

Elections Board

Kevin Kennedy -

- Comparing financial reports / electronic + paper
 - Candidate information
 - State law prohibits using info for fundraising or for soliciting
 - Petitions / Nominations papers
just had request by Minnesota Company
 - We do not have a central voter registration database
 - We do not register by party preference or by sensitive information like age, gender, race
- Could penalize on a "per name" basis for the stealing of campaign financial reports

RECEIPTS
Contributions Including Loans From Individuals

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
TOTAL ITEMIZED CONTRIBUTIONS	\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS	\$	

Instructions for Completing Schedule 1-A

RECEIPTS

Contributions Including Loans From Individuals

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report contributions, including loans from individuals, on this form.
- ▶ Enter the number of Schedule 1-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) each contribution was *received*. *Do not* enter the date which appears on the contributor's check or the date deposited, unless it is the same as the date received.

Full Name, Mailing Address, and Zip Code:

1. For contributions over \$20: Enter the full name and address of the contributor.
2. For single or cumulative contributions totaling over \$100 in a calendar year: Enter the full name and address of the contributor. Enter the **occupation** and the **name and address of principal place of employment**.

Calendar Year-to-Date Total: Add contributions received previously from this contributor to the contributions received in this report period and enter the amount. A Calendar Year-to-Date Total must always be entered, even if it is the same amount as the contribution. If the Calendar Year-to-Date exceeds \$100, enter the occupation and the name and address of the principal place of employment of the contributor.

Subtotal Itemized Contributions this page: Enter the total of all the contributions listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Contributions: Add the subtotals from all pages of Schedule 1-A. If more than one page, enter the total on only the last page of Schedule 1-A.

Total Unitemized Contributions \$20 or less: Enter the total of unitemized contributions of \$20 or less on only the last page of Schedule 1-A.

Total Contributions Received from Individuals: Add the Total Itemized Contributions to the Total Unitemized Contributions \$20 or Less and enter the amount on **only** the last page of Schedule 1-A.

Special Instructions:

- ◆ Contributions and loans from individuals on Schedule 1-A include any cash, personal or individual loans, purchase of tickets to fundraising events, memberships, gifts, advances, in-kind contributions, and all other personal contributions from an individual **including** the candidate. An in-kind contribution is any goods, service, or property offered to the committee free or for less than the fair market value.
- ◆ **In-kind contributions from individuals must also be reported as in-kind expenditures on Schedule 2-A.**
- ◆ When the contribution is in-kind or is received through a conduit, check the appropriate box in the section where the contribution is listed.
- ◆ Contributions from individuals transferred through conduits are reported on Schedule 1-A under the individual's name. State the name of the conduit whenever possible. The transmittal letter accompanying the conduit check lists the individuals who are the original sources of the contributions. These contributions are subject to itemization on the same basis as other individual contributions.
- ◆ Any individual loans, either from the candidate or from another individual, must be reported on Schedule 1-A and on Schedule 3-B, Additional Disclosure, Loans, until paid in full.
- ◆ Loans from individuals are subject to individual contribution limits (see Schedule of Campaign Finance Limits and Thresholds).
- ◆ Each contributor's name, address, and amount of contribution must be listed separately. A contribution given from a joint checking account can be divided between the individuals and itemized separately.
- ◆ Receipts from raffles, auctions, garage sales, and other similar fundraising events are individual contributions and must be recorded. When receipts consist of single contributions of \$20 or less, please report the amount in Unitemized Receipts of \$20 or Less. Any single contributions which exceed \$20 must be itemized.
- ◆ **Do not** report contributions from political action committees, political party committees, or other candidate committees on Schedule 1-A. These contributions must be reported on Schedule 1-B.

RECEIPTS
Contributions from Committees
(Transfers-In)

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name of Committee, Mailing Address and ZIP Code	Amount	Calendar Year-To-Date Total	Office Use
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
	Check if: <input type="checkbox"/> In-Kind			
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$		

Instructions for Completing Schedule 1-B

RECEIPTS

Contributions From Committees (Transfers-In)

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report contributions from committees (transfers-in) on this form.
- ▶ Enter the number of Schedule 1-B pages in the upper right corner of the form.
- ▶ Each contribution received from a committee **must be itemized** regardless of the amount.

Date:

Enter the date (month, day, year) each contribution was received. **Do NOT** enter the date which appears on the contributor's check or the date deposited, unless it is the same as the date received.

Complete Name and Address of Committee:

Enter the full name and address of each contributor. If known, please provide the WSEB ID number for each committee.

Amount:

Enter the amount of the contribution this period.

Calendar Year-to-Date Total:

Add the amount received this period to contributions received previously from each committee, either in this report period or calendar year, if any, and enter the amount. A Calendar Year-to-Date Total must always be entered, even if it is the same as the contribution.

Subtotal Contributions (Transfers-In) This Page: Enter the total of all the contributions (transfers-in) listed on this page. If additional pages are needed, enter the subtotal for each separate page.

Total Contributions (Transfers-In) Received from Committees:

Add the subtotals from all pages of Schedule 1-B. If more than one page, enter the total on only the last page of Schedule 1-B.

Special Instructions:

- ◆ Contributions transferred through conduits are reported as **individual contributions** on Schedule 1-A.
- ◆ In reporting contributions from committees, provide the **complete** name and address of each committee making a contribution. If known, please provide the WSEB ID number for each committee.
- ◆ Contributions From Committees (Transfers-In) consist of any funds received from a political party committee, political action committee, political group (referenda), candidate committee or a legislative campaign committee.
- ◆ In-kind contributions from a committee must also be reported as an in-kind expenditure in Schedule 2-A. An in-kind contribution is any goods, service, or property offered to the committee free or for less than the fair market value.
- ◆ When the contribution is in-kind, check the in-kind box in the section where the contribution is listed.
- ◆ Contributions received from a sole proprietorship or partnership must be reported as individual contributions in Schedule 1-A. You must verify that the original source of the contribution is from personal funds. Contributions from partnerships must reflect the partners' share in the partnership.
- ◆ Contributions **may not** be accepted from corporations, cooperatives, or associations.

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and ZIP Code of Source of Income	Reason for Income	Amount	Office Use
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL OTHER INCOME THIS PAGE			\$	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$	

Instructions for Completing Schedule 1-C

RECEIPTS

Other Income and Commercial Loans

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report other income and commercial loans on this form.
- ▶ Enter the number of Schedule 1-C pages in the upper right corner of the form.

Date:

Enter the date (month, day, year) other income and commercial loans were received.

Full Name, Mailing Address and Zip Code of Source of Income:

Identify the source of income by providing the name and address of the commercial lending institution. Provide the name and address of any person or business from which other income was received.

Describe Reason for Income:

Describe the reason for income, e.g., loan from commercial lender for campaign expenses, refund from utility, refund of over-payment to a vendor, interest on savings, or returned or lost contribution checks previously listed on Schedule 2-B, etc. Use more than one box or attach an additional sheet if needed.

Amount:

Enter the amount of other income and commercial loans of more than \$20 for this period only.

Subtotal Other Income This Page:

Enter the total of all the other income listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Other Income:

Add the subtotals from all pages of Schedule 1-C. If more than one page, enter the total on only the last page of Schedule 1-C.

Total Unitemized Other Income \$20 or less:

Enter the total of unitemized other income of \$20 or less on the last page of Schedule 1-C.

Total Other Income:

Add the Total **Itemized** Other Income to the Total **Unitemized** Other Income of \$20 or Less and enter the amount on only the last page of Schedule 1-C.

Special Instructions:

- ◆ Other income and commercial loans include loans received from a national or state bank. Loans must also be listed on Schedule 3-B, Additional Disclosure—Loans, until paid in full.
- ◆ When a contribution given by your committee to another committee is returned to you, report the receipt of the returned contribution in this schedule. Please indicate (under the Reason for Income box) the original date your contribution was given.
- ◆ When a loan from a commercial lending institution is guaranteed by individuals, the full name and mailing address of each guarantor and the balance of the amount guaranteed by each guarantor at the end of the reporting period must be reported on Schedule 3-B. The amount of the guarantee is considered a contribution from the guarantor and subject to individual contribution limits until the amount is repaid to the lending institution.
- ◆ Other income includes refunds and interest received. Receipts from fundraising events (auctions, dinners, etc.) and from the sale of commercial items for the purpose of raising funds for political purposes are contributions and must be reported on Schedule 1-A or 1-B.
- ◆ Personal loans from individuals must be reported on Schedule 1-A.

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$	
TOTAL ITEMIZED EXPENDITURES			\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	
TOTAL EXPENDITURES			\$	

Instructions for Completing Schedule 2-A

DISBURSEMENTS

Gross Expenditures

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report gross expenditures on this form.
- ▶ Enter the number of Schedule 2-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the disbursement was made.

Full Name, Mailing Address, and Zip Code of Person or Business to Whom Payment Is Made:

Enter the name and complete address of the person or business to whom payments were made.

Specific Purpose of Expenditure:

Enter the specific purpose of the expenditure. Expenditures must be made for political purposes only. An expenditure is for a political purpose when it influences the election or nomination for election of any individual to federal, state or local office. A complete description of the type of expenditure or reimbursement must be given (i.e., food for fundraiser or campaign T-shirts for resale). You may use more than one box or attach an additional sheet if needed.

Subtotal Itemized Expenditures This Page: Enter the total of all the expenditures listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Expenditures: Add the subtotals from all pages of Schedule 2-A. If more than one page, enter the total on only the last page of Schedule 2-A.

