

# CAMPAIGN REGISTRATION STATEMENT

## STATE OF WISCONSIN

### ETHCF-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 number)	
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"/> Candidate Committee			Candidate Email Address	
Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code			Committee Email Address	
Telephone Number (if different than above)		Committee PIN Number (four digits - REQUIRED for all committees registered with the G.A.B.)		

### 2. POLITICAL COMMITTEE INFORMATION

(For use Party Committees, Legislative Campaign Committees, PACs, Independent Expenditure Committees, Referendum Committees, Recall Committees)

Name of Committee		Committee PIN Number (four digits - REQUIRED for all committees registered with the G.A.B.)	
Address - Number, Street, City, State and Zip Code			
Telephone Number		Committee Email Address	
Sponsoring Organization - Name and Complete Address			
<b>Type of Committee:</b> A. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ B. <input type="checkbox"/> Legislative Campaign Committee – Attach Statement Required by s.11.0403(d), Stats.		<b>Political Party and Legislative Campaign Committees Only:</b> <input type="checkbox"/> This Committee has a Segregated Fund – Please provide name of fund, and name and address of financial institution:	
C. <input type="checkbox"/> Political Action Committee <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee			
D. <input type="checkbox"/> Independent Expenditure Committee <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee			
E. <input type="checkbox"/> Referendum Committee _____		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Referendum			
F. <input type="checkbox"/> Recall Committee _____		<input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall	
Name of Official Subject to Recall			
- Attach Statement Required by s.9.10(2)(d)			

**3. 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	Treasurer Email Address	

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

Attach additional listing if necessary. FOR INDEPENDENT AND LOCAL NONPARTISAN CANDIDATES ONLY: Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(\*). See Wis. Stats. §8.35.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION

**5. DEPOSITORY INFORMATION**

Name of Financial Institution	
Address (number and street)	City, State and Zip Code

**CERTIFICATION**

**MAJOR PURPOSE (For PACs, Independent Expenditure Committees, and Referendum Committees ONLY)**

We certify that we are an entity required to file under WIS. STAT. § 11 (See: statutory definitions, §11.0101 or instructions below for details).

**TREASURER**

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

Signature \_\_\_\_\_, Treasurer. Date \_\_\_\_\_

**CANDIDATE (or recall petitioner)**

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

Signature \_\_\_\_\_, Candidate/Petitioner. Date \_\_\_\_\_

**+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS §11.0104 Wis. Stats. +++**

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Overview for your type of committee to determine if your committee 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 \$2,000 in a calendar year. I am aware that per statute §11.0104(2), exempt status is effective only for the calendar year it is granted, and must be renewed each year if the committee wishes to remain exempt from filing reports.

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), 11.0203, 11.0303, 11.0403, 11.0503, 11.0603, 11.0803, 11.0903, WIS. STATS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§8.30(2), 11.1400, 11.1401, WIS. STATS.

**CAMPAIGN REGISTRATION STATEMENT (ETHCF-1) INSTRUCTIONS**

<b><u>Who Must Register</u></b>	<b><u>When</u></b>	<b><u>Where</u></b>
Candidates	no later than filing nomination papers or when they raise or spend any money on election, except those needed to open a bank account	Local office or referenda- with the local clerk (town, village, city, school)  State office or statewide referenda – with the Wisconsin Government Accountability Board  For a mix of state and local offices – with the Wisconsin Government Accountability Board
Referenda <sup>¶</sup> committees	Before spending or taking in more than \$10,000	
Recall committees	Before spending or taking in more than \$2,000	
Party Committees	Party committees must register upon their inception and prior to raising or spending any funds.	All Party Committees, PACs, and IECs active in either state or local contests must register at the state level, with the Wisconsin Government Accountability Board.
Political Action* Committees (PACs)	Before spending or taking in more than \$2,500	
Independent‡ Expenditure Committees (IECs)	Before spending or taking in more than \$2,500	

\* A PAC is only required to register if it has the major purpose of express advocacy, or spends more than 50% of its total spending in a 12-month period on express advocacy, referendum activity, or contributions to candidates, legislative campaign committees, and parties.  
 ‡ An IEC is only required to register if it has the major purpose of independent expenditures, or spends over 50% of its total spending in a 12-month period on independent expenditures and referendum activity.  
 ¶ A Referendum Committee is only required to file if it has the major purpose of making expenditures to support or defeat a referendum OR more than 50% of its total spending in a 12-month period is on expenditures made to support or defeat a referendum.

**Completing a Registration Statement**

**Section 1: Candidate and Candidate Committee Information** - Section 1 should be completed by candidate committees only.

- Campaign Committee Name – Any candidate that accepts a donation must have a committee. Any communication (flyers, newspaper ads, website) requires a disclaimer ‘Paid for by *Committee name*.
  - If you are seeking multiple offices (town, county, school board), or plan to seek another office in the future, you may want to consider a generic committee name without the name of the office sought such as ‘Friends of ...’, or ‘Committee to Elect ...’. This will allow you to keep the same committee name for various offices.
  - Your committee name does not have to include your last name, but including your last name makes searching for your committee easier.
  - Committee PIN Number: is any combination of numerical digits selected by the committee and is used for electronic signature purposes.

**Section 2: Non-Candidate Committee Information** - Section 2 should be completed by non-candidate committees only.

- Committee PIN Number: is any combination of numerical digits selected by the committee and is used for electronic signature purposes.
- A. Political Party Committee
  - To use the name of one of the recognized political parties in Wisconsin – Constitution, Democratic, Libertarian, or Republican, you must have permission from the state party.

