

Campaign Finance ReportShort Form GAB-2a
Government Accountability Board

GAB ID Number

 Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 31, _____ Spring Fall Special Pre-Election _____ 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