

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 Tag Exers			
A2. Committee/Conduit ID Number (if applicable)	A3. Email	A4. Phone	
	togevers	egwan 608	219 9676
A5. Mailing Address	A6. City	A7. Stat	e A8. Zip
GIM NEPS FUE	Magleon	ω	53711
SECTION B: REPORT INFORMA	TION		
	HON		
B1. Report Type (Choose One) January Continuing Spring Pr	re-Primary Fall Pre-Primary		B2. Special Election
	re-Primary	Special Pre-Primary Special Pre-Election	Date (if applicable)
Reporting Period	Fall Pre-Election	Special Post-Election	
The start date for your campaign finance report should be the day following the and 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. Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar B4. Reporting Period End Date JUNE 30, 2024			
Party and Legislative Campaign Committees Only B5. Is This Beport for Your General Fund or Segregated Fund Account? (Choose One)			
General Fund Segregated Fund			
SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)			
Filing Exemption		C1. Exemption Request and Affirmation	
Registrants which do not anticipate accepting or makin incurring obligations in an aggregate amount exceeding	☐ Yes, this registrant is eligible for exemption.		
exemption from filing campaign finance reports. Th			
exceeds the \$2,500 aggregate activity threshold, amend	No, this registrant is not requ	esting exemption	
SECTION D. GERTING TO THE			
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			
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