Total Unitemized Expenditures \$20 or less:

Enter the total of unitemized expenditures of \$20 or less on only the last page of Schedule 2-A. Note: If you itemize expenditures of \$20 or less, DO NOT include those amounts again in the total of unitemized expenditures.

Total Expenditures: Add the Total Itemized Expenditures to the Total Unitemized Expenditures \$20 or Less and enter the amount on the last page of Schedule 2-A.

Special Instructions:

- ◆ Only expenditures of **more than \$20** must be itemized. Expenditures of **\$20 or less** should be totaled and reported as unitemized expenditures.
- ◆ The specific political purpose of an expenditure must be reported. Large amounts for general services, such as consulting or data processing, should be broken down into the specific services rendered, e.g., salary, travel, data entry, polling.
- ◆ In-kind contributions reported in Schedule 1-A or 1-B, must also be reported as in-kind expenses in Schedule 2-A.
- ◆ Expenditures incurred for in-kind contributions to other registrants must be reported in Schedule 2-B, NOT 2-A. See instructions on Schedule 2-B.
- ◆ All expenditures must be made from the campaign depository and may be used for political purposes only.
- ◆ It is permissible for a candidate or an agent of a committee to pay for items from personal funds as long as receipts are submitted to the treasurer for reimbursement from the depository. Reporting of a reimbursement must include information which describes the nature of the original expenditure.
- ◆ It is permissible to maintain a petty cash account to pay for minor items provided that funds for the petty cash account are drawn from the campaign depository and that a record of the transactions is kept. Each expenditure from the petty cash account which exceeds \$20 must be itemized in Schedule 2-A. Expenditures under \$20 may be included in unitemized expenditures. The purpose of each itemized expenditure must be provided and identified as "petty cash" (e.g., postage/petty cash, office supplies/petty cash, etc.). Only the specific expenditures are reported. **Do not** report the check for setting up the account or any checks written for cash to replenish the account.
- ◆ Contributions received, deposited, and later returned to the original contributor must be reported as an expense in Schedule 2-A and in Schedule 3-E.
- ◆ **Independent expenditures** made by committees filing the Oath for Committees and Individuals Making Independent Disbursements (EB-6) must be reported in Schedule 2-A and itemized on the Report of Independent Disbursements (EB-7).

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule

Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE		\$		
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES		\$		

Instructions for Completing Schedule 2-B

DISBURSEMENTS Contributions to Committees

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to use this form to report Contributions to Committees (Transfers-Out). Enter the number of Schedule 2-B pages in the upper right corner of the form.
- ▶ Each contribution made to another committee must be itemized regardless of the amount.

Date:

Enter the date (month, day, year) that each contribution was made to another committee.

Full Name, Mailing Address, and Zip Code of Committee:

Enter the full name and complete address of the committee receiving the contribution.

Amount:

Enter the amount of the contribution given in this period.

Calendar Year-to-Date Total:

Add the amount of the contribution to contributions given previously to each committee, either in this report period or calendar year, and enter the amount in Calendar Year-to-Date Total. A Calendar Year-to-Date Total must always be given, even if it is the same as the contribution.

Subtotal Contributions (Transfers-Out) This Page:

Enter the total of all the contributions (Transfers-Out) listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Contributions (Transfers-Out) Made to Committees:

Add the subtotals from all pages of Schedule 2-B. If more than one page, enter the total on only the last page of Schedule 2-B.

Special Instructions:

- ◆ If a contribution is made to a candidate for local office, please print the word "Local" after the candidate's name.
- ◆ Contributions to Committees (Transfers-Out) consist of any funds contributed to a political party committee, political action committee, political group (referenda), candidate committee, or legislative campaign committee.
- ◆ When the contribution is in-kind, check the in-kind box in the section where the contribution is listed.
- ◆ For each in-kind contribution, the name and address of the candidate or committee receiving the contribution must be listed, along with the name and address of the person or business to whom payment was made and the amount and date of the in-kind contribution. When an in-kind contribution is reported on Schedule 2-B, it should not be reported as an expenditure on Schedule 2-A.

**ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans**

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations This Period	Payment This Period	Outstanding Balance at Close of This Period	Office Use Only
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
Date	Full Name, Mailing Address and ZIP Code of Creditor					
Nature of Debt (Purpose):						
SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE					\$	
TOTAL ITEMIZED OBLIGATIONS					\$	
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS					\$	
TOTAL INCURRED OBLIGATIONS					\$	

Instructions for Completing Schedule 3-A

ADDITIONAL DISCLOSURE Incurred Obligations Excluding Loans

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report incurred obligations on this form.
- ▶ Enter the number of Schedule 3-A pages in the upper right corner of the form.

Date: Enter the date (month, day, year) the obligation was incurred.

Full Name, Mailing Address, and Zip Code of Creditor:

Enter the complete name and address of the creditor.

Nature of Debt (Purpose):

Describe the specific purpose for which the obligation was incurred (See Schedule 2-A for instructions).

Balance Columns:

In the first column, enter the actual amount at the beginning of this report period. If this is a new obligation, the outstanding beginning balance will be zero. If this is an existing obligation, the outstanding beginning balance should equal the previous report period's closing outstanding balance. In the second column, enter the amount of any new obligations or additions to existing obligations. In the third column, enter any payments made this report period (Payments this period must also be reported in Schedule 2-A). In the fourth column, enter the outstanding balance at the close of this report period. Note: If there is a remaining balance, it must be carried forward to the next report's beginning balance.

Subtotal Itemized Obligations:

Enter the total of all the incurred obligations listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Itemized Obligations:

Add the subtotals from all pages of Schedule 3-A. If more than one page, enter the total on only the last page of Schedule 3-A.

Total Unitemized Obligations \$20 or less:

Enter the total unitemized obligations of \$20 or less on only the last page of Schedule 3-A.

Total Incurred Obligations:

Add the Total Itemized Obligations to the Total Unitemized Obligations \$20 or Less and enter the amount on only the last page of Schedule 3-A.

Special Instructions:

- ◆ Incurred obligations are obligations incurred to vendors for which a bill has been received and the amount remains unpaid at the close of the report period.
- ◆ The **balance** of all incurred obligations should be reported from the time incurred until paid in full.
- ◆ Each obligation must be carried forward on subsequent reports until the obligation has been reduced to zero.
- ◆ When a payment is made on an obligation, the transaction should be reported as a payment on Schedule 3-A and as an expenditure on Schedule 2-A.

**ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial**

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning of This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$

Instructions for Completing Schedule 3-B

ADDITIONAL DISCLOSURE

Loans - Individual, Committee or Commercial

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report loans on this form.
- ▶ Enter the number of Schedule 3-B pages in the upper right corner of the form.

Date:

Enter the date (month, day, year) the loan was made.

Full Name, Mailing Address, and Zip Code of Loan Source:

Enter the full name and address of the loan source.

Balance Columns:

In the first column, enter the actual amount at the beginning of this reporting period. If this is a new loan, the outstanding beginning balance is the amount of the loan. If this is an existing loan, the outstanding beginning balance should equal the previous report period's closing (outstanding) balance. In the second column, enter any payments made during this report period (Payments made this period must also be reported in Schedule 2-A). In the third column, enter the outstanding balance at the end of this report period. Note: If there is a remaining balance, it must be carried forward to the next report's beginning balance.

List All Endorsers or Guarantors (If Any):

In the boxes below, provide the full name, mailing address, and ZIP code of any guarantors of loans. Enter the amount guaranteed which is outstanding at the end of the reporting period for each guarantor. See the notes below on how to apportion loan guarantees. If the amount guaranteed exceeds \$100, enter the name of employer and occupation of the guarantor.

Special Instructions:

- ◆ A loan guarantee is considered a contribution from the guarantor until the loan is repaid.
- ◆ If more than one person guarantees a loan, the amount of the loan is assigned to the guarantors in equal shares, in the proportion that the guarantors bear to the total amount guaranteed unless a different share is specified in the loan instrument.
- ◆ When a payment which reduces the unpaid balance of the loan is made to the lending institution, the amount assigned to each guarantor is reduced in equal shares, unless a different share is specified in the loan instrument.
- ◆ The outstanding amount of a loan plus the total contributions to the campaign by the guarantor may not exceed the individual contribution limit.
- ◆ Any reductions in loans which are not offset by expenditures in Schedule 2-A must be explained (e.g., candidate forgives self loans).

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

Complete Committee Name

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

SCHEDULE 3-C

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" or "C"	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

Instructions for Completing Schedules 3-C & 3-D

ADDITIONAL DISCLOSURE

In-Kind Estimates

General Instructions:

- ▶ If you know the actual cost/value of the in-kind contribution, do not use this schedule. Refer to the appropriate schedule (1-A or 1-B). If the cost/value is not known, please continue.
- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report in-kind estimates on this form.
- ▶ Enter the number of Schedule 3-C or 3-D pages in the upper right corner of the form.

Estimated Value of In-Kind Contributions

Received from Individuals and Committees - Schedule 3-C

Date of Contribution: Enter the date (month, day, year) that the benefit of the in-kind contribution was available for use by the committee.

Complete Name and Address of Contributor: Enter the full name and address of each contributor. If known, please provide the WSEB ID number for each committee.

Indicate "I" or "C": Write "I" when the in-kind contribution is received from an individual. Write "C" when the in-kind contribution is received from a committee.

Column A, Estimated Amount: Enter the estimated value of the in-kind contribution.

Column B, Estimated Calendar Year-to-Date Total (All Contributions): Add the estimated value of the in-kind contribution to the total of all contributions received from the contributor and enter the amount.

