



# CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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

|  |                         |
|--|-------------------------|
| <b>1. Is this an Amendment?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please enter your committee number: | <b>Committee Number</b> |
|--|-------------------------|

## SECTION A: GENERAL INFORMATION

|   |  |   |                  |   |                   |
|---|--|---|------------------|---|-------------------|
| <b>A1. Candidate Committee/Committee/Conduit Name</b>   |  | <b>A2. Registrant Type (Choose One)</b> |                  |   |                   |
| <b>A3. Email</b>  |  | <b>A4. Phone</b>                        |                  | <input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit<br><input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC)<br><input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee |                   |
| <b>A5. Mailing Address</b>  |  |   | <b>A6. City</b>  |   | <b>A7. State</b>  |
| <b>Depository Institution Information</b>   |  |   |                  |   |                   |
| <b>A9. Institution Name</b>   |  | <b>A10. Street Address</b>              |                  | <b>A11. City</b>  |                   |
| <b>A12. State</b>   |  | <b>A13. Zip</b>                         |                  |   |                   |
| <b>Treasurer/Administrator Information</b>  |  |   |                  |   |                   |
| <b>A14. Name</b>  |  | <b>A15. Email</b>                       |                  | <b>A16. Phone</b>   |                   |
| <b>A17. Mailing Address</b>   |  |   | <b>A18. City</b> |   | <b>A19. State</b> |
| <b>A20. Zip</b>   |  |   |                  |   |                   |
| <b>Other Officers (Optional)</b>  |  |   |                  |   |                   |
| <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>  |  |   |                  |   |                   |
| <b>A21. Name</b>  |  | <b>A22. Title</b>                       |                  | <b>A23. Email</b>   |                   |
| <b>A24. Phone</b>   |  | <b>A25. Name</b>                        |                  | <b>A26. Title</b>   |                   |
| <b>A27. Email</b>   |  | <b>A28. Phone</b>                       |                  |   |                   |
| <b>Filing Exemption</b>   |  |   |                  | <b>A29. Exemption Affirmation</b>   |                   |
| <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> |  |   |                  | <input type="checkbox"/> Yes, this registrant is eligible for exemption<br><input type="checkbox"/> No, this registrant is not eligible for exemption   |                   |

## SECTION B: CANDIDATE COMMITTEES

|   |  |                            |   |                          |                  |
|---|--|----------------------------|---|--------------------------|------------------|
| <b>B1. Office Sought (include District/Branch)</b>  |  | <b>B2. Political Party</b> |   | <b>B3. Election Date</b> |                  |
| <b>Candidate Information</b>  |  |                            |   |                          |                  |
| <b>B4. Name</b>   |  | <b>B5. Email</b>           |   | <b>B6. Phone</b>         |                  |
| <b>B7. Mailing Address</b>  |  |                            | <b>B8. City</b>   |                          | <b>B9. State</b> |
| <b>B10. Zip</b>   |  |                            | <b>B11. Is this your only registered candidate committee in Wisconsin?</b>  |                          |                  |
| <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> |  |                            | <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin<br><input type="checkbox"/> No, this is my second candidate committee in Wisconsin |                          |                  |
| <b>B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.</b>                                   |  |                            |   |                          |                  |

## SECTION C: RECALL COMMITTEES

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



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## STATE OF WISCONSIN

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### SECTION D: PAC, IEC, AND CONDUITS

|                                    |                  |                  |                |  |
|------------------------------------|------------------|------------------|----------------|--|
| <b>D1. Sponsoring Organization</b> | <b>D2. Email</b> | <b>D3. Phone</b> |                |  |
| <b>D4. Mailing Address</b>         | <b>D5. City</b>  | <b>D6. State</b> | <b>D7. Zip</b> |  |

### SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

|   |   |                 |                  |                |
|---|---|-----------------|------------------|----------------|
| <b>E1. Political Party (Name candidates appear under on a ballot)</b>     | <b>E2. Does the Committee have a Segregated Fund?</b><br><input type="checkbox"/> No <input type="checkbox"/> Yes |                 |                  |                |
| <b>Segregated Fund Depository Institution Information (if applicable)</b> |   |                 |                  |                |
| <b>E3. Institution Name</b>   | <b>E4. Street Address</b>   | <b>E5. City</b> | <b>E6. State</b> | <b>E7. Zip</b> |

### SECTION F: REFERENDA COMMITTEES

|   |  |
|---|--|
| <b>F1. Nature of Referendum (if applicable)</b> | <b>F2.</b> <input type="checkbox"/> Support<br><input type="checkbox"/> 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 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**

|                         |                      |                 |
|-------------------------|----------------------|-----------------|
| <b>G1. Printed Name</b> | <b>G2. Signature</b> | <b>G3. Date</b> |
|-------------------------|----------------------|-----------------|

**Candidate (if applicable)**

|                         |                      |                 |
|-------------------------|----------------------|-----------------|
| <b>G4. Printed Name</b> | <b>G5. Signature</b> | <b>G6. Date</b> |
|-------------------------|----------------------|-----------------|



# 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, please indicate so in this section.

**Section B: Candidate Committees.** Candidate committees must complete section B. No other committee 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.