

## 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,  A4. Phone	
	A4. Phone  608-272-1187
A5. Mailing Address 925 Arden Ln. A6. City Mad	Egweil (on 608-772-1187)  A7. State A8. Zip  ETO 1 WI 5371/
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One)    January Continuing	Special Pre-Election
Reporting Period  The start date for your campaign finance report should be the day following the end date of previous campaign finance. Example: If your previous report had a start date of January 1 an end date of June 30, this report should have a start date of July 1.	
Review the filing calendar with reporting periods online at: <a href="https://Ethics.wi.gov/FilingCale">https://Ethics.wi.gov/FilingCale</a>	
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 disbursement	
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.	strant
	☐ 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  D2. Signature  D3. Date  7/15/25	
DEGETVEN	
JUL 1 5 2025	

MADISON CITY CLERK