

## Campaign Finance Report—Statement of No Activi

STATE OF WISCONSIN

JAN 17 2025

period. Completion of this form is mandatory for committees that file on paper. It is not the commission, committees that file on paper. It is not the 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	
A5. Mailing Address  A6. City  A6. City	A4. Phone    A4. Phone
105 Arden Ln Madiso	A WI 5371/
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One)  January Continuing Spring Pre-Primary Fall Pre-Primary  July Continuing Spring Pre-Election 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  7 1 2 4  B4. Reporting Period Find Date	
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar	
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	C1. Exemption Request and Affirmation
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	Yes, this registrant is eligible for exemption.
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  Matt Phair  D2. Signature  Most L	D3. Date
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