

## CAMPAIGN FINANCE REPORT—STATEMENT OF NO AC

STATE OF WISCONSIN

JAN 2 5 2023

Note: Use of this form is required by the Ethics Commission for reporting no activity in a comparing finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commissionary notified to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION	
A1. Name of Committee/Conduit (in full)  SIMMONS FOR OFFICE  A2. Committee/Conduit ID Number (if applicable)  A3. Email  JAMES, SIMMONS A4. Phone  JAMES, SIMMONS A4. Phone	
A5. Mailing Address 1460674St A6. Citylo Ganan, Co	A7. State A8. Zip 53/43
SECTION B: REPORT INFORMATION	
B1. Report Type (Choose One)  January Continuing Spring Pre-Primary July Continuing Spring Pre-Election Fall Pre-Election Fall Pre-Election	Special Pre-Primary Special Pre-Election Special Post-Election
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.	B3. Reporting Period Start Date  30 20  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 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. Signature	D3. Date
Mrs. Wilna Simones Mrs Will	Im 1/25/23