Special Instructions for Schedule 3-C:

- ◆ This schedule is used to report an in-kind contribution *only* when the amount cannot be accurately determined at the time the benefit of the contribution is received. If the value of the in-kind contribution *is* known, it must be reported on either Schedule 1-A, Contributions Including Loans from Individuals or Schedule 1-B, Contributions from Committees.
- ◆ All in-kind contributions reported on this schedule must be reported again on either Schedule 1-A or Schedule 1-B of the report for the period in which the actual value of the in-kind contribution is provided.

Estimated Value of In-Kind Contributions

Given to Candidates or Committees - Schedule 3-D

Date of Contribution: Enter the date (month, day, year) that the benefit of the in-kind contribution was available for use by the committee.

Complete Name and Address of Committee: Enter the full name and address of each contributor. If known, please provide the WSEB ID number for each committee.

Description of In-kind Disbursement and List of Vendors: Describe the nature of the in-kind contribution and provide a list of the vendors from which the committee purchased the goods or services, constituting the in-kind contribution.

Column A, Estimated Amount: Enter the estimated value of the in-kind contribution.

Column B, Estimated Calendar Year-to-Date Total (All Contributions): Add the estimated value of the in-kind contribution to the total of all contributions given to the recipient and enter the amount.

Special Instructions for Schedule 3-D:

- ◆ You must receive prior approval from the committee treasurer before making an in-kind contribution to a committee.
- ◆ This schedule is used to report in-kind contributions *only* when the amount cannot be accurately determined at the time the benefit is available to the recipient. If the value of the in-kind contribution is known, it is reported in Schedule 2-B, Contributions to Committees.
- ◆ All in-kind contributions reported in this schedule must be reported again in Schedule 2-B of the report for the period in which the actual value is determined.

**ADDITIONAL DISCLOSURE
Contributions Returned to Contributor**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date of Original Contribution	Name and Address of Contributor	Amount Returned
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

**ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund**

Instructions for completing schedules are on the back of each schedule.

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$

Instructions for Completing Schedules 3-E & 3-F

ADDITIONAL DISCLOSURE

General Instructions:

- ▶ Print or type the complete name of your committee in the box provided.
- ▶ Duplicate as many pages as you will need in order to report Returned or Donated Contributions on this form.
- ▶ Enter the number of Schedule 3-E or 3-F pages in the upper right corner of the form.

Contributions Returned to Contributor Schedule 3-E

Date of Original Contribution: Enter the date (month, day, year) that the contribution was received by the committee.

Name and Address of Contributor: Enter the name and address of the committee or individual to which a contribution is being returned.

Amount Returned: Enter the amount of the contribution returned.

Subtotal Itemized Returned Contributions: Enter the total of all the returned contributions listed on this page in this box. If additional pages are used, add the subtotal for each separate page.

Total Unitemized Returned Contributions \$20 or Less: Enter the amount of unitemized returned contributions \$20 or less on only the last page of Schedule 3-E.

Total Returned Contributions: Add the total itemized returned contributions to the total unitemized returned contributions and enter the amount on the last page of Schedule 3-E.

Special Instructions for Schedule 3-E:

- ◆ List returned contributions in Schedule 3-E only when the contributions have been deposited in the campaign depository, reported, and later returned.
- ◆ Any deposited contribution received from another committee and later returned *must* be itemized regardless of the amount.
- ◆ All returned contributions must be listed as expenditures on Schedule 2-A, as well as on Schedule 3-E.

Contributions Donated to Charity or the Common School Fund Schedule 3-F

Date of Donation: Enter the date (month, day, year) that the donation was given.

Name and Address of Donee: Enter the name and address of the charity or common school fund to which you are donating funds.

Reason for Donation: Enter the reason for the donation, e.g., excess anonymous contribution, excess cash contribution, terminating committee.

Amount: Enter the amount of the donation.

Subtotal Itemized Contributions This Page: Enter the total of all the donated contributions listed on this page. If additional pages are used, enter the subtotal for each separate page.

Total Donated Contributions: Add the subtotals from all pages of Schedule 3-F and enter the total on only the last page.

Special Instructions for Schedule 3-F:

- ◆ Contributions may be donated to charity or the common school fund for the following purposes only:
 - a. A registrant *must* donate any anonymous contribution received which exceeds \$10.
 - b. A registrant *must* donate any cash contribution which exceeds \$50 or return it to the donor.
 - c. A registrant *must* donate or return any illegal contributions which were "laundered" or received from a corporation, cooperative or association.
 - d. A registrant may donate a contribution received from an **unregistered nonresident** committee.
 - e. A registrant may donate residual funds for the purpose of **terminating** the committee.
- ◆ All donations to charity or to the common school fund must also be listed as expenditures on Schedule 2-A.

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

WSEB ID Number

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance has been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2A OR 2B.*

Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

Instructions for Completing Summary Page of Form EB-2

Instructions for Completing Schedules are on the Back of Each Schedule

Committee Identification

- ▶ Print or type the complete name and mailing address of your committee.
- ▶ Enter the committee WSEB ID number (the number printed in the upper right corner of the mailing label on the envelope in which the forms were mailed).
- ▶ If the report is an amendment to a previous report filed, check the "yes" box. If the report is NOT an amendment, check the "no" box.

Name of Report

- ▶ Check the box next to the name of the report being filed, and enter the correct calendar year. For information concerning filing dates and report names, refer to the *Campaign Finance Instruction and Bookkeeping Manual*.

Summary of Receipts and Disbursements

- ▶ Committees should complete the detailed pages in Schedules 1-A through 3-B before completing this summary section of the report form.

Receipts

- A. Contributions including Loans From Individuals:** Enter the amount of Total Contributions from Individuals (Schedule 1-A) in Column A of the Summary page. Add the amount entered in Column A to contributions previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- B. Contributions From Committees (Transfers-In):** Enter the amount from Total Contributions (Transfers-In) Received From Committees (Schedule 1-B) in Column A of the Summary page. Add the amount entered in Column A to contributions previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- C. Other Income and Commercial Loans:** Enter the amount of Total Other Income (Schedule 1-C) in Column A. Add the amount entered in Column A to other income previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.

Total Receipts: Add the amounts entered on lines 1-A, 1-B and 1-C, in Column A and enter the total in Total Receipts. Add the amount of Total Receipts previously reported, if any, and enter the amount in Column B, Calendar Year-to-Date.

Disbursements

- A. Gross Expenditures:** Enter the amount from Total Expenditures (Schedule 2-A) in Column A of the Summary page. Add the amount in Column A to expenditures previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.
- B. Contributions to Committees (Transfers-Out):** Enter the amount from Total Contributions (Transfers-Out) Made to Committees (Schedule 2-B) in Column A of the Summary page. Add the amount in Column A to contributions previously reported for this calendar year, if any, and enter the amount in Column B, Calendar Year-to-Date.

Total Disbursements: Add the amounts entered on lines 2-A and 2-B in Column A and enter the total in Total Disbursements. Add this amount to Total Disbursements previously reported, if any, and enter the amount in Column B, Calendar Year-to-Date.

Cash Summary

Cash Balance Beginning of Report: If this report is the first report filed by the committee, the cash balance will be zero. If this is not the first report filed by the committee, enter the amount of the cash balance at the end of the report period from the last report filed. The cash balance at the beginning of the report period must *always* be the *same* as the cash balance at the end of the last report period.

Total Receipts: Enter the amount from Total Receipts in Column A of the Summary page.

Subtotal: Add Cash Balance Beginning of Report to Total Receipts and enter the amount.

Total Disbursements: Enter the amount from Total Disbursements in Column A of the Summary page.

Cash Balance End of Report: Subtract Total Disbursements from Subtotal and enter the amount. The cash balance at the end of the report period should equal the reconciled balance in the checking account *plus* any savings or investment accounts.

Incurred Obligations: Enter the amount from Total Incurred Obligations (Schedule 3-A) in Column A of the Summary page. Incurred obligations must be carried forward on each report until paid in full.

Loans: Enter the amount from the Total Outstanding Loans (Schedule 3-B) in Column A of the Summary page. Loans must be carried forward on each report until paid in full.

Sign and Date the Report

The treasurer or candidate must sign and date each report filed. Each report must be complete, correct, and in compliance with the reporting format. Please include a daytime phone number and a contact person if someone other than the treasurer prepares the report.

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN**

Is This Report an Amendment: Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Street Address

City, State and Zip Code

OFFICE USE ONLY

WSEB ID Number:

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form.

