Recompressive
III W Wilson 5t
Madison 53703

June 12, 2007

GENERAL NOTES FOR THE ISSUES OF BRANDON ORDINANCE PROPOSAL, THE ABSENTEE BALLOT PROCEDURE TASK FORCE PROPOSAL AND CHANGE IN STATE LAW TO FORBID CAMPAIGN TREASURES WORK AT POLLS.

The Monday prior to April election Mr. Brandon during his appearance on Mitch Henk's radio program is quoted as saying that some one (a call Political activist) was in the city clerk's office counting absentee ballots. This was not and cannot happen because of the strict procedures (some of which are dictated by State or City law, or the clerk's own procedures) in place for absentee ballots and the fact they are counted at the polling sites.

When Maribeth offered to review the absentee regular and security procedures with him, Mr. Brandon replied "well I'm sure there is a loophole some where" and did not avail himself of a chance to learn the procedure.

My question to all of you is HOW CAN A PERSON WHO IS PROPOSING NEW ORDINANCES, productive TASK FORCES OR CHANGE IN STATE LAW DO SO IF THAT PERSON DOESNOT HAVE A WORKING OF THE PROCESS BOTH IN THE CLERK'S OFFICE AND AT THE POLLING SITE???????

I want properly conducted, clean elections as passionately as anyother good, involved citizen and am confident after spending a total of **2** hours with Maribeth learning and asking questions that these 3 proposals are not needed and I URGE STRONGLY WITH ALL MY HEART THAT ALL 3 BE PLACED ON FILE. THEY ARE ALL SOLUTIONS IN SEARCH OF A PROBLEM. NO MORE TIME BY THIS BODY, CITY STAFF INCLUDING CITY ATTORNEYS OFFICE SHOULD BE SPENT ON THESE "FEEL-GOOD, GRAND-STANDING FOR MORE PUBLIC RECOGNITION" PROPOSALS.

I ALSO HAVE A WORKING KNOWLEDGE OF THE PROCESS AND PROCEDURES AT THE POLLING SITES BECAUSE I HAVE WORKED AS AN ELECTION OFFICIAL DURING THE RECENT 4 OR 5 ELECTIONS AND HAVE ATTENDED ALL THE CLASSES OFFERED TO ME CONDUCTED BY BOTH THE CITY AND COUNTY CLERKS. SOME OF THESE CLASSES ARE STATE MANDATED.

IN CLOSING I AGAIN STRONGLY AND PASSIONATELY ASK THAT THIS COMMITTEE RECOGNIZE THESE 3 PROPOSALS FOR WHAT THEY REALLY ARE AND PLACE THEM ALL ON FILE SO THAT THE REAL ISSUES CAN GET THE ATTENTION THEY DESERVE.

BECAUSE MOST CITIZENS ARE AWARE OF POLLING PLACE PROCEDURES I HAVE NOT ADDRESSED THEM.

IF YOU HAVE QUESTIONS ABOUT THOSE PROCEDURES PLEASE ASK ME OR MARIBETH.

## ELECTION WORKERS/VOLUNTEERS AFFECTED BY THE BRANDON ORDINANCE PROPOSAL

- 1. people on the clerk's payro/1
- 2. election and poll workers
- 3. deputized volunteers who register voters thru out the City, like at the Farmer's Market and other well attended events around the City.
- 4. employees from other city offices who work overtime after election day to assist in ALL the work of closing an election. Work may include adding the voters who registered on site when voting to the voter poll list and the Statewide Voter Registration System
- 5. light duty staff from Metro, Parks, Engineering, etc
- 6. clerical pool
- 7. ballot delivery couriers

If I understood Maribeth correctly there is a shortage of poll workers and if the Brandon proposal was enacted it would automatically disenfranchise as many as 450 poll workers. Many poll workers have worked for 20+ years and are very professional in the execution of their duties. To lose these persons who take great pride in being an integral part of the election process would be a travesty and IS NOT NECESSARY NOR WOULD IT SERVE ANY USEFUL PURPOSE IN STRENGTHENING THE INTEGRITY OF MADISON'S ELECTIONS. IT IS A SOLUTION IN SEARCH OF A PROBLEM.

