CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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

| | | | | | | | | Comm | ittee Nu | mber | | | |
|---|---------------------------------------|-----------------------|-----------------------------|---------------|------------------------|--------------|--------------------------|---------------------|-------------------------------|-------------------|--|--|--|
| 1. Is this an Amendment? | No | \Box Yes If ye | s, please enter | your cor | nmitte | ee numb | er: | | | | | | |
| SECTION A: GENERAL | INFOF | RMATION | | | | | | | | | | | |
| A1. Candidate Committee/Conduit Name A2. Registrant Type (Choose One) | | | | | | | | | | | | | |
| | | Candidate Referendum | | | | n 🗆 Re | Recall Conduit | | | | | | |
| A3. Email | 3. Email A4. Phone | | | | Political Action (PAC) | | | | Independent Expenditure (IEC) | | | | |
| | | | Political Party Legislative | | | | | tive Cam | | | | | |
| A5. Mailing Address | | | A6. City | | | | A7. State A8. Zip | | | | | | |
| | | | | | | | | | | | | | |
| Depository Institution Information | | | | | | | | | | | | | |
| A9. Institution Name | A9. Institution Name A10. Street Addr | | | ess A11. City | | | | A12. State A13. Zip | | | | | |
| | | | | | | | | | | | | | |
| Treasurer/Administrator Informatio | n | | | | | | | | | | | | |
| A14. Name | | | A15. Email A16 | | | | A16. | 6. Phone | | | | | |
| | | | | | | | | | | | | | |
| A17. Mailing Address | | | A18. City | | | | | A19. Sta | te A2 | 20. Zip | | | |
| | | | v | | | | | | | 1 | | | |
| Other Officers (Optional) | | | | | | | |] | | | | | |
| Independent and local non-partisan car | ndidates: In | ndicate by an asteris | k (*) which officers | s are authori | ized to fi | ill a vacanc | y in no | omination a | ue to de | ath of candidate. | | | |
| A21. Name | A22. Tit | | A23. Email | | | | | A24. Phone | | | | | |
| | | | | | | | | | | | | | |
| A25. Name | A26. Tit | le | A27. Email | A27. Email | | | | | 8. Phone | | | | |
| | | | | 120.1 | | | | | | | | | |
| Filing Exemption | | | | | Δ | 29 Exem | ntion | Affirmatio | 1 | | | | |
| | utions ma | ke dishursements or | incur obligations | in an aooreo | | | - | | | for exemption | | | |
| 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 No, this registrant is not eligible for exemption | | | | | | | | | | | | | |
| reports. Exempt status is effective only | for the cal | lendar year in which | n it is granted. Regi | istrants wish | ing | No, una | siegis | and is no | t engio | ie ioi exemption | | | |
| to remain on exempt status must renew | - | - | not claim exemption | n in the year | r of | | | | | | | | |
| their election before the day they appea | r on the ba | allot. | | | | | | | | | | | |
| SECTION D. CANDIDAT | | MATTER | | | | | | | | | | | |
| SECTION B: CANDIDAT | IE COI | VIVITTEES | | | | | | | | | | | |
| B1. Office Sought (include District/Branch) | | | B2. Political Party | | | | B3. Election Date | | | | | | |
| | | | | | | | | | | | | | |
| Candidate Information | | | | | | | | • | | | | | |
| B4. Name | | | B5. Email B | | | | B6. F | 5. Phone | | | | | |
| | | | | | | | | | | | | | |
| B7. Mailing Address | | | B8. City | | | | | B9. State | B | 0. Zip | | | |
| _ | | | | | | | | | | - | | | |
| Second Candidate Committee | | | | B11. Is f | his vour | only regi | stered | candidate | commit | tee in Wisconsin? | | | |
| Second Candidate Committee B11. Is this your only registered candidate committee in Wisconsin? An individual who holds a state or local elective office may establish a second candidate Yes, this is my only candidate committee in Wisconsin | | | | | | | | | | | | | |
| <i>committee to pursue another state or local office.</i> | | | | | | | | | | | | | |
| B12. Other Office Held or Sought (in | clude Dist | rict/Branch) Only | complete R12 if you | | | - | zanai | | | | | | |
| 212. Gener Onice Heid of Bought (III | ciuut Dist | i ce bi anch j Oniy C | отрине 112 у уди | , esponueu | 110 10 | <i>D</i> 11. | | | | | | | |
| | | | | | | | | | | | | | |
| SECTION CODECALL C | | TTEES | | | | | | | | | | | |
| SECTION C: RECALL C | | ITEES | | | | | | | | | | | |
| C1. Name of Official Subject to Reca | 11 | | C2. Office of | f Official Su | bject to | Recall | | | C | 3. Support | | | |
| | | | | | | | | | | | | | |

