## 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.

A1. Name of Committee/Conduit (in full)				
Friends of Zach Wood				
A2. Committee/Conduit ID Number (if applicable)	A3. Email zbwood18@gmail.com	<b>A4. Phone</b> 608-469-5523		
A5. Mailing Address 1126 Northland Drive	A6. City Madison	A7. Sta WI		A8. Zip 53704
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B1. Report Type (Choose One)				B2. Special
January Continuing Spring Pre-Primary Fall Pre-P	rimary Special Pre-Primary <b>X</b> July ptember Special Pre-Election Fall P			B2. Special Election Date (if applicable)
January Continuing Spring Pre-Primary Fall Pre-P	ptember Special Pre-Election Fall Pre-Election F	re-Election Special Post-F	Election	

## **Filing Exemption**

Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.

B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)

General Fund Segregated Fund

## C1. Exemption Request and Affirmation

Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this calendar year.

No, this registrant is not requesting exemption

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 Zachary Wood	D2. Signature Zachary Wood	D3. Date 7/15/2025			

Form: CF-2NA (Rev. 02/2022) Prescribed by: State of Wisconsin, Ethics Commission