NAME OF REPORT

- January Continuing 19____ Pre-Primary 19____ Spring Fall Special
 July Continuing 19____ Pre-Election 19____ Spring Fall Special

Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
A. Contributions including Loans from Individuals	\$	\$	\$	\$
B. Contributions from Committees (Transfers-In)	\$	\$	\$	\$
C. Other Income and Commercial Loans	\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	\$	\$

DISBURSEMENTS

A. Gross Expenditures	\$	\$	\$	\$
B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$	\$	\$	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$	\$
Total Receipts	\$	\$
Subtotal	\$	\$
Total Disbursements	\$	\$
CASH BALANCE END OF REPORT	\$	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period)	\$	\$
LOANS (Balance at the Close of This Period)	\$	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date:

Daytime Phone:

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN

EB-1

FOR OFFICE USE ONLY

**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 and 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 and Zip Code		
Telephone Number (if different than above)		

2. POLITICAL COMMITTEE INFORMATION

(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee		
Address – Number, Street, City, State and Zip Code		
Telephone Number		
Sponsoring Organization – Name and Complete Address		
Acronym (if any)		
Type of Committee:		
A.	<input type="checkbox"/> Special Interest Committee (PAC) <ul style="list-style-type: none"> <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization – Attach Information Required by § 11.05(3)(n), Stats. 	
B.	<input type="checkbox"/> Political Party Committee <ul style="list-style-type: none"> <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 § 11.05(3)(o), Stats.	
D.	<input type="checkbox"/> Political Group (Referendum) _____ <div style="text-align: center; font-size: small;">Name of Referendum</div>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
E.	<input type="checkbox"/> Recall Committee _____ <div style="text-align: center; font-size: small;">Name of officer subject to recall</div>	<input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall
	<input type="checkbox"/> – Attach Statement Required by § 9.10(2)(d)	
	<input type="checkbox"/> Independent Committee – Also, Complete Oath of Independent Expenditures, Form EB-6	
	<input type="checkbox"/> Individual – Also, Complete Oath of Independent Expenditures, Form EB-6	

**CAMPAIGN FINANCE REPORT
STATE OF WISCONSIN
WISCONSIN ELECTION CAMPAIGN FUND**

Is This Report An Amendment? Yes No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Street Address

City, State and Zip Code

OFFICE USE ONLY

Check if address is different than previously reported?

WSEB ID Number:

NAME OF REPORT

- January Continuing 19 _____
 Pre-Primary 19 _____
 Spring _____
 Fall _____
 Special _____
 July Continuing 19 _____
 Pre-Election 19 _____
 Spring _____
 Fall _____
 Special _____
 Termination Report

SUMMARY OF RECEIPTS AND DISBURSEMENT		Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS					
A. Contributions including Loans from Individuals		\$	\$	\$	\$
B. Contributions from Committees (Transfers-In)		\$	\$	\$	\$
C. Other Income and Commercial Loans		\$	\$	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)		\$	\$	\$	\$
2. DISBURSEMENTS					
A. Gross Expenditures		\$	\$	\$	\$
B. Contributions to Committees (Transfers-Out)		\$	\$	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)		\$	\$	\$	\$
CASH SUMMARY					
Cash Balance Beginning of Report		\$		\$	
Total Receipts		\$		\$	
Subtotal		\$		\$	
Total Disbursements		\$		\$	
CASH BALANCE END OF REPORT		\$		\$	
INCURRED OBLIGATIONS (Balance At The Close Of This Period)		\$		\$	
LOANS (Balance At The Close Of This Period)		\$		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer or Candidate	Signature of Treasurer or Candidate	Date

Note: The information on this form is required by §§ 11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of §§ 11.60, 11.61, Wis. Stats.

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

Treasurer's Name	Telephone Number (residence)
Address (number and street)	Telephone Number (employment)
City, State and 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, § 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, i.e., savings, checking, money market, etc.)
Address (number and street)	City, State and Zip Code

CERTIFICATION

TREASURER

I, _____ (print full name) certify the information in this statement is true, correct, and complete.

Signature _____, Treasurer _____
Date _____

CANDIDATE

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

Signature _____, Candidate _____
Date _____

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS. § 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.

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.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer _____

Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY §§ 9.10(2) (d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§ 8.30(2), 11.60, 11.61, 11.66, STATS.

Instructions for Completing Schedules are on the Back of Each Schedule

INSTRUCTIONS FOR COMPLETING SUMMARY PAGE OF FORM EB-24

COMMITTEE IDENTIFICATION

- Print or type the complete name and mailing address of your committee.
- Enter the committee WSEB ID number (the number printed in the upper right corner of the mailing label on the envelope in which the forms were mailed).
- If the report is an amendment to a previous report filed, check the "yes" box. If the report is not an amendment, check the "no" box.

NAME OF REPORT

- Check the box next to the name of the report being filed and enter the correct calendar year. For information concerning filing dates and report names, refer to the Campaign Finance Instruction and Bookkeeping Manual.

SUMMARY OF RECEIPTS AND DISBURSEMENTS

Committees should complete the detailed pages in Schedules 1A through 3F before completing this summary section of the report form.

1. RECEIPTS

- Contributions including Loans From Individuals: Enter the amount of Total Contributions from Individuals (Schedule 1A) in Column A of the Summary page. Add the amount entered in Column A to contributions previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.
- Contributions From Committees (Transfers-In): Enter the amount from Total Contributions (Transfers-In) Received From Committees (Schedule 1B) in Column A of the Summary page. Add the amount entered in Column A to contributions previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.
- Other Income and Commercial Loans: Enter the amount of Total Other Income (Schedule 1C) in Column A. Add the amount entered in Column A to other income previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.

TOTAL RECEIPTS: Add the amounts entered on lines 1A, 1B and 1C, in Column A and enter the total in Total Receipts. Add the amount of Total Receipts previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.

2. DISBURSEMENTS

- Gross Expenditures: Enter the amount from Total Expenditures (Schedule 2A) in Column A of the Summary page. Add the amount in Column A to expenditures previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.
- Contributions to Committees (Transfers-Out): Enter the amount from Total Contributions (Transfers-Out) Made to Committees (Schedule 2B) in Column A of the Summary page. Add the amount in Column A to contributions previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.

TOTAL DISBURSEMENTS: Add the amounts entered on lines 2A and 2B in Column A and enter the total in Total Disbursements. Add the amount of Total Disbursements previously reported, if any, and enter the amount in Column B, Calendar Year-To-Date.

CASH SUMMARY

Cash Balance Beginning of Report: If this report is the first report filed by the committee, the cash balance will be zero. If this is not the first report filed by the committee, enter the amount of the cash balance at the end of the report period from the previous report filed. The cash balance at the beginning of the report period must always be the same as the cash balance at the end of the previous report period.

Total Receipts: Enter the amount from Total Receipts in Column A of the Summary page.

Subtotal: Add Cash Balance Beginning of Report to Total Receipts and enter the amount.

Total Disbursements: Enter the amount from Total Disbursements in Column A of the Summary page.

Cash Balance End of Report: Subtract Total Disbursements from Subtotal and enter the amount. The cash balance at the end of the report period should equal the amount that is in the checking account plus any savings or investment accounts and contributions which are reported in this report but not yet deposited.

Incurred Obligations: Enter the amount from Total Incurred Obligations (Schedule 3A) in Column A of the Summary page. Incurred Obligations must be carried forward on each report until paid.

Loans: Enter the amount from Total Outstanding Loans (Schedule 3B) in Column A of the Summary page. Loans must be carried forward on each report until paid.

SIGN AND DATE THE REPORT

The treasurer or candidate must sign and date each report filed. Each report must be complete, correct and in compliance with the reporting format.

RECEIPTS

Contributions Including Loans From Individuals
Only Itemized Contributions Will Be Counted Toward The Qualifying
Threshold For A Wisconsin Election Campaign Fund Grant

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and ZIP Code	Occupation, Name and Address of Principal Place Of Employment (If contribution exceeds \$100)	Amount	Calendar Year to Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Conduit			Office Use

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ _____

TOTAL ITEMIZED CONTRIBUTION

\$ _____

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

Unitemized Contributions Will Not Be Counted Toward The Qualifying Threshold For A Wisconsin Election Campaign Fund Grant

\$ _____

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ _____

Instructions for Completing Schedule
RECEIPTS
Contributions Including Loans From Individuals
Schedule 1-A

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report Contributions including Loans from Individuals on this form.
- Enter the number of Schedule 1A pages in the upper right corner of the form.
- If you are reporting individual contributions of \$20 or less for the purpose of qualifying for a WECF grant, you must itemize the date, name and address, and amount of each contribution regardless of the amount. Any contributions which are unitemized and reported in unitemized contributions of \$20 or less will not be counted toward qualifying for a grant.

DATE:

Enter the date (month, day, year) each contribution was received. Do not enter the date which appears on the contributor's check or the date deposited, unless it is the same as the date received.

FULL NAME, MAILING ADDRESS, AND ZIP CODE:

1. For contributions over \$20: Enter the full name and address of the contributor.
2. For contributions over \$100: Enter the full name and address of the contributor. Enter the occupation and the name and address of principal place of employment.

CALENDAR YEAR TO DATE TOTAL:

Add contributions received previously from this contributor to the contribution received in this report period and enter the Calendar Year-To-Date Total. A Calendar Year-To-Date Total must always be entered even if it is the same amount as the contribution. If the Calendar Year-To-Date exceeds \$100, enter the occupation and the name and address of the principal place of employment of the contributor.

TOTAL ITEMIZED CONTRIBUTIONS:

Subtotal each page of itemized contributions in Schedule 1A. Add Subtotal from each page and enter the total of itemized contributions on the first page of Schedule 1A.

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS:

Enter the total of unitemized contributions of \$20 or less on page 1 of Schedule 1A.

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS:

Add the Total of Itemized Contributions to the Total Unitemized Contributions \$20 or less and enter the amount in Total Contributions Received from Individuals on page 1 of Schedule 1A.

