

CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVA

STATE OF WISCONSIN

JUL 5 2022

paign finance filing Af

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 use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMA	ATION				
A1. Name of Committee/Conduit (in full)					
Friends of Mike Falkofske					
A2. Committee/Conduit ID Number (if applicable)	A3. Email	A3. Email		A4. Phone	
	mfalkofske@gn	mfalkofske@gmail.com		(262) 237-3124	
A5. Mailing Address	A6. City		A7. State A8. Zip		
7325 26th Ave	Kenosha		l vvi	53143	
SECTION B: REPORT INFORMATION	N III			To AMERICA	
B1. Report Type (Choose One) January Continuing Spring Pre-Prim Spring Pre-Elect		Special	Pre-Primary Pre-Election Post-Election	B2. Special Election Date (if applicable)	
Reporting Period The start date for your campaign finance report should be the previous campaign finance. Example: If your previous report	B3. Reporting Period Start Date 1/1/2022				
an end date of June 30, this report should have a start date of July 1.		B4. Reporting Period End Date			
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar			6/30/2022		
Party and Legislative Campaign Committees Only	2 (0)				
B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One) General Fund Segregated Fund					
General Fund Segregated Fund					
SECTION C: LIMITED ACTIVITY RE	PORTING EXEMPTION	(OPTIONAL	ـ)		
Filing Exemption Registrants that will not accept contributions, make disburse, aggregate amount of more than \$2,000 in a calendar year arcampaign finance reports. Exempt status is effective only for granted. Registrants wishing to remain on exempt status mus not claim exemption in the year of their election before the de-	CI. 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 a the same as previously reported. This report fulfills the requi			s report and that t	he cash balance remains	
Authorized Representative D1. Printed Name	D2. Signature			D3. Date	
D1. 1 Hined (Manie					
Mike Falkofske	Michael otal Adok			7/5/2022	