A good example of a disenfranchised election worker would be a person who was a candidate's treasurer when the candidate ran for office 2 or 3 election cycles ago. As long as the candidate chooses to keep the election account open, the treasurer is still listed even though he/she may not have any current involvement.

Many people I know who have been active in a candidate's campaign request that they not work in the ward the candidate is running from. I also know candidates who have worked at the polls always at a site away from their district.

PLEASE THINK LONG AND HARD BEFORE VOTING ON THIS PROPOSAL IN A WAY THAT WOULD QUITE LITERALLY CRIPPLE THE MADISON ELECTION PROCESS AND MAKE IT VERY DIFFICULT TO RECRUIT ENOUGH POLL WORKERS.

Rosemary Lee June 12, 2007

#### NOTES FOR PROCEDURES IN CITY CLERK'S OFFICE

- 1. Only the full time employees who have passed probation have a key to the clerk's office and access to the vault. NO ONE, not even Maribeth, has a key to the City County Building.
- 2. It is only since 2006 that the clerk has found it necessary to hire LTEs because the regular city staff from other units are no longer available.
- 3. There was a FTE position who floated between the Clerk, Treasurer and Assessor. That position has been permanently assigned to the Assessor no longer available to the Clerk.
- 4. The STATEWIDE VOTER REGISTRATION SYSTEM mandated by the State came with no funding for municipal clerk's offices. This is a very time consuming task with lots of glitches. The regular clerk employees must key the entries, verify and key any corrections. THIS IS A MANDATED, ZERO FUNDED PROCESS THAT IS SLOWER THAN THE FORMER SYSTEM USED BY MADISON CLERK'S OFFICE.
- 5. One necessary but time consuming duty that LTEs perform is to load the blue bags with all the election supplies for each polling place. The clerk makes a separate list for each ward because needs vary depending on if ward is split, etc. The bags once they are loaded are checked by the clerk or other FTE to ensure that everything needed is in the bag.

Gramay Lee June 12, 2007

#### ABSENTEE BALLOT PROCEDURE City Clerk's Office

- 1. In person at city clerk's office
- 2. Voter gives clerk name and address
- 3. Clerk verifies voter registered, what polling place and what ballot is the correct one (one ward could be split between various districts for school board race or school referendum). This is double cheked.
- 4. Clerk prints the ward # on ballot and initials it.
- 5. Voter completes ballot at the voting booths set up in clerk's office, seals the envelope (on which voter has printed name, address and any other required information) and returns it to the clerk who verifies the information on the envelope, witnesses voter signature and signs as the witness.
- 6. Full time staff (who have passed probation) again verify information on the ballot envelope against the current voter registration record. If OK the absentee ballot, sealed envelope is put in the correct envelope for the voter's polling place.
- 7. ALL WARD (polling place) envelopes are kept in the locked vault. ONLY the full time staff (who have passed probation) have access to the vault or a key to the CCB or clerk's office.
- 8. Before the ward envelopes are delivered on election day all absentee voter envelopes are quadruple checked to ensure that each voter's envelope is in the proper ward envelope.
- 9. The ward envelopes are sealed by the city clerk and along with the Chain of Custody form (not required by State Statute but processed as a safeguard) are given to the courier for delivery.
- 10. Couriers are sworn in as absentee ballot delivery persons. They then read aloud and sign a form that they understand the chain of custody and will not alter, add, destroy or otherwise tamper with the ballots and do understand the penalties for so doing.

