

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

JAN 2 3 2024

THE CLED

Note: Use of this form is required by the Ethics Commission for reporting no activity in 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)	
A2. Committee/Conduit ID Number (if applicable) A3. Email Myaclela (a) 9 mail A4. Phone (b) 69-675' A5. Mailing Address A6. City A7. State A8. Zip Mallson WF 53704	
A5. Mailing Address 1509 DYEWYY LEVE Mackson	A7. State A8. Zip WI 53704
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One) January Continuing	Special Pre-Primary Special Pre-Election Special Post-Election Special Post-Election
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 1	
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar 12 31 23	
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
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 Wame D2. Signature D3. Dage 1/22/2027	