

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) Laura Simkin for School Board			
A2. Committee/Conduit ID Number (if applicable)	A3. Email Crietzel @ gmail. com 608-770-7106 A6. City Madison A4. Phone 608-770-7106 A7. State A8. Zip W1 53703		
A5. Mailing Address 206 N. Thornton Ave.	Madison	A7.	State A8. Zip 53703
SECTION B: REPORT INFORMATION			
B1. Report Type (Choose One) January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary September Fall Pre-Election	Special Pre-Primary Special Pre-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 Ol/Ol/24 B4. Reporting Period End Date			
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar 06/30/24			
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			Affirmation
incurring obligations in an aggregate amount exceeding \$2,500 in	Yes, this registrant is eli	Yes, this registrant is eligible for exemption.	
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 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 Name Chris Rietz D2. Signature			D3. Date 07/10/24