

**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		A4. Phone	
A5. Mailing Address		A6. City		A7. State	A8. Zip
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 P	re-Primary re-Election ost-Election	B2. Special Election Date (if applicable)
Reporting Period  The start date for your campaign finance previous campaign finance. Example: If an end date of June 30, this report shoul	B3. Reporting Period Start Date  B4. Reporting Period End Date				
Review the filing calendar with reporting periods online at: <a href="https://Ethics.wi.gov/FilingCalendar">https://Ethics.wi.gov/FilingCalendar</a> 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	D2 (	Signatura			D3. Date
DI. Frinteu Name	D2. S	Signature			D3. Date