

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) William Tishler					
A2. Committee/Conduit ID Number (if applicable)	A3. Email	A3. Email		A4. Phone	
	wptishler@g	wptishler@gmail.com		608.333.1824	
A5. Mailing Address	A6. City	•		A7. State A8. Zip	
4318 Herrick LN	Madison		WI	53711	
SECTION B: REPORT INFORMATION B1. Report Type (Choose One) January Continuing Spring Pre-Prime	<u> </u>	☐ Special	Pre-Primary	B2. Special Election Date (if applicable)	
July Continuing Spring Pre-Elect	· · · · · · · · · · · · · · · · ·	Special Pre-Election			
	Fall Pre-Election	Special Post-Election			
Reporting Period The start date for your campaign finance report should be the previous campaign finance. Example: If your previous report an end date of June 30, this report should have a start date of	B3. Reporting Period Start Date 3/18/25 B4. Reporting Period End Date				
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar			6/23/25		
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 com- incurring obligations in an aggregate amount exceeding \$2,5 exemption from filing campaign finance reports. This exe	X Yes, this registrant is eligible for exemption.				
exceeds the \$2,500 aggregate activity threshold, amends its re	☐ 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	
Jesse J Czech	Jesse J. Czech			7/7/25	