NOTE:

- Contributions and loans from individuals in Schedule 1A include any cash, personal or individual loans, purchase of tickets to fundraising events, memberships, gifts, advances, receipt of in-kind contributions and all other personal contributions from an individual including the candidate.
- In-kind contributions from individuals must also be reported as in-kind expenditures in Schedule 2A. In-kind contributions and loans do not count toward qualifying for a WECF grant.
- When the contribution is in-kind or is received through a conduit, check the appropriate box in the section where the contribution is listed.
- Any individual loans, either from the candidate or from another individual, must be reported in Schedule 1A and in Schedule 3B until paid in full. Please indicate "loan" when the contribution is itemized in Schedule 1A.
- Loans from individuals are subject to individual contribution limits (see Campaign Finance Limits and Thresholds).
- Each contributor's name, address, and amount of contribution must be listed separately. A contribution given from a joint checking account can be divided between the individuals and itemized separately.
- Receipts from raffles, auctions, garage sales, and other similar fundraising events are individual contributions and must be recorded. When receipts consist of single contributions of \$20 or less, please report the amount in Unitemized Receipts of \$20 or Less. Any single contributions which exceed \$20 must be itemized.
- Itemize contributions received from individuals under \$20 only when necessary to qualify for a grant from WECF.
- Do not report contributions from political action committees, political party committees or other candidate committees in Schedule 1A. These contributions must be reported in Schedule 1B.
- Contributions from individuals transferred through conduits should be reported on Schedule 1A under the individual's name. The transmittal letter accompanying the conduit check will list the individuals who are the original sources of the contributions. These contributions are subject to itemization on the same basis as other individual contributions.
- If you have not received the required amount of individual contributions for the purpose of qualifying for a WECF grant by the close of the pre-primary report period, you may continue to accept additional individual contributions up through midnight of the night of the primary and file a special supplemental report consisting of Schedules 1A and 1B no later than 7 days following the primary. If you file a special supplemental report, please request the forms from the State Elections Board.

**RECEIPTS
Contributions from Committees
(Transfers-In)**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name of Committee, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$	

Instructions for Completing Schedule
RECEIPTS
Contributions From Committees (Transfers-In)
Schedule 1-B

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report Contributions From Committees (Transfers-in) on this form.
- Enter the number of Schedule 1B pages in the upper right corner of the form.
- Each contribution received from a committee must be itemized regardless of the amount.

DATE:

Enter the date (month, day, year) each contribution was received. Do not enter the date which appears on the contributor's check or the date deposited, unless it is the same as the date received.

COMPLETE NAME AND ADDRESS OF COMMITTEE:

Enter the full name and address of each contributor. If known, please provide the WSEB ID number for each committee.

AMOUNT:

Enter the amount of the contribution this period.

CALENDAR YEAR-TO-DATE TOTAL:

Add the amount received this period to contributions received previously from each committee, either in this report period or calendar year, if any, and enter the amount in Calendar Year-To-Date Total. A Calendar Year-To-Date Total must always be given.

TOTAL CONTRIBUTIONS (TRANSFERS-IN) RECEIVED FROM COMMITTEES:

Add the Subtotal Contributions (Transfers-In) This Page from each page of Schedule 1B and enter the total in Total Contributions (Transfers-In) Received From Committees on the first page of Schedule 1B.

NOTE:

- In reporting contributions from committees, provide the complete name and address of each committee making a contribution. If known, please provide the WSEB ID number for each committee.
- Contributions From Committees (Transfers-In) consist of any funds received from a political party committee, political action committee, political group (referenda), candidate committee or a legislative campaign committee.
- Any loans received from political committees must be reported in Schedule 2B and in Schedule 3B until paid in full. Please indicate "loan" where the contribution is itemized in Schedule 2B.
- Receipt of the WECF grant is reported in Schedule 1B.
- In-kind contributions from a committee must also be reported as an in-kind expenditure in Schedule 2-A.
- When the contribution is in-kind, check the in-kind box in the section where the contribution is listed.
- Contributions received from a sole proprietorship or partnership must be reported as individual contributions in Schedule 1A. You must verify that the original source of the contribution is from personal funds. Contributions from partnerships must reflect the partners' share in the partnership.
- Contributions may not be accepted from corporations, cooperatives or associations.

RECEIPTS
Other Income and Commercial Loans

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and ZIP Code of Source of Income	Reason for Income	Amount	Office Use
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
SUBTOTAL OTHER INCOME THIS PAGE			\$	
TOTAL ITEMIZED OTHER INCOME			\$	
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$	
TOTAL OTHER INCOME			\$	

Instructions for Completing Schedule

RECEIPTS
Other Income and Commercial Loans
Schedule 1-C

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report Other Income and Commercial Loans on this form.
- Enter the number of Schedule 1C pages in the upper right corner of the form.

DATE:

Enter the date (month, day, year) other income and commercial loans were received.

FULL NAME, MAILING ADDRESS AND ZIP CODE OF SOURCE OF INCOME:

Identify the source of income by providing the name and address of the commercial lending institution. Provide the name and address of any person or business from which other income was received.

REASON FOR INCOME:

Describe the reason for income, e.g., loan from commercial lender for campaign expenses, refund from utility, over-payment to a creditor, interest on savings, etc.

AMOUNT:

Enter the amount of other income and commercial loans of more than \$20 for this period only.

TOTAL ITEMIZED OTHER INCOME:

Add itemized other income and commercial loans from each page and enter the total in Total Itemized Other Income on the first page of Schedule 1C.

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS:

Add unitemized other income and commercial loans of \$20 or less and enter the amount on the first page of Schedule 1C.

TOTAL OTHER INCOME:

Add Total Itemized Other Income to the Total Unitemized Other Income of \$20 or Less and enter the amount in Total Other Income on the first page of Schedule 1C.

NOTE:

- Other income and commercial loans include loans received from a national or state bank. Loans must also be listed in Schedule 3B, Additional Disclosure, Loans, until paid in full.
- When a loan from a commercial lending institution is guaranteed by individuals, the full name and mailing address of each guarantor and the balance of the amount guaranteed by each guarantor at the end of the reporting period must be reported in Schedule 3B. The amount of the guarantee is considered a contribution from the guarantor and subject to individual contribution limits until the amount is repaid to the lending institution.
- Other income includes refunds and interest received. Receipts from fundraising events (auctions, dinners, etc.) and from the sale of commercial items for the purpose of raising funds for political purposes are contributions and must be reported in Schedule 1A, not 1C.
- Personal loans from individuals must be reported in Schedule 1A, not 1C.
- When a contribution given by your committee to another committee is returned to you, report the receipt of the returned contribution in Schedule 1C.

**DISBURSEMENTS
Gross Expenditures**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and ZIP Code of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount of Expenditure This Period		Office Use
			Primary	Election	
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$	\$	
TOTAL ITEMIZED EXPENDITURES			\$	\$	
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$	\$	
TOTAL EXPENDITURES			\$	\$	

TOTAL PRIMARY AND ELECTION EXPENDITURES \$

Instructions for Completing Schedule

DISBURSEMENTS Gross Expenditures Schedule 2-A

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report gross expenditures on this form.
- Enter the number of Schedule 2A pages in the upper right corner of the form.

DATE:

Enter the date (month, day, year) the disbursement was made.

FULL NAME, MAILING ADDRESS AND ZIP CODE OF PERSON OR BUSINESS TO WHOM PAYMENT IS MADE:

Enter the name and complete address of the person or business to whom payments were made.

SPECIFIC PURPOSE OF EXPENDITURE:

Enter the specific purpose of the expenditure. Expenditures may be made for political purposes only. An act is for a political purpose when it influences the election or nomination for election of any individual to federal, state or local office. A complete description of the type of expenditure or reimbursement must be given (i.e., food for fundraiser or campaign T-shirts for resale).

AMOUNT OF EXPENDITURE THIS PERIOD:

Expenditures this period (primary/election) must be allocated to the primary or election, or both. Allocations may be determined according to the use of materials or services in a period of time preceding and up through the primary and/or the election (i.e., expense for brochures used in both the primary and election can be allotted according to amount used). See WECF Information and Instructions Manual prepared by Elections Board staff.

TOTAL ITEMIZED EXPENDITURES:

Add Subtotal from each page and enter the total of itemized expenditures for the primary and for the election on the first page of Schedule 2A.

TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS:

Enter the amount of unitemized expenditures of \$20 or less for the primary and for the election on the first page of Schedule 2A.

TOTAL EXPENDITURES:

Add Subtotal of Itemized Expenditures to Total Unitemized Expenditures of \$20 or Less for the primary and for the election and enter the amount in Total Expenditures on the first page of Schedule 2A.

TOTAL PRIMARY AND ELECTION EXPENDITURES:

Add Total Expenditures for the primary to Total Expenditures for the election and enter the Total of Primary and Election Expenditures.

NOTE:

- When a legislative candidate is unopposed in the primary and his or her opponent is also unopposed in a primary, allocation of expenditures between the primary and the election is not required. Report expenditures in the election column because you are subject only to the total spending limit for both the primary and the election.
- Statewide candidates are not required to allocate expenditures between the primary and the election. Report expenditures in the election column because you are subject only to the total spending limit for both the primary and the election.
- Only expenditures of more than \$20 must be itemized. Expenditures of \$20 or less should be totaled and reported as unitemized expenditures.
- Expenditures for consultant fees or travel expenses must be reported by listing the nature of the activity undertaken.
- In-kind contributions reported in Schedule 1A or 1B, must also be reported as in-kind expenses in Schedule 2A.
- Expenditures incurred for in-kind contributions to other registrants must be reported in Schedule 2B, not 2A. See instructions on Schedule 2B.
- Payments for goods and services purchased from another registrant are reported as expenditures in Schedule 2A. However, purchases from other registrants are not eligible to be pay from WECF grant funds.
- All expenditures must be made from the campaign depository and may be used for political purposes only.
- It is permissible for a candidate or an agent of a committee to pay for items from personal funds as long as receipts are submitted to the treasurer for reimbursement from the depository. Reporting of a reimbursement must include information which describes the nature of the original expenditure.
- It is permissible to maintain a petty cash account to pay for minor items provided that funds for the petty cash account are drawn from the campaign depository and that a record of the transactions is kept. Each expenditure from the petty cash account which exceeds \$20 must be itemized in Schedule 2A. Expenditures under \$20 may be included in unitemized expenditures. The purpose of each itemized expenditure must be provided and identified as "petty cash" (e.g., postage/petty cash, office supplies/petty cash, etc.). Only the specific expenditures are reported. Do not report the check for setting up the account or any checks written for cash to replenish the account.
- Contributions received, deposited and later returned to the original contributor must be reported as an expense in Schedule 2A and in Schedule 3E.

