

## 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)  A2. Committee/Conduit ID Number (if applicable)  A3. Email	
A2. Committee/Conduit ID Number (if applicable)  A3. Email  A4. Phone  A5. Mailing Address  A6. Cfty  A7. State  A8. Zip	
A5. Mailing Address  925 Arden In.  A6. Cfty adison  A7. State  WI	A8. Zip
SECTION B: REPORT INFORMATION	
	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  B4. Reporting Period End Date	
Review the filing calendar with reporting periods online at: <a href="https://Ethics.wi.gov/FilingCalendar">https://Ethics.wi.gov/FilingCalendar</a> 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.  No, this registrant is not reque:	sting 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	
D1. Printed Name  D2. Signature  D3. Signature	1/29/24