

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY STATE OF WISCONSIN

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 the Commission to the Co use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION			
A1. Name of Committee/Conduit (in full) Friends of Shawn Pfaft			
A2. Committee/Conduit ID Number (if applicable) A3. Email A4. Phone (GO8) 6283275 A5. Mailing Address A6. City A7. State A8. Zip L1L by L1 53711			
A5. Mailing Address 5843 Schuner D	F. Ish toy	A7. State	8. Zip 53711
SECTION B: REPORT INFORMATION			
B1. Report Type (Choose One) January Continuing Spring Pre-Prim. July Continuing Spring Pre-Elect		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			
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)			
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		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	
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. Sixt. § 11.0103(3)(d).			
Authorized Representative D1. Printed Name Shum Mall	D2. Signature Sh. M.	¢	D3. Date