**DISBURSEMENTS
Contributions To Committees
(Transfers-Out)**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use
Date / /	Full Name, Mailing Address and ZIP Code Check if: <input type="checkbox"/> In-Kind	Amount	Calendar Year-To-Date Total	Office Use

SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE

\$

TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES

\$

Instructions for Completing Schedule

DISBURSEMENTS
Contributions to Committees
Schedule 2-B

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to use this form to report Contributions to Committees (Transfers-Out).
- Enter the number of Schedule 2B pages in the upper right corner of the form.
- Each contribution made to another committee must be itemized regardless of the amount.

DATE:

Enter the date (month, day, year) that each contribution was made to another committee.

FULL NAME, MAILING ADDRESS AND ZIP CODE OF COMMITTEE:

Enter the full name and complete address of the committee receiving the contribution.

AMOUNT:

Enter the amount of the contribution given in this period.

CALENDAR YEAR-TO-DATE TOTAL:

Add the amount of the contribution to contributions given previously to each committee, either in this report period or calendar year, if any, and enter the amount in Calendar Year-To-Date Total. A Calendar Year-to-Date Total must always be given.

TOTAL CONTRIBUTIONS (TRANSFERS-OUT) MADE TO COMMITTEES:

Add Subtotal Contributions This Page from each page of Schedule 2B and enter the total in Total Contributions (Transfers-Out) Made to Committees on the first page of Schedule 2B.

NOTE:

- If a contribution is made to a candidate for local office, please print the word "Local" after the name of the candidate to which a contribution was made.
- Contributions to Committees (Transfers-Out) consist of any funds contributed to a political party committee, political action committee, political group (referenda), candidate committee, or legislative campaign committee.
- When the contribution is in-kind, check the in-kind box in the section where the contribution is listed.
- An in-kind contribution made by a registrant is reported in Schedule 2B as a transfer out by the committee making the in-kind contribution. For each in-kind contribution (regardless of the amount) the name and address of the candidate or committee receiving the contribution must be listed in Schedule 2B along with the name and address of the person or business to whom payment was made and the amount and date of the in-kind contribution. When the in-kind contribution is reported in Schedule 2-B, it should not be reported as an expenditure in Schedule 2-A.
- Payments for goods and services purchased from another registrant are reported as expenditures in Schedule 2A, not Schedule 2B.

(EB-24)

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date Paid	Name and Complete Address of Person or Business to Whom Payment Made	Amount of Expenditure	
		Primary	Election
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE		\$	\$
TOTAL ITEMIZED EXPENDITURES		\$	\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS		\$	\$
TOTAL EXPENDITURES		\$	\$

TOTAL PRIMARY AND ELECTION EXPENDITURES \$

SCHEDULE 2-D

EXCLUSIONS FROM SPENDING LIMITS

Instructions for completing schedules are on the back of each schedule.

Date	Name and Complete Address of Person or Business to Whom Payment Made	Purpose	Amount of Expenditure		Office Use Only
			Primary	Election	
			\$	\$	
TOTAL EXCLUSIONS CLAIMED			\$	\$	

TOTAL PRIMARY AND ELECTION EXCLUSIONS \$

Instructions For Completing Schedules

Previously Reported Expenditures Schedule 2C and Exclusions From Spending Limits Schedule 2D

GENERAL INSTRUCTIONS:

- Print or type the complete name of the committee in the box provided.
- Duplicate as many pages as you will need in order to report previously reported expenditures or exclusions from spending limits on this form.
- Enter the number of pages of Schedule 2C/2D in the upper right corner of the form.

SCHEDULE 2C - Previously Reported Expenditures

DATE PAID: Enter the date (month, day, year) the previously reported expenditure was made.

NAME: Enter the name and complete address of the person or business to whom payment was made.

AMOUNT OF EXPENDITURE, PRIMARY/ELECTION: Enter the amount of previously reported expenditures for the primary and/or the election. Allocate expenditures according to the directions in Schedule 2A.

TOTAL PRIMARY AND ELECTION EXPENDITURES: Add the Total Expenditures for the primary to the Total Expenditures for the election and enter the Total Primary and Election Expenditures.

NOTE:

- Previously reported expenditures consist of expenditures which relate to the current campaign, were expended after January 1 in the year of a partisan election and July 1 in the year before a nonpartisan election, and were reported on Form EB-2 rather than Form EB-24. Expenditures made before January 1 or July 1 which relate to the current campaign must also be included in Schedule 2C.
- Statewide candidates are not required to allocate expenditures between the primary and the election. Report all expenditures in the election column. When a legislative candidate is unopposed in the primary and his or her opponent is also unopposed in the primary, allocation of expenditures between the primary and the election is not required. Report expenditures in the election column only.
- The expenditures listed on this schedule are shown on the first report filed on Form EB-24. They are not carried over on subsequent reports.

SCHEDULE 2D - Exclusions From Spending Limits

DATE: Enter the date of the excludable expenditure.

NAME: Enter the name and complete address of the person or business to whom payment was made.

PURPOSE: Enter the purpose of the expenditure. Expenditures which qualify as exclusions are:

- a) federal, state and local taxes paid or incurred.
- b) payments made to repay personal or commercial loans.
- c) contributions which are deposited in the depository and later returned to the contributor or donated to charity or the common school fund.
- d) certain costs for fund raising events: facility rental, entertainment expenses, items auctioned, food and beverages. (Printing, postage and advertising for a fundraiser are not excludable.)
- e) expenditures made or obligations incurred which apply to a campaign other than that for which the grant was received (i.e. payments on debts incurred during a previous campaign or disbursements made for future campaigns.
- f) any recount expenses paid from the campaign depository.
- g) any contributions made to other registrants.
- h) any reimbursements to the candidate for the candidate's travel expenses.
- i) all refunds or deposits paid.

AMOUNT OF EXPENDITURE PRIMARY/ELECTION: Enter the amount of the expenditure exclusion which relates to the primary and the amount which relates to the election. Allocate expenditure exclusions to the primary and election according to directions in Schedule 2A.

TOTAL EXCLUSIONS CLAIMED: Add exclusions claimed for the primary/election and enter the amount of Total Exclusions Claimed.

NOTE:

- All expenditures and incurred obligations which are claimed as exclusions must be itemized regardless of the amount.
- Expenditures or incurred obligations which qualify as exclusions are not counted against spending limits.
- Statewide candidates are not required to allocate expenditures between the primary and the election. Report all exclusions in the election column. When a legislative candidate is unopposed in the primary and his or her opponent is also unopposed in the primary, allocation of expenditures is not required. Report exclusions in the election column only.

(EB-24)

ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and ZIP Code of Creditor	Outstanding Balance Beginning This Period	New Obligations This Period	Payment This Period	Outstanding Balance at Close of This Period		Office Use Only
					Primary	Election	
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							
Nature of Debt (Purpose):							

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE	\$		
TOTAL ITEMIZED OBLIGATIONS	\$		
TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS	\$		
TOTAL INCURRED OBLIGATIONS	\$		

TOTAL PRIMARY AND ELECTION INCURRED OBLIGATIONS \$

Instructions for Completing Schedule
ADDITIONAL DISCLOSURE
Incurred Obligations Excluding Loans
Schedule 3-A

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report incurred obligations on this form.
- Enter the number of Schedule 3A pages in the upper right corner of the form.

DATE: Enter the date (month, day, year) the obligation was incurred.

FULL NAME, MAILING ADDRESS AND ZIP CODE OF CREDITOR:

Enter the complete name and address of the creditor.

NATURE OF DEBT (PURPOSE):

Describe the specific purpose for which the obligation was incurred (See Schedule 2A for instructions).

BALANCE COLUMNS:

In the first column, enter the actual amount remaining as an incurred obligation at the beginning of this report period. In the second column, enter the amount of any new obligations or additions to existing obligations. In the third column, enter any payments made this report period (Payments this period must also be reported in Schedule 2A). In the fourth column, enter the outstanding balance at the close of this report period for primary related obligations and for election related obligations.

TOTAL ITEMIZED OBLIGATIONS:

Add itemized incurred obligations for the primary and for the election from each page and enter the total in Total Itemized Obligations.

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS:

Enter the amount of unitemized obligations of \$20 or less for the primary and for the election on the first page of Schedule 3A.

TOTAL INCURRED OBLIGATIONS:

Add the Total Itemized Obligations to the Total Unitemized Obligations \$20 or Less and enter the amount of Total Incurred Obligations for the primary and for the election.

TOTAL PRIMARY AND ELECTION INCURRED OBLIGATIONS:

Add the Total Incurred Obligations allocated for the primary and for the election and enter the amount in Total Primary And Election Incurred Obligations.

NOTE:

- Incurred obligations are obligations incurred to vendors for which a bill has been received and the amount remains unpaid at the close of the report period.
- The balance of all incurred obligations should be reported from the time incurred until paid in full.
- Each obligation must be carried forward on subsequent reports until the obligation has been reduced to zero.
- When a payment is made on an obligation, the transaction should be reported as a payment on Schedule 3A and as an expenditure on Schedule 2A.
- Any reductions in incurred obligations which are not offset by expenditures in Schedule 2A must be explained (e.g., candidate assumes obligation as a contribution to the committee).

