

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	A3. Email A4		4. Phone	
, /					
A5. Mailing Address	A6. City		A7. State	A8. Zip	
SECTION B: REPORT INFORMATION					
B1. Report Type (Choose One)				B2. Special Election	
☐ January Continuing ☐ Spring Pre-Prima	Spring Pre-Primary Fall Pre-Primary Special Pre-		-	Date (if applicable)	
July Continuing Spring Pre-Electi	on September Fall Pre-Election	Special Pre-			
Reporting Period	TunTie Election	B3. Reporting Period Start Date			
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	B4. Reporting Period End 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 C1. Exemption Reques					
			Yes, this registrant is eligible for a filing exemption and would like to request an exemption for this		
campaign finance reports. Exempt status is effective only for the calendar year in which it is			calendar year.		
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.			nt is not requ	it is not requesting exemption	
SECTION D: CERTIFICATION					
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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	