

## Campaign Finance Registration Statement — Local Candidate Committee

STATE OF WISCONSIN

### 1. Is this an Amendment? No Yes

SECTION A: GENERAL	INFOI	RMATION									
A1. Committee Name (Required for all Candidates - must be included in disclaimer on all communications)											
A2. Email			A3. Phone								
A4. Mailing Address			A5. City				A6. State A7. Zip				
Depository Institution Information A8. Institution Name A9. Street Addr			ss A10. City				A11. State A12. Zip				
		1297 801 000 11441 0.					111100				
Treasurer/Administrator Information											
A13. Name			A14. Email			A15. 1	A15. Phone				
A16. Mailing Address			A17. City				A18. State A19. Zip				
Other Officers (Optional)											
Other Officers (Optional)											
A20. Name	A21. Title			A22. Email			A23. Phone				
A24. Name	A25. Title		A26. Email		A27. Phone						
Filing Exemption		A28. Exemption Affirmation									
Registrants which do not anticipate incurring obligations in an aggregate				is regis	gistrant is eligible for exemption.						
exemption from filing campaign finance \$2,500 aggregate activity threshold, and	es until the registrant exceeds the \square No, this regis			s registi	strant is not eligible for exemption.						
			mucu.								
SECTION B: CANDIDATE INFORMATION											
B1. Office Sought (include District/Branch)			B2. Political Party				B3. Election Date				
Candidate Information											
B4. Name			B5. Email			B6. Phone					
B7. Mailing Address			B8. City				B9. State B10. Zip		Zin		
2agag									<sub>P</sub>		
Second Candidate Committee				B11. Is this y	your only regi	stered c	andidate com	mittee	e in Wisconsin?		
An individual who holds a state or loca	second	econd Yes, this is my only candidate committee in Wisconsin.									
candidate committee to pursue another state or local office.  No, this is my second candidate committee in Wisconsin.  B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.											
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SECTION C: CERTIFICATION							
Accurate Information							
☐ I certify that I am an authorized representative of the candidate committee and that to my knowledge all of the information contained within this registration is true, correct, and complete.							
Timely Amendments							
I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.							
Records Retention							
I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the most recent contribution limit period (June 30 following the April election, December 31 following the November election).							
Continuing Compliance							
☐ I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from any liability simply because the election date has passed.							
Treasurer							
C1. Printed Name	C2. Signature	C3. Date					
Candidate							
C4. Printed Name	C5. Signature	C6. Date					

#### Form Instructions

Candidates must complete all sections A, B, and C.

**Item 1. Is this an amendment?** Have you registered with this local clerk to run for office in a prior election?

Item A1: Committee Name. All candidates are required to register a committee. It is not required that the name include the candidate's name, but it is recommended. This committee name is required to be part of the disclaimer on all communications with express advocacy: 'Paid for by ...'

**A28: Exemption**. Candidates claiming exemption may not have more than \$2,500 of activity, in the aggregate per year. For example, in a calendar year, if you raise \$1,600 and spend \$1,000 you have \$2,600 of aggregate activity and are not eligible to claim exemption.

**Depository Institution Information.** All candidates must designate a depository institution. While it is recommended that all candidates have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account while claiming a filing exemption and may intermingle personal and campaign funds (Wis. Stat. § 11.0201(2)(b)).

**Treasurer Information.** Each committee must appoint a treasurer. Any adult may serve as a treasurer. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate 'Self' or 'Candidate', you do not need to list your complete name, address and contact information here, that will be listed in section B.

### **Section B: Candidate Information**

- **B1.** Be sure to include the name of the county, municipality, or school district. There are 72 counties with county supervisors, 100's of school boards, and 1000's of municipal boards.
- **B2.** Party NA or None for nonpartisan offices (April); Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan offices (November).

**Section C: Certification.** All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.



**Candidate Information** 

# Campaign Finance Registration Statement — Local Candidate Committee—Confidential Phone Contacts

STATE OF WISCONSIN

All information on pages 1 and 2 of this form is available to the public. Pursuant to 2023 Wisconsin Act 120, candidates, treasurers, and any other custodian of books and accounts (such as an assistant treasurer) are required to provide a personal telephone number. This page provides you the space to provide those required telephone numbers. Personal telephone numbers are confidential and are not subject to the right of inspection and copying under Wis. Stat. § 19.35(1).

Name	Personal Phone Number				
	AAY				
Treasurer Information					
Name	Personal Phone Number				
Other Custodians' Information					
Name	Personal Phone Number				
Name	Personal Phone Number				
Name	Personal Phone Number				