

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

1. Is this an Amendment?	□ No	☐ Yes If ves	s, please enter	your co	mmittee r	number:	Committee	e Number	
SECTION A: GENERAL							113		
A1. Committee/Conduit Name				A2. Registrant Type (Choose One) Candidate Referendum Recall Conduit					
A3. Email A4. Phone		Political Action (PAC)			Independent Expenditure (IEC)				
A5. Mailing Address			A6. City	. City			A7. State A8. Zip		
Depository Institution Information									
A9. Institution Name A1		A10. Street Addr	A10. Street Address		A11.City			ate A13. Zip	
Treasurer/Administrator Information	n							· · · · · · · · · · · · · · · · · · ·	
A14. Name			A15. Email A16. Phone						
A17. Mailing Address			A18. City				A19. State	A20. Zip	
Other Officers (Optional)					X				
Independent and local non-partisan candidates: Indicate by an asteri									
A21. Name	A22. Tit	le	A23. Email				A24. Phone		
A25. Name A26. Title			A27. Email				A28. Phone		
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. A29. Exemption Affirmation Yes, this registrant is not eligible for exemption ho, this registrant is not eligible for exemption 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.									
SECTION B: CANDIDATE COMMITTEES									
B1. Office Sought (include District/Branch)			B2. Political Party			arty	B3. Election Date		
Candidate Information									
B4. Name		B5. Email			В6.	B6. Phone			
B7. Mailing Address		B8. City				B9. State	B10. Zip		
Second Candidate Committee An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office. B11. Is this your only registered candidate committee in Wisconsin Yes, this is my only candidate committee in Wisconsin 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.									
SECTION C: RECALL COMMITTEES									
C1. Name of Official Subject to Recall		C2. Office of Official Subject to Recall					C3. Support Oppose		



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SECTION D: PAC, IEC, AND CONDUITS									
D1. Sponsoring Organization	D2. Email	D3. Pi	D3. Phone						
D4. Mailing Address	D5. City		D6. State D7. Zip						
SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES									
E1. Political Party (Name candidates appear ur	ider on a ballot)	E2. Does the Committee have a Segregated Fund?							
Segregated Fund Depository Institution Inform	ation (if applicable)								
E3. Institution Name	E4. Street Address	E5. City	E6. State E7. Zip						
SECTION F: REFERENDA COMMITTEES									
F1. Nature of Referendum (if applicable)			F2. ☐ Support ☐ Oppose						
SECTION G: CERTIFICATION	A								
Accurate Information I certify that I am an authorized representative of the registrant 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, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.									
Records Retention I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.									
Ongoing Compliance This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.									
Treasurer/Administrator									
G1. Printed Name	G2. Signature	. aulik	G3. Date						
Candidate (if applicable)									
G4. Printed Name	G5. Signature	. aulik	G6. Date						