Form: CF-1 (Rev. 11/2018) Prescribed by: STATE OF WISCONSIN, Ethics Commission

CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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| SECTION D: PAC, IEC, AND C | ONDUITS | | | | | | | | | | |
|--|--------------------------------|--------------------------|------------------|-------------------|-------------------------------|--|--|--|--|--|--|
| D1. Sponsoring Organization | D2. Email | | D3. Ph | Phone | | | | | | | |
| D4. Mailing Address | D5. City | | | D6. State D7. Zip | | | | | | | |
| SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES | | | | | | | | | | | |
| E1. Political Party (Name candidates appear un | ider on a ballot) | E2. Does the Commit | | | ittee have a Segregated Fund? | | | | | | |
| Segregated Fund Depository Institution Inform | ation (if applicable) | | | | | | | | | | |
| E3. Institution Name | E4. Street Address | E5. Cit | E5. City | | ate E7. Zip | | | | | | |
| SECTION F: REFERENDA COMMITTEES | | | | | | | | | | | |
| F1. Nature of Referendum (if applicable) | | | | | F2. Support Oppose | | | | | | |
| SECTION G: CERTIFICATION | | | | | | | | | | | |
| 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>I am aware of the requirement to amend this</i> <i>requirement to register within 10 days of med</i> | | | | | vithin, as well as the | | | | | | |
| Records Retention I further acknowledge the requirement to ma of the most recent election in which this regis | | strant in an organized a | and legible mann | er for three | e years from the date | | | | | | |
| Ongoing Compliance <i>This registrant shall continue to maintain its</i> <i>Statutes.</i> | s registration and comply with | n all applicable reporti | ng requirements | under Chap | pter 11 of Wisconsin | | | | | | |
| Treasurer/Administrator | | | | | | | | | | | |
| G1. Printed Name | G2. Signature | | | | G3. Date | | | | | | |
| Candidate (if applicable) | | | | | | | | | | | |
| G4. Printed Name | G5. Signature | | | | G6. Date | | | | | | |



FORM INSTRUCTIONS

CAMPAIGN FINANCE REGISTRATION STATEMENT (CF-1)

Note: Use of this form is required by the Ethics Commission for registration of a political committee or conduit under Chapter 11 of Wisconsin Statute. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Item 1. Is this an amendment? Check the appropriate box. If "Yes" is checked, enter the committee ID number if you have one. If "No' is checked, proceed directly to Section A.

Section A: General Information. All candidates, committees, and conduits must complete section A.

Item A1: Committee/Conduit Name. All committees and conduits must have a name. It is not required that the name include the candidate or organization's name, but it is recommended, e.g., Friends of John Smith. A political party committee wishing to operate under the same name as a state political party committee must receive authorization from that state party (WIS. STAT. § 11.0101(26)(a)1).

Depository Institution Information. All committees and conduits must designate a depository institution. While it is recommended that all committees 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 and may intermingle personal and campaign funds (WIS. STAT. § 11.0201(2)(b)).

Treasurer/Administrator Information. Each committee must appoint a treasurer and each conduit must appoint an administrator. Any adult may serve as a treasurer or administrator. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, this section may be left blank.

SectionB:CandidateCommittees.Candidate committeesmust complete section B. No othercommittee type should complete section B.

Section C: Recall Committees. Recall committees must complete section C. No other committee type should complete section C.

Section D: PAC, IEC, and Conduits. Political action committees, independent expenditure committees, and conduits must complete section D. No other committee type should complete section B. All fields in section D refer to the sponsoring organization's contact information.

Section E: Political Party and Legislative Campaign Committees. Only political party committees and legislative campaign committees should complete section E.

Item E2. A political party or a legislative campaign committee may establish a segregated fund for purposes other than making contributions to a candidate committee or making disbursements for express advocacy (WIS. STAT. § 11.1104(6)). It is recommended that the committee maintain the segregated fund in a depository account separate from the primary account, but it is not required.

Items E3 - E7. If the segregated fund is maintained with the same depository institution as the primary account, write "Same as primary account." in E3.

Section F: Referendum Committees. Only referenda committees should complete section F.

Section G: Certification. All committees and conduits must complete section G.