Rusemary Lee June 12, 2007

#### ABSENTEE BALLOT PROCEDURE City Clerk's Office

- Request received in mail
- 2. Voter registration list checked
- 3. If voter registered the request for absentee ballot is processed.
- 4. Every day the mailing labels are printed and then checked against the request to verify accuracy of printed label
- 5. Labels then given to city employees working on light duty (such as the Metro drivers) to place on the mailing envelopes.
- 6. Envelopes then used to select voter's correct ward
- 7. Envelopes then stuffed with proper ballot, instructions and little pencils
- 8. Clerk & another fulltime employee spot check for accuracy
- 9. Envelopes are then delivered to Dane County Printing Services (county employees) to run through the postage machine which also seals them. The City has a contract with the County for ALL MAIL SERVICES.
- 10. If voter not registered a letter is sent the same day request received advising voter that he/she not registered with instructions on how to register.
- 11. The registration is color coded so when voter returns it the clerk's office knows to send that voter an absentee ballot. A copy of the voter's request letter is photocopied on back of registration form as a double check that when it is returned the absentee ballot is sent to voter.
- 12. If time (set by statute) is too short to complete the registration process by mail (time = within 3 weeks of election per State statute) voter sent letter explaining that in person registration at clerk's office is required.

Resembly Lee June 12, 2007

## ABSENTEE BALLOT PROCEDURE At Nursing Homes

- 1. List of residents needing absentee ballots sent to city clerk by the nursing home administration
- 2. Clerk verifies that all on list are registered, what polling place and what ballot is the correct one (one ward could be split between various districts for school board race or school referendum). This is double checked.
- 3. By State Statute 2 special poll workers are sworn in. They then read aloud and sign a form that they understand their duties and will not alter, add, destroy or otherwise tamper with the ballots and do understand the penalties for so doing.
- 4. The poll workers then travel to the nursing homes and hand deliver the ballots verifing that delivery is to the correct voter.
- 5. When process at nursing home is completed the 2 special poll workers return ballots to the clerk's office.
- 6. The voters' envelopes are checked against the current voter registration record. If OK the absentee ballot sealed envelope is put in the correct envelope for the voter's polling place.
- 7. The ward envelopes are then put into the vault. Only the full time staff who have passed probation have access to the vault or a key to GCB of the clerk's office.
- 8. For last three steps see "ABSENTEE BALLOT PROCEDURE City Clerk's Office steps 8, 9 &10.

Rosemany Lee June 12, 2007

## CAMPAIGN FINANCE REPORTS City Clerk's Office

State statute requires this form for any local or school board candidate. Also required to file this form are PACs that contribute to local or school board candidates, a local recall committee and referendum groups for a local issue.

The STATE & COUNTY process their own referendum campaign finance reports. The process works like this:

- The clerk mails the form to those individuals or others that must file a report.
- 2. Candidate or the PAC, etc return the form to clerk's office by the State imposed deadline. Timely filing requirements are January & July for the continuing reports. If a primary election there is a pre-primary report and a pre-election reprir also due.
- 3. If deadline is missed the clerk sends a reminder letter. If no response to first letter, the District Attorney sends a letter. If no response to the first DA letter a second one is sent from the DA's office. If still no response the DA may assess a fine to the violator.
- 4. As a courtesy to local of school board candidates the clerk's office will review a completed for accuracy. ON ANY FORM THE CLERK NOT RESPONSIBLE OR ABLE TO VERIFY SIGNATURE. Normally a treasurer or treasurer's designee is the signer. Candidates may, of course, also sign the report.
- 5. The clerk's office then scans the form into a PDF file.
- 6. Form is then available on the City website.
- 7. After scanning forms kept in file cabinet in clerk's office.
- 8. Forms are public records and must be shown to or copied as anyone requesting it.
- 9. If a PAC contributes to a local or school board candidate the report is automatically (within 24 hurs of receipt) sent to the candidate and candidate's opponets.
- 10. BECAUSE THE CLERK HAS NO WAY OF VERIFING THE FINANCIAL INFORMATION THE PAC REPORTS ARE SENT TO THE CANDIDATES.