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name _____

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning of This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Date	Full Name, Mailing Address and ZIP Code of Loan Source			
List All Endorsers or Guarantors (if any)				
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding \$			

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$

Instructions for Completing Schedule
ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial
Schedule 3-B

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report loans on this form.
- Enter the number of Schedule 3B pages in the upper right corner of the form.

DATE: Enter the date (month, day, year) the loan was made.

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LOAN SOURCE:

Enter the full name and address of the loan source.

BALANCE COLUMNS:

In the first column, enter the actual balance of the loan remaining to be repaid at the beginning of this reporting period. In the second column, enter the cumulative amount of payments paid during the reporting period. In the third column, enter the actual balance remaining to be paid at the end of this reporting period.

LIST ALL ENDORSERS OR GUARANTORS (IF ANY):

In the boxes below, provide the full name, mailing address and ZIP code of any guarantors of loans. Enter the amount guaranteed which is outstanding at the end of the reporting period for each guarantor. See the notes below on how to apportion loan guarantees. If the amount guaranteed exceeds \$100, enter the name of employer and occupation of the guarantor.

NOTE:

- A loan guarantee is considered a contribution from the guarantor until the loan is repaid.
- If more than one person guarantees a loan, the amount of the loan is assigned to the guarantors in equal shares, in the proportion that the guarantors bear to the total amount guaranteed unless a different share is specified in the loan instrument.
- When a payment is made to the lending institution which reduces the unpaid balance of the loan, the amount of guarantee assigned to each guarantor is reduced in equal shares in proportion that the number of guarantors bears to the amount repaid unless a different share is specified in the loan instrument.
- The outstanding amount of a guarantee and the total contributions to the campaign by the guarantor may not exceed the individual contribution limit for the guarantor.

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

Complete Committee Name _____

**Estimated Value of In-Kind Contributions Received
From Individuals and Committees**

SCHEDULE 3-C

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" or "C"	Description of In-Kind Contribution	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

SCHEDULE 3-D

**Estimated Value of In-Kind Contributions Given
To Candidates or Committees**

Instructions for completing schedules are on the back of each schedule.

Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Column A Estimated Amount	Column B Estimated Calendar Year To Date Total (All Contributions)	Office Use Only

Instructions for Completing Schedule

**ADDITIONAL DISCLOSURE
In-Kind Estimates**

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report in-kind estimates on this form.
- Enter the number of Schedule 3-C or 3-D pages in the upper right corner of the form.

**Estimated Value of In-Kind Contributions Received from Individuals and Committees
Schedule 3-C**

DATE OF CONTRIBUTION:

Enter the date (month, day, year) that the benefit of the in-kind contribution was available for use by the committee.

INDICATE "I" or "C":

Write "I" when the in-kind contribution is received from an individual. Write "C" when the in-kind contribution is received from a committee.

COLUMN A, ESTIMATED AMOUNT:

Enter the estimated value of the in-kind contribution.

COLUMN B, ESTIMATED CALENDAR YEAR TO DATE TOTAL (ALL CONTRIBUTIONS):

Add the estimated value of the in-kind contribution to the total of all contributions received from the contributor and enter the total in Calendar Year to Date Total.

NOTE:

- This schedule is used to report in-kind contribution only when the amount of the contribution can not be accurately determined at the time the recipient committee receives the use of the contribution. If the value of the in-kind contribution is known, the in-kind contribution is reported in either Schedule 1-A, Contributions Including Loans from Individuals or Schedule 1-B, Contributions from Committees.
- All in-kind contributions reported in this schedule for this reporting period must be reported in either Schedule 1-A or Schedule 1-B in the reporting period when the actual value of the in-kind contribution is determined.

**Estimated Value in In-Kind Contributions Given to Candidates or Committees
Schedule 3-D**

DATE OF CONTRIBUTION:

Enter the date (month, day, year) that the benefit of the in-kind contribution was available for use by the committee.

DESCRIPTION OF IN-KIND DISBURSEMENT AND LIST OF VENDORS:

Describe the nature of the in-kind contribution and provide a list of the vendors from which the committee purchased the goods or services constituting the in-kind contribution.

COLUMN A, ESTIMATED AMOUNT:

Enter the estimated value of the in-kind contribution.

COLUMN B, ESTIMATED CALENDAR YEAR TO DATE TOTAL (ALL CONTRIBUTIONS):

Add the estimated value of the in-kind contribution to the total of all contributions given to the recipient and enter the total in Calendar Year to Date Total.

NOTE:

- You must receive prior approval from the committee treasurer before making an in-kind contribution to a committee.
- This schedule is used to report in-kind contributions only when the amount of the contribution can not be accurately determined at the time the donor committee makes the benefit of the in-kind contribution available to the recipient. If the value of the in-kind contribution is known, the in-kind contribution is reported in Schedule 2-B, Contributions Made to Committees.
- All in-kind contributions reported in this schedule for this reporting period must be reported in Schedule 2-B in the reporting period when the actual value of the in-kind contribution is determined.

SCHEDULE 3-E

**ADDITIONAL DISCLOSURE
Contributions Returned to Contributor**

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date of Original Contribution	Name and Address of Contributor	Amount Returned
SUBTOTAL ITEMIZED RETURNED CONTRIBUTIONS		\$
TOTAL UNITEMIZED RETURNED CONTRIBUTIONS \$20 OR LESS		\$
TOTAL RETURNED CONTRIBUTIONS		\$

SCHEDULE 3-F

**ADDITIONAL DISCLOSURE
Contributions Donated to Charity or Common School Fund**

Instructions for completing schedules are on the back of each schedule.

Date of Donation	Name and Address of Donee	Reason for Donation	Amount of Donation
SUBTOTAL ITEMIZED DONATED CONTRIBUTIONS			\$
TOTAL DONATED CONTRIBUTIONS			\$

Instructions for Completing Schedules

ADDITIONAL DISCLOSURE
Schedule 3-E and Schedule 3-F

GENERAL INSTRUCTIONS:

- Print or type the complete name of your committee in the box provided.
- Duplicate as many pages as you will need in order to report Returned or Donated Contributions on this form.
- Enter the number of Schedule 3E or 3F pages in the upper right corner of the form.

Contributions Returned to Contributor
Schedule 3-E

DATE OF ORIGINAL CONTRIBUTION:

Enter the date (month, day, year) that the contribution was received by the committee.

NAME AND ADDRESS OF CONTRIBUTOR:

Enter the name and address of the committee or individual to which a contribution is being returned.

AMOUNT RETURNED:

Enter the amount of the contribution returned.

TOTAL RETURNED CONTRIBUTIONS:

Add the Subtotal Itemized Returned Contributions to Total Unitemized Returned Contributions of \$20 or Less and enter the total in Total Returned Contributions.

NOTE:

- List returned contributions in Schedule 3-E only when the contributions have been deposited in the campaign depository, reported, and later returned.
- Any deposited contribution received from another committee and later returned must be itemized regardless of the amount.
- All returned contributions must be listed as expenditures on Schedule 2A, as well as on Schedule 3E.

Contributions Donated to Charity or the Common School Fund
Schedule 3-F

DATE OF DONATION:

Enter the date (month, day, year) that the donation was given.

NAME AND ADDRESS OF DONEE:

Enter the name and address of the charity or common school fund to which you are donating funds.

REASON FOR DONATION:

Enter the reason for the donation, e.g., excess anonymous contribution, excess cash contribution, terminating committee.

AMOUNT:

Enter the amount of the donation.

TOTAL DONATED CONTRIBUTIONS:

Enter the total of contributions donated to charity or the common school fund.

NOTE:

- Contributions may be donated to charity or the common school fund for the following purposes only:
 - a. A registrant must donate any anonymous contribution received which exceeds \$10.
 - b. A registrant must donate any cash contribution which exceeds \$50 or return it to the donor.
 - c. A registrant must donate or return any illegal contributions which were "laundered" or received from a corporation, cooperative or association.
 - d. A registrant may donate a contribution received from an unregistered committee.
 - e. A registrant may donate residual funds for the purpose of terminating the committee.
- All donations to charity or to the common school fund must be listed as expenditures on Schedule 2A, also.

SCHEDULE 4

**CHANGE IN REPORTING STATUS
or
Other Committee Information**

Complete Committee Name _____

TERMINATION REQUEST

A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations and the cash balance has been reduced to zero. Please read carefully, indicate how residual committee funds have been disposed of, check the termination box on the summary page of the report, sign and date the termination statement.

CANDIDATES MAY NOT TERMINATE PRIOR TO THE ELECTION IN WHICH THEY ARE PARTICIPATING.

DISPOSAL OF RESIDUAL FUNDS

Date	Recipient	Amount

TERMINATION. I hereby request that the committee registration be terminated. I declare that the committee has no incurred obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer

Date

CHANGES IN COMMITTEE INFORMATION

Please record all changes in information in the appropriate space provided

PREVIOUS	PRESENT
Committee Name	Committee Name
Committee Address	Committee Address
Treasurer Name	Treasurer Name
Treasurer Address	Treasurer Address
Telephone Number (Treasurer) _____ (Candidate) _____	Telephone Number (Treasurer) _____ (Candidate) _____
Campaign Depository (Address) _____ _____ (Account No.) _____	Campaign Depository (Address) _____ _____ (Account No.) _____



DECLARATION OF CANDIDACY

(See instructions for preparation on back)

Is this an amendment? Yes No

I, _____, being duly sworn, state that
(Candidate's name)

I am a candidate for the office of _____
(Official name of office - Include district, branch or seat number)

representing _____
(Name of political party or statement of principle - five words or less)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned. I have not been convicted of a misdemeanor involving a violation of public trust for which I have not been pardoned.

