



# 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)**

Vote Kim Richman

A2. Committee/Conduit ID Number (if applicable)	A3. Email krichman@pm.me	A4. Phone 608-444-1302	
A5. Mailing Address 1313 Droster Road	A6. City Madison	A7. State WI	A8. Zip 53716

### SECTION B: REPORT INFORMATION

**B1. Report Type (Choose One)**

January Continuing  
 July Continuing

Spring Pre-Primary  
 Spring Pre-Election

Fall Pre-Primary  
 September  
 Fall 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.*

*Review the filing calendar with reporting periods online at: <https://Ethics.wi.gov/FilingCalendar>*

**B3. Reporting Period Start Date**

07/01/2025

**B4. Reporting Period End Date**

12/31/2025

**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.*

**C1. Exemption Request and Affirmation**

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 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 Kim I. Richman	D2. Signature <i>Kim I. Richman</i>	D3. Date 01/13/2026
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