



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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

1. Is this an Amendment? No Yes If yes, please enter your committee number:

Committee Number

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name		A2. Registrant Type (Choose One) <input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee			
A3. Email	A4. Phone				
A5. Mailing Address		A6. City	A7. State	A8. Zip	
Depository Institution Information					
A9. Institution Name	A10. Street Address		A11. City	A12. State	A13. Zip
Treasurer/Administrator Information					
A14. Name		A15. Email		A16. Phone	
A17. Mailing Address		A18. City		A19. State	A20. Zip
Other Officers (Optional) <i>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.</i>					
A21. Name	A22. Title	A23. Email		A24. Phone	
A25. Name	A26. Title	A27. Email		A28. Phone	
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>				A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input type="checkbox"/> No, this registrant is not eligible for exemption	

SECTION B: CANDIDATE COMMITTEES

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
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>		B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin		
B12. Other Office Held or Sought (include District/Branch) <i>Only complete B12 if you responded "No" to B11.</i>				

SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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