

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 Sean Burke					
A2. Committee/Conduit ID Number (if applicable)	A3. Email A4.		. Phone		
	burke.sean75@gm	burke.sean75@gmail.com		608-279-5415	
A5. Mailing Address	A6. City			A7. State A8. Zip	
4830 Hayes Road #220	Madison	Madison		53704	
SECTION B: REPORT INFORMATION					
B1. Report Type (Choose One) January Continuing July Continuing Spring Pre-Primar Spring Pre-Election		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 01/01/25			
		B4. Reporting Period End Date			
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar			07/15/25		
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	C1. Exemption Request and Affirmation				
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.		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 an the same as previously reported. This report fulfills the require		, ,	port and that the	e cash balance remains	
Authorized Representative					
D1. Printed Name	D2. Signature	.1		D3. Date	
Sean Burke	3	1	-	07-14-25	