign finance reports. This exemption applies until the reg	The state of the s
exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.	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. Signature	D3. Date
David Hoffert / fl	Ut 1/14/2023