Resembly Lee June 12, 2007



## **Absentee Ballot Chain of Custody**

Certificate of Security – April 3, 2007

do solemnly affirm that I will support the Constitution of the

United States, the Constitution of the State	of Wisconsin, and the Charter of the City of Madison, and will ier in and for the City of Madison, to the best of my ability
Subscribed and sworn before me this 3rd day of April, 2007	Signature of Absentee Ballot Courier
Madison City Clerk's Office	
The undersigned certifies that no absentee before the enclosed absentee ballot carrier en	pallot or absentee ballot certificate has been altered, added, or removed velope Ward(s) «Wards».
to comply with State Statute 12.13. Under	ould be subject to applicable civil or criminal penalties if he/she failed this State Statute, "No person may. Willfully or negligently fail to fficial ballots prepared for an election to the proper person, or prevent estroy or conceal the ballots"
Absentee ballots must be delivered to the	appropriate polling place by 4 p.m.
Maribeth Witzel-Behl, Madison City Clerk	
Absentee Ballot Courier	Absentee Ballots received from Clerk at p.m.
Election Official - Chairperson	Absentee Ballots delivered atp.m.

## **Election Officials: Processing Absentee Ballots at the polling location**

- ✓ Absentee ballots can be processed at any time during the day as long as there are no voters waiting in line to vote.
- ✓ If the election inspector has reliable proof that an elector has died before Election Day, the absentee ballot should be rejected see procedures listed below.
  - Absentee Ballot Couriers will deliver absentee ballots to the polling location on Election Day.
  - The Chief Inspector must sign the Absentee Ballot Chain of Custody, indicating the time of delivery. The Chain of Custody form should be placed in your Polling Place Manual binder so it gets returned to the City Clerk's Office.
  - Election Inspectors open the carrier envelope and check the ward number on the Absentee Certificates to verify that each ballot is at the correct polling location.
  - Examine the Absentee Certificate to determine that:
    - a. Envelope is not open.
    - b. Envelope has not been opened and then resealed.
    - c. Voter has signed the certificate.
    - d. Address of the voter is on the certificate and the address is within the ward.
    - e Certificate contains the signature of one witness (if the address of the witness is missing, you process the ballot but make a note on the Inspectors' Statement)

- Absentee Certificate envelopes found to be insufficient must be rejected.
  - a Envelope is not opened, but is marked "Rejected" and the reason for rejection is written on the certificate envelope (upper left corner);
  - b. Voter is not assigned a voter number.
  - b. Unopened Absentee Certificate envelope, with the ballot enclosed, is placed in the Certificate of Rejected Absentee Ballots envelope (EB-102).
  - c. A notation is made on the Inspector's Statement (EB-104) along with a statement of the reason for rejection.
- If the certificate is found to be sufficient:
  - a. Announce voter's name and locate voter on the poll list. If you do not find the voter on the poll list, check the street directory to determine if the ballot has been delivered to the proper polling location and the <u>Reverse</u> directory to make sure the name is spelled correctly. Also check the backside of the envelope to see if a Certificate of Registration is attached. This provides the opportunity for challenge, and for the Election Inspector to determine whether the person is a qualified voter and has not already voted in the Election. If you find the ballot is at the correct ward but you're still unable to find the voter's name on the poll list, <u>Reject Do Not Open</u> (see procedures above).
  - b. If the voter's name is on the poll list and the voter has not already voted, open the envelope carefully so that neither the envelope nor the ballot is destroyed.
  - c. Unfold and examine the ballot, without looking to see how elector voted, to assure that
    - 1. No more than one ballot is enclosed. If there is more than one ballot, determine whether voter marked more than one; if so, return ballots to Absentee Certificate Envelope and mark "Rejected." A notation is made on the Inspector's Statement (EB-104) along with a statement of the reason for rejection. Place the rejected Absentee Certificate Envelope in the envelope titled "Certificate of Rejected Absentee Ballot" (EB-102). If only one ballot is marked, the marked ballot must be counted. Place the unmarked ballot in the Discarded Ballot Envelope.
    - 2. Ballot contains the initials of the municipal clerk. If not, these ballots <u>are not</u> rejected, but a notation must be made on the Inspectors' Statement (EB-104).
  - d. Assign voter number. Record voter number followed by the letter "A" (for absentee voter) on the poll list on the line under "Voter # and on corner of absentee ballot certificate."
  - e. Place ballot in your small metal box until you are ready to put the ballots in the tabulator.
  - f. Repeat process, as outlined, until all absentee ballots have been opened and voter number assigned.
  - g. Put ballot through tabulator.
    - 1. If voter has incorrectly marked the ballot by over voting an office, circling or underlining the names, etc, the tabulator will reject the ballot. If voter intent can be determined, the ballot must be remade. Follow procedures for duplicating the ballot. If voter intent cannot be determined, the ballot should be inserted into the tabulator using the override, or "3" button on the back panel of the tabulator.
  - h. Place empty Absentee Certificate Envelope inside the white envelope titled "Used Certificate Envelopes of Absentee Electors (EB-103).