My present municipality of residence for voting purposes is:

(Candidate's address for voting purposes - Include the number, street, and municipality where the candidate resides.)

My name as I wish it to appear on the official ballot is as follows:

(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

(Signature of candidate)

STATE OF WISCONSIN)
County of _____) ss.
(County of notarization)

Subscribed and sworn to before me this _____ day of _____.

(Signature of person authorized to administer oaths)

NOTARY SEAL
NOT REQUIRED

My commission expires _____ or is permanent.

Notary Public or _____
(Official title if not a notary)

-162 (Rev. 5/97) (Reformatted 5/99) The information on this form is required by §8.21, Stats., Art. XII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. §§8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b), Stats.

Instructions for Completing the Declaration of Candidacy

All candidates seeking ballot status for election to any office in the State of Wisconsin must properly complete and file a *Declaration of Candidacy*. This form must be **ON FILE** with the proper filing officer no later than the deadline for filing nomination papers or the candidate's name will not appear on the ballot. A facsimile will be accepted if the FA copy is received by the filing officer no later than the filing deadline and the signed original declaration is received by the filing officer with a postmark no later than the filing deadline.

Information to be provided by the candidate:

- Type or print your name on the first line.
- The title of the office and **any district, branch, or seat number** for which you are seeking election must be inserted on the second line. *For legislative offices insert the title and district number, for district attorneys insert the title and the county, for circuit court offices insert the title, county and branch number, and for municipal and school board offices insert the title and any district or seat number.*
- Type or print the political party affiliation or principle supported by you in five words or less on the third line. *Nonpartisan candidates may leave this line blank.*
- Felony or misdemeanor convictions: Your name cannot appear on the ballot 1) if you have been convicted of a felony in any court in the United States for which you have not been pardoned or, 2) convicted of a misdemeanor involving a violation of public trust for which you have not been pardoned. *This only applies to state and local candidates.*
- Your current municipality of residence for voting purposes must be inserted on the fourth line. This must include the street and number, or post office address, and **the name of the municipality of residence** (town, village, or city). If your address changes before the election, an amended Declaration of Candidacy must be filed with the filing officer. s.8.21, Stats. *Federal candidates do not have to provide this information.*
- Type or print your name on the fifth line as you want it to be printed on the official ballot. You may use your full legal name, or any combination of first name, middle name, and initials, or nickname with last name. No abbreviations or titles are permitted.

A *nickname* is defined as a familiar or shortened form of a proper name by which you are commonly known. Names which are **not** familiar or shortened forms of proper names, such as "Red," "Skip," or "Lower Taxes," are not permitted. A nickname is a substitute for your legal name. It is not permissible to add your nickname in quotes or parentheses between your first and last name. For example, John "Jack" Jones or John (Jack) Jones is not acceptable, but Jack Jones is.

This form must be sworn to and signed in the presence of a notary public or other person authorized to administer oaths, such as a county or municipal clerk.

Information to be provided by the person administering the oath:

- The county of notarization.
- The date the Declaration of Candidacy was signed and the oath administered.
- The signature and title of the person administering the oath. If signed by a notary public, the date the notary's commission expires must be listed. *The notary seal is not required.*

All candidates for offices using the nomination paper process and all school district candidates must file this form with the appropriate filing officer no later than the deadline for filing nomination papers. ss. 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 8.50 (3)(a), 120.06 (6)(b), Stats.

Candidates nominated for local office at a caucus must file this form with their municipal clerk within 5 days of receiving notice of nomination. s.8.05 (1)(j), Stats.

NOMINATION PAPER FOR PARTISAN OFFICE

The undersigned, request that the name of _____
(Candidate's name as it will appear on the ballot; no abbreviations or titles may be used)

residing at _____
(Candidate's residence and mailing address - Include number, street, and municipality)

be placed on the ballot at the (special or general) election to be held on _____ as a
(Date of election)

candidate representing _____ so that voters will have the opportunity
(Name of party or statement of principle - 5 words or less)

to vote for (him or her) for the office of: _____
(Title of office - Include jurisdiction or district and number)

who is eligible to vote in _____
(Name of jurisdiction or district in which candidate seeks office)

I have not signed the nomination paper of any other candidate for the same office at this election.

POST OFFICE ADDRESS WHEN DIFFERENT THAN MUNICIPALITY IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER or RURAL ROUTE <small>Rural address must also include box or fire No.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
			19
			19
			19
			19
			19
			19
			19
			19
			19
			19

Affidavit of Circulator

STATE OF WISCONSIN }
 _____ County } ss.
(County of notarization)

I, _____, being duly sworn, state:
(Name of circulator)

reside at _____
(Circulator's residence - Include number, street, and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the district which the candidate will represent if elected. I intend to support this candidate. I am aware that falsifying this affidavit is punishable under §§12.13 (3)(a), 946.32 (1)(a), Stats.

Subscribed and sworn to before me this ____ day of _____, 19____.

(Signature of circulator)

(Signature of person authorized to administer oaths)

Commission expires _____ or is permanent.

Notary Public or _____
(Official title, if not a notary)

**NOTARY SEAL
NOT REQUIRED**

INSTRUCTIONS FOR PREPARING NOMINATION PAPERS FOR PARTISAN OFFICE

This is a sample nomination paper form. It conforms to the statutory requirements for nomination papers for partisan office. All information concerning the candidate must be completed in full before circulating this form to obtain signatures of electors. All information concerning the signing electors and the circulator must be completed in full before filing with the appropriate filing officer. This form may be reproduced in any way. A candidate's picture and biographical data may also be added to this form. The State Elections Board has determined that no disclaimer or other attribution statement is required on nomination papers.

Candidate's Name - Insert the candidate's name as it will appear on the ballot. A candidate may use his or her full legal name or any combination of first name, middle name, and initials or nickname with last name. No abbreviations or titles are permitted. A nickname is defined as a familiar or shortened form of a proper name by which an individual is commonly known. Names which are not familiar or shortened forms of proper names, such as "Red," "Skip," or "Lower Taxes," are not permitted. A nickname is a substitute for the candidate's legal name. It is not permissible to add the nickname in quotes between the first and last name. For example, John "Jack" Jones is not acceptable, but Jack Jones is.

Candidate's Residence - If a candidate's municipality of residence is different from the candidate's mailing address (P.O. address), both must be given. Indicate if the municipality of residence is a town, village, or city.

Date of Election - Insert the date of the general or special election.

Party or Principle - The party whose nomination the candidate seeks shall be listed on the nomination papers. Candidates may represent only one party. Independent candidates may list a principle represented, but it cannot exceed five words.

Title of Office - The name of the office must be listed **along with the jurisdiction or district and number** that clearly identifies the office the candidate is seeking, for example, "Representative to the Assembly - 1st District" or "Dane County District Attorney."

Name of Jurisdiction - The nomination papers must clearly identify the municipality or jurisdiction in which the signing electors are qualified to vote, as it relates to the office sought by the candidate named on the nomination paper. For example, for a statewide office the jurisdiction is State of Wisconsin. Other examples are 1st Congressional District, 24th Assembly District, or Brown County.

Signatures of Electors - Only qualified electors of the jurisdiction or the district the candidate seeks to represent may sign the nomination papers. Each elector's municipality of residence must be listed on the nomination paper along with the post office address, including any street name or number, rural route, box or fire number. The circulator may add any missing or illegible address information before the papers are filed with the filing officer. The address listed for each signing elector must clearly identify where the elector's voting residence is located. A post office box number alone does not show where the elector actually resides.

Signature of Circulator - The circulator should carefully read the language of the *Affidavit of Circulator*. The circulator must personally present the nomination paper to each signer. The nomination paper may NOT be left unattended on counters or posted on bulletin boards. The circulator's complete address (**including municipality of residence**) must be listed in the affidavit. After obtaining signatures of electors, the circulator must sign the affidavit, under oath, in the presence of a notary public or a person authorized to administer oaths.

Signature of Person Authorized to Administer Oaths - In addition to signing, the person administering the oath to the circulator must properly complete all the information in the jurat, indicating the county of notarization, the date the oath was administered, and the date the notary's commission will expire unless it is permanent and marking the notary box or listing the person's title if not a notary.

Other Instructions - Candidates and circulators should review ElBd 2.05, 2.07, Wis. Adm. Code.

- ▶ Nomination papers must be in the physical custody of the appropriate filing officer by the filing deadline. A postmark on the filing deadline is NOT sufficient. Nomination papers CANNOT be faxed to the filing officer.
- ▶ Nomination papers with the required number of signatures must be filed with the appropriate filing officer **no later than 5:00 p.m.** on the second Tuesday in July before the general election. Special elections may have different filing deadlines. Check with the filing officer.
- ▶ In order for a candidate's name to be placed on the ballot, a candidate must file a *Campaign Registration Statement* (EB-1), a *Declaration of Candidacy* (EB-162), and *Nomination Papers* (EB-168) containing the appropriate number of signatures for the office sought no later than the filing deadline. s.8.15(6), Stats. Candidates for state office must also file a statement of economic interest with the State Ethics Board by the third business day after the nomination paper filing deadline. s.19.43, Stats. If any one of these required forms is not filed by the deadline, the candidate's name will not be placed on the ballot. s.3.30, Stats.
- ▶ If a candidate or circulator has any questions, he or she should contact the filing officer.