

Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment?	□No	Yes If ye	s, please e	enter <u>y</u>	your co	mmi	ttee numb	er:	Commit	ee Nui	mber	
SECTION A: GENERAL INFORMATION												
A1. Candidate Committee/Committee/Conduit Name					A2. Registrant Type (Choose One) Candidate Referendum				n 🗆 Reca			
A3. Email A4. Phone			☐ Political Action (PAC) ☐ In Political Party ☐ Legislativ				-	Independent Expenditure (IEC)				
A5. Mailing Address			A6. City					A7. State	7. State A8. Zip			
Depository Institution Information												
A9. Institution Name A10. Street Addr			ress A11.			. City	A12.	State	A13. Zip			
Treasurer/Administrator Information	1											
A14. Name			A15. Email A1			A16.	16. Phone					
A17. Mailing Address			A18. City					A19. State	State A20. Zip			
Other Officers (Optional) Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.												
A21. Name	A22. Tit	le	A23. Email				A24. Phone					
A25. Name	A26. Tit	le	A27. Email				A	A28. Phone				
Filing Exemption				A29. Exemption A				Affirmation	ffirmation			
Registrants that will not accept contributions, make disbursements, or amount of more than \$2,000 in a calendar year are eligible for exempreports. Exempt status is effective only for the calendar year in which to remain on exempt status must renew each year. Candidates may not their election before the day they appear on the ballot.				ption from filing campaign finance it is granted. Registrants wishing					rant is eligible for exemption ant is not eligible for exemption			
SECTION B: CANDIDAT	Transfer (V 4 8 2 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
		VIIVITT TIBLES										
B1. Office Sought (include District/Branch)			B2. Political Pa			tical Party	y B3. Election Date			n Date		
Candidate Information											*	
B4. Name		*	B5. Email		•			B6.	Phone ·			
B7. Mailing Address			B8. City					B9. State	B1	B10. Zip		
Second Candidate Committee					B11. Is	this yo	our only regi	stered	candidate c	mmit	tee in Wisconsin?	
An individual who holds a state or local elective office may establish a			a second candidate Yes, this is my only candidate committee in Wi						Wisconsin			
committee to pursue another state or local office.				☐ No, this is my second candidate committee in Wisconsin							n Wisconsin	
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.												
SECTION C: RECALL CO	OMMI	TTEES										
C1. Name of Official Subject to Recal	l		C2. Of	fice of	Official S	ubject	t to Recall			C3	3. Support	



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SECTION D: PAC, IEC, AND C	ONDUITS						
D1. Sponsoring Organization	D2. Email	D3. P1	3. Phone				
D4. Mailing Address	D5. City		D6. State	D7. Zip			
SECTION E: POLITICAL PART	Y & LEGISI	ATIVE CAMPAIG					
E1. Political Party (Name candidates appear un		E2. Does the Committee have a Segregated Fu					
Segregated Fund Depository Institution Inform	ation (if applicable)	3		187		
E3. Institution Name	E4. Street Addres	SS	E5. Cit	ty	E6. St	ate	E7. Zip
SECTION F: REFERENDA CON	MMITTEES						
F1. Nature of Referendum (if applicable)							Support Oppose
SECTION G: CERTIFICATION							
Accurate Information I certify that I am an authorized representate is true, correct, and complete.		nt and that to my knowledge					his registration
Timely Amendments I am aware of the requirement to amend this requirement to register within 10 days of me	s registration state	ement within 10 days of an	y change	e of information	contained v		, as well as the
Records Retention I further acknowledge the requirement to may of the most recent election in which this region.	aintain the records	s of the registrant in an org				e year	s from the date
Ongoing Compliance This registrant shall continue to maintain it. Statutes.			reporti	ng requirements	s under Cha	pter 1	I of Wisconsin
Treasurer/Administrator							
G1. Printed Name	G2. Sig	gnature				G3.	Date
Candidate (if applicable)							
G4. Printed Name	G5. Sig	ynature				G6.	Date