#### **Procedures for Processing Absentee Braille Ballot:**

Follow procedures as outlined above, stop once you have assigned a voter number to the poll list and continue as outlined below.

- Two election inspectors remove the Braille Ballot from the brown envelope. Follow the procedures for duplicating ballots. To read the Braille Ballot, look at the name on the label next to the red X and mark duplicated ballot accordingly.
- Insert duplicated ballot into the tabulator.
- Put Braille Ballot back in the brown envelope and place in plastic bag at close of election.

	IGN FINANCE TE OF WISCO			
Is This Report an Amendment:	□ No			
Instructions for completing schedules are on the	back of each sched	iule.		
COMMITTEE IDENTIFICATION				
Name of Committee				
Street Address			OF	FICE USE ONLY
City State and Zip Code			WSEB ID I	Number:
Please check if address is different than previously reported	l, and complete the Ca	mpaign Registration S	statement in t	he back of this form.
NAME OF REPORT				
January Continuing Pre-Primary	Spring	☐ Fall ☐ Sp	ecial	T
July Continuing   Pre-Election	Spring	☐ Fall ☐ Sp	ecial	☐ Iermination Report also complete Schedule 4
SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date		Audited I otals Office Use Only
1. RECEIPTS				S
1A. Contributions (Including Loans) from Individuals	\$	\$	\$	
1B. Contributions from Committees (Iransfers-In)	\$	\$	Sign of the	<b>\$</b>
1C. Other Income and Commercial Loans	\$	\$	<b>S</b>	
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$	\$	\$	3
2. DISBURSEMENTS			Telephones with a reserve	
2A. Gross Expenditures	\$	\$	\$	Service and the service of the servi
2B. Contributions to Committees (Transfers-Out)	\$	\$	\$	\$ section of the sect
IOIAL DISBURSEMENTS (Add totals from 2A and 28)	) S	\$	\$	S
CASH SUMMARY				
Cash Balance Beginning of Report	\$			\$
Total Receipts	\$			\$
Subtotal	\$		3	\$
Total Disbursements	\$			<b>S</b>
CASH BALANCE END OF REPORT	\$		94 25	\$
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	CURRED OBLIGATIONS alance at the Close of This Period-3A)			
LOANS (Balance at the Close of This Period-3B)			<b>S</b> .	
I certify that I have examined this report and to the bes	st of my knowledge a	nd belief it is true, co	orrect and co	mplete.
	Signature of Candidate or		Date:	
			Davtime I	Jhone.

NOIE: 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

## 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

- 1A. 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.
- 1B. 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
- 1C. Other Income and Commercial Loans: Enter the amount of Iotal 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

- **2A.** 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.
- 2B. 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 Iotal Disbursements. Add this amount to Iotal 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 cash balance from the end of the last report period. The beginning cash balance of a report must always be the same as the ending cash balance of the prior report.

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.

