

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) Committee, to elect Donna V. Moreland A2. Committee/Conduit ID Number (if applicable) A3. Email A4. Phone				
A5. Mailing Address	hurd . donna @ yal	noo. com	A7. State	A8. Zip
3818 Mammoth Trail	Madison	¥ /	WI	53719
SECTION B: REPORT INFORMATION	٧			
B1. Report Type (Choose One) January Continuing Spring Pre-Pring July Continuing Spring Pre-Elect		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 day following the end date of your previous campaign finance. Example: If your previous report had a start date of January 1 and an end date of June 30, this report should have a start date of July 1. B3. Reporting Period Start Date 7 1 2022 B4. Reporting Period End Date				
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar 12/31/2022				
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 EXEMPTION (OPTIONAL)				
Filing Exemption Registrants which do not anticipate accepting or making contributions, making disbursements, or				
incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant				
exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.				
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				
Donna V. Moreland Donna V. Moreland			1/31/2023	