- C. Political Action Committee (PAC)
  - PACs may receive money from individuals or other PACs, and contribute money directly to candidates. PACs may not accept money from corporations.
  - Committees intending to make only independent expenditures, without contributing to or coordinating with candidate committees, should register as an Independent Expenditure Committee - see letter D below.
  - A resident committee is based in Wisconsin and must report all receipts and expenses.
  - A non-resident committee is based outside of Wisconsin and must report only expenses in Wisconsin for either local and state-level contests.
- D. Independent Expenditure Committee
  - Committees making only independent expenditures may not contribute to candidate committees directly. They also cannot coordinate with candidate committees on express advocacy – communications that explicitly urge recipients to vote for or against a candidate. These committees may accept unlimited contributions from individuals and from corporations.

Section 3. Campaign Treasurer - Section 3 should be completed by all committees.

All committees must name a treasurer. A candidate may designate any adult to serve as the committee's treasurer, or the candidate may serve as his/her own treasurer. It is important that the treasurer's name, complete address, telephone number and email address be provided on the registration statement and be kept current. **All notices and forms for campaign finance reports will be sent to this person at the address given in this section.** Failure to receive notice of the filing requirement does not exempt a candidate from the requirement to file the reports.

Item 4. Principal Officers of the Committee and Other Custodians of Books and Accounts (Optional)

If the committee has officers or other contacts besides the treasurer, they should be listed in Item 4. For a recall committee, the recall petitioner must be included here. The Ethics Commission recommends that you provide more than one person's contact information.

Item 5. Depository Information (MANDATORY)

In some cases, banks may require a completed ETHCF-1 registration form to open a bank account. Your committee may register without a bank account, but the ETHCF-1 form must be amended **within 10 days** to report any change, including new bank account information.

In general, all committees must have a campaign depository account. Please list the information for one of these two options:

1. Separate campaign account
  - This account may be used only for campaign funds
  - The bank may require an Employer Identification Number (EIN) from the IRS to open a committee account
2. Only Candidates may use a personal bank account
  - This is allowed only if the candidate is claiming the exemption from filing finance reports (under \$2,000 of receipts, under \$2,000 expenses in a calendar year)

Candidates running for more than one elected office may have more than one committee and more than one campaign depository account.

## Certification

The candidate and committee treasurer must sign the original registration statement of a candidate committee certifying that the information is true, correct, and complete. For a recall committee, the recall petitioner and the treasurer must both sign. A candidate serving as his/her own treasurer only needs to sign once. Non-candidate committees require only the treasurer's signature. Amendments to the registration may be signed by either the candidate or treasurer. If there is a change in treasurer, the new treasurer should sign.

## Exemption From Filing Campaign Finance Reports

All committees must file campaign finance reports, unless they check the box to claim exemption and remain within those limits.

- A committee not collecting or spending more than \$2,000 total in a calendar year.
- Candidate committees and Party Committees must register before collecting or spending any money, but those committees may not have to file reports if they claim exemption.
- PACs and IECs do not have to register until they collect or spend more than \$2,500 in a calendar year. A PAC or IEC that is already registered, but will have limited activity for a calendar year, may claim exemption and would not have to file reports for that year.
- A referendum committee that does not collect or spend more than \$10,000 is not required to register. Because a referendum committee is unlikely to be active for multiple years, it would be rare for this type of committee to claim exemption.
- A recall committee that does not collect or spend more than \$2,000 is not required to register. A recall committee does not have to file reports unless it succeeds in forcing a recall election.

If a committee on exempt status exceeds any of the limits listed above:

- The committee must immediately file an amended ETHCF-1 with the appropriate filing officer, revoking the exempt status.
- The committee must report all campaign finance activity back to the beginning of the calendar year.

If a committee filed reports for the previous calendar year, and wishes to go on exempt status for the upcoming year, the committee must file a January Continuing report covering all activity through December 31<sup>st</sup>. Include an updated ETHCF-1 requesting exempt status for the upcoming year.

## Renewing Exemption

Statute §11.0104(2) states that exemption is effective only for the calendar year it is granted. If a committee wishes to renew its exempt status, it must file the (ETHCF-14) or a new ETHCF-1 after 12/31 and before the closing date for the first reporting period for which it would be required to file a report. Candidates on the ballot that calendar year may claim exemption when they first register, or renew their exemption from the previous calendar year, but a candidate on the ballot that calendar year may not claim exemption before the date of her/his election if he/she has not been on exempt status previously. See statute §11.0104(1) (b).

## Amending a Registration Statement

When any of the information reported on the registration statement changes, the statement must be amended by filing a new ETHCF-1. The candidate or treasurer must file the new ETHCF-1 within **10 days** of the change, checking the "yes" box at the top of the form to indicate that it is an amendment.

FOR OFFICE USE ONLY

# Declaration of Candidacy

(See instructions for preparation on back)

Is this an amendment?

Yes (if you have already filed a DOC for this election)

No (if this is the first DOC you have filed for this election)

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 \_\_\_\_\_  
If partisan election, name of political party or statement of principle - five words or less (Candidates for nonpartisan office may leave blank.)

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.<sup>1</sup>

**My present address, including my municipality of residence for voting purposes is:**

House or fire no.	Street Name	Mailing Municipality and State	Zip code	Town of <input type="radio"/>	Municipality of Residence for Voting
				Village of <input type="radio"/>	
				City of <input type="radio"/>	

**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)

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

EL-162 | Rev. 2016-07 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984  
608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

1 A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used.		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code	Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special	
Title of office (required)		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required)	

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

**The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.**

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_ (Name of circulator) certify: I reside at \_\_\_\_\_ (Circulator's residential address - Include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. 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 intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of circulator)