

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			
A2. Committee/Conduit ID Number (if applicable)	A3. Email hurd, donna @yahoo. com (608) 497-0220 A6. City A7. State A8. Zip		
3818 Mammoth Trail	Madison	A7. State	A8. Zip 53719
SECTION B: REPORT INFORMATION			
B1. Report Type (Choose One) January Continuing Spring Pre-Prim July Continuing Spring Pre-Elect		Special Pre-Primary Special Pre-Election Special 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 UN 1 20 23 B4. Reporting Period End Date			
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar December 31, 2023			
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. C1. Exemption Request and Affirmation Yes, this registrant is eligible for exemption. No, this registrant is not requesting exemption			e for 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			
Donna V. Moreland Dr. Signature Workland Warreland		1/24/2024	