REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation: Chris Abele

Address (number and street) ☐ check if different than previously reported: 1001 N. Astor Suite 23

City, State and ZIP Code: Milwaukee, WI 53202

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☒ No

Individual filers only: NAME OF EMPLOYER: Self-employed OCCUPATION: Philanthropist

3. Identification number: C9000 6669

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State
NV-7	WI

(b) Is this Report an amendment? Yes ☐ No ☐ Terminate

5. COVERING PERIOD: FROM Rec. 7 THROUGH Jan. 31 PAGE 1 OF 1

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
			0			

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ 0

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ 0

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Chris Abele

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 31 day of January, 2001

My Commission Expires 7-27-2003

Timothy A. Hosch (Notary Public)

TIMOTHY A. HOSCH NOTARY PUBLIC STATE OF WISCONSIN

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☒	First Class Mail	POSTMARKED 2/2/01
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

CR	2/6/01
PREPARER	DATE PREPARED

(6/2000)