

**CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN (EB-1)**

Date Received by Filing Officer

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS, THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

Is this an amendment? Yes No

1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of Candidate	Party Affiliation	Office Sought (include district or branch no.)
Residence Address (number and street)	Primary Date	Candidate Telephone Number (residence)
City, State, Zip Code	Election Date	Candidate Telephone Number (employment)
Campaign Committee Name (if any) (Check One) : <input type="checkbox"/> Personal Campaign Committee <input type="checkbox"/> Support Committee		
Campaign Committee Address (if different than above) - Number, Street, City, State, Zip Code		
Telephone Number (If different than above)		

2. POLITICAL COMMITTEE INFORMATION

Name of Committee
Address - Number, Street, City, State, Zip Code
Telephone Number (If different than above)
Sponsoring Organization - Name and Complete Address
Acronym (if any)
Type of Committee
A. <input type="checkbox"/> Special Interest Committee (PAC) <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization - Attach Statement Required by ss 11.05(3)(o), Stats.
B. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____
C. <input type="checkbox"/> Legislative Campaign Committee - Attach Statement Required by ss 11.05(3)(o), Stats
D. <input type="checkbox"/> Political Group (Referendum) Name of Referendum: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose
E. <input type="checkbox"/> Recall Committee Name of Officer subject to Recall: _____ <input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall
F. <input type="checkbox"/> Independent Committee - Also, Complete oath of Independent Expenditures, Form EB-6
G. <input type="checkbox"/> Individual - Also, Complete oath of Independent Expenditures, Form EB-6

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address)

Treasurer's Name	Telephone Number (residence)	Telephone Number (employment)
Residence Address (number and street)		City, State, Zip Code

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

(Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk (*). This provision only applies to independent and local nonpartisan candidates ss 8.35, Stats.

Name	Mailing Address	Position

5. DEPOSITORY INFORMATION

Name of Financial Institution	Account Number (attach list of any additional accounts and deposit boxes, location, type and number, ie., savings, checking, money markets, etc.
Address (number and street)	City, State, Zip Code

TREASURER CERTIFICATION

I, _____, certify the information in this statement is true, correct, and complete.
(Print Full Name)

_____, **Treasurer** _____ Date
(Signature)

CANDIDATE CERTIFICATION

I, _____, certify the information in this statement is true, correct, and complete and that
(Print Full Name) this is the only committee authorized to act on my behalf.

_____, **Candidate** _____ Date
(Signature)

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS ss 11.05(2r), Stats. +++	
You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.	
<input type="checkbox"/> This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.	
<input type="checkbox"/> This registrant is no longer eligible to claim exemption.	
_____	_____
(Signature of Candidate or Treasurer)	(Date)

The information on this form is required by ss 9.10(2)(d), 11.05, 11.06(7), Stats. Failure to provide the information may subject you to the penalties of ss 8.30(2), 11.60, 11.61, 11.66, Stats.