## SCHEDULE 1-A

## RECEIPTS Contributions (Including Loans) From Individuals

Page	of	
rayc	101	

Complete Comp	nittee Name			
	completing schedules are on the back of ea	ch schedule		
Instructions for	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
		Of Employment (if year-to-date total exceeds \$100)	4	Teal-to-Date Total
1 /				
	·	İ		Office Use
	Check if: 🔲 In-Kind 🖸 Conduit 🔲 Loan			
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place		Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeds \$100)		Leal-fo-Date Lordi
, ,				
				Office Use
	Check if: In-Kind In-Conduit Loan			
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		Of Employment (if year-to-date total exceeded \$1.55)		
,				
				Office Use
	·			
	Check if: ☐ In-Kind ☐ Conduit ☐ Loan		<u> </u>	Calendar
Date	Full Name. Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Year-to-Date Total
1 1				
				Office Use
				Onice ose
	Check if: In-Kind Conduit Loan	Occupation, Name and Address of Principal Place	Amount	Calendar
Date	Full Name Mailing Address and Zip Code	Of Employment (if year-to-date total exceeds \$100)		Year-to-Date Total
I = I				·
				Office Use
Date	Check if: In-Kind I Conduit Loan Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place	Amount	Calendar Year-to-Date Total
	,	Of Employment (if year-to-date total exceeds \$100)		Teal-to-pate total
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				Office Use
		1		
	Check if: In-Kind Conduit Loan			di e si ye zi za di di
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
1 1		. Of Employment (ii your-to date total oxioosus + 100)		
		1 t		Office Use
	Check if: In-Kind Conduit Loan		Amount	Calendar
Date	Full Name Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Alloant	Year-to-Date Total
1 1				
				Office Use
				Office OSE
	Check if: In-Kind Conduit Loan			
4	SUBT	TOTAL ITEMIZED CONTRIBUTIONS THIS PAGE	\$	
		TOTAL ITERRITED CONTRIBUTIONS	\$	
	·	TOTAL ITEMIZED CONTRIBUTIONS		
	TOTA	L UNITEMIZED CONTRIBUTIONS \$20 OR LESS	\$	
	TOTAL 00	NITERATIONS RECEIVED FROM INDIVIDITALS	\$	

# 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 that appears on the contributor's check or the date deposited, unless it is the same as the date received (is in committee's possession and control).

#### 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 previously received this calendar year, from this contributor to the contributions received in this report period. The Calendar Year-to-Date Total for an individual must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year. Once the individual's Calendar Year-to-Date Total exceeds \$100, you must enter the contributor's occupation, and the name and address of the principal place of employment.

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 only on 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 only on the last page of Schedule 1-A.

- 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, property, or services provided to the committee free or for less than the fair market value. (Volunteer services are not a contribution)
- ♦ In-kind contributions from individuals must also be reported as in-kind expenditures on Schedule 2-A to avoid distortion of the cash balance.
- When the contribution is in-kind, a loan, or is received through a conduit, check the appropriate box in the section where the contribution is listed. If you receive a personal check or cash, no box needs to be checked
- ♦ Contributions from individuals transferred through conduits are reported on Schedule 1-A under the individual contributor's name 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; if over \$100, the occupation, name, and address of employer must be provided
- ◆ 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 Campaign Finance and Bookkeeping Manual).
- Each contributor's name, address, and amount must be listed separately. Contributions from joint accounts shall be reported as coming from the individual signing the check, unless the signor indicates otherwise. If the amount is divided, each individual must be itemized separately. Do not report a contribution as coming from more than one individual.
- 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 that 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.

## SCHEDULE 1-B

# RECEIPTS Contributions from Committees (Transfers-In)

Page	of
Lago	

	(Transfers-I	n)		
nplete Comm	ittee Name			
tructions for	r completing schedules are on the back of each schedule.	<del></del>		
Date	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1			Teal-10-Date 10tal	
	Check if: [] In-Kind [] Loan ID#			Control of the state of the sta
Date	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
I = I				
	Check if: In-Kind Loan ID# Full Name of Committee Mailing Address and Zip Code	A	Calendar	Office Use
Date	Full Name of Committee Mailing Address and Zip Gooe	Amount	Year-To-Date Total	
1 1				
Date	Check if: In-Kind Loan LD#_ Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar	Office Use
	Tunivante of Constitues, maining resident and any		Year-To-Date Total	
1 1				
Date	Check if:	Amount	Calendar Year-To-Date Total	Office Use
1 1			Year-To-Date Total	
			:	
	Check if: 🗓 In-Kind 🖸 Loan ID#			
Date	Full Name of Committee. Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
I = I				
	Check if: 🖸 In-Kind 🔲 Loan ID#	A	Calendar	Office Use
Date	Full Name of Committee Mailing Address and Zip Code	Amount	Year-To-Date Total	
1 1				
Date	Check if: In-Kind Loan ID# Full Name of Committee Mailing Address and Zip Code	Amount	Calendar	Office Use
	Tan, tan, tan, tan, tan, tan, tan, tan, t		Year-To-Date Total	
1 1				
	Check if: 🔲 In-Kind 🗓 Loan ID#			
Date	Full Name of Committee Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1			rear-10-Date Total	
	Check if:	· ·		
Date	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1				
	Check if:			
	SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE	\$		
			<del></del> 1	44,175

