

**Campaign Finance Report**  
Short Form EB-2a  
State Elections Board

W.S.E.B. ID Number

|                                 |                               |                                  |                    |   |
|---------------------------------|-------------------------------|----------------------------------|--------------------|---|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> Special | Pre-Primary _____  | <input type="checkbox"/> Continuing Report due Jan. 31, _____ |
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | <input type="checkbox"/> Special | Pre-Election _____ | <input type="checkbox"/> Continuing Report due July 20, _____ |

Name of Candidate or Committee (in full)

Address (number and street)

City, State, Zip

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.06(9), Stats.

Signature of Committee Treasurer or Candidate

Date

Daytime Phone