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 NOI 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 The six-digit WSEB ID number of each committee registered with the state should appear on their check. A listing of all committees registered with the state is available on the elections board website (http://elections.state.wi.us) Please provide this number for all contributions from committees

#### Amount:

Enter the amount of the contribution this period

### Calendar Year-to-Date Total:

Add contributions previously received this calendar year, from this committee to the contributions received in this report period. The Calendar Year-to-Date Total for a committee must always be entered The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year

## 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

- 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 The six-digit WSEB ID number of each committee registered with the state should appear on their check Please provide this number for all contributions from committees
- 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 offset in Schedule 2-A to avoid distortion of the cash balance An in-kind contribution is any goods, service, or property provided to the committee free or for less than the fair market value. (Volunteer services are not a contribution.)
- 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 unless otherwise specified
- Contributions may not be accepted from corporations (including LLC), cooperatives, or associations



## RECEIPTS Other Income and Commercial Loans

Page	of	
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Full Name, Mailing Address and Zip Code of Source of Income  Type of Income  Amount  Office Use  Office Use  Full Name, Mailing Address and Zip Code of Source of Income  Amount  Office Use  Office Use  Type of Income  Amount  Office Use  Office Use  Amount  Office Use  Office Use  Type of Income  Amount  Office Use  Office Use  Amount  Office Use  Office Use  Office Use  Type of Income  Amount  Office Use	nstructions t	or completing schedules are on the back of each s	chedule.	•	
Date   Full Name, Mailing Address and Zip Code   Type of Income   Amount   Office Use	Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Pate of Source of Income  Date of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Date of Source of Income  Pull Name, Mailing Address and Zip Code of Source of Income  Date of Source of Income  Type of Income  Amount  Office Use of Source of Income  Office Use of Source of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Type of Income  Type of Income  Amount  Office Use of Source of Income  Type of Income  Substantial Name, Mailing Address and Zip Code  Type of Income  Type of Income  Substantial Name, Mailing Address and Zip Code  Type of Income  Substantial Name, Mailing Address and Zip Code  Type of Income  Substantial Name, Mailing Address and Zip Code  Type of Income  Amount  Office Use of Source of Income		Full Name, Mailing Address and Zlp Code of Source of Income	Type of Income	Amount	Office Use
Tell Name, Mailing Address and Zip Code  Date    I   Full Name, Mailing Address and Zip Code   I   Source of Income   I   Source of Income   I   Source of Income   Source of Income   Amount   Office Use   I   Source of Income   Source		Full Name, Mailing Address and Zip Code of Source of income	Type of Income	Amount	Office Use
Date   Full Name, Mailing Address and Zip Code   Type of Income   Amount   Office Ust	_		Type of Income	Amount	Office Use
Date of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Type of Income  Amount  Office Using Address and Zip Code of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Full Name, Mailing Address and Zip Code of Source of Income  Superior Type of Income  Amount  Office Using Address and Zip Code of Source of Income  Superior Type of Income		Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date of Source of Income		Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date   Full Name, Mailing Address and Zip Code   Type of Income   Amount   Office Use of Source of Income		Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date of Source of Income    Type of Income   Date   Full Name, Mailing Address and Zip Code   Type of Income   Arnount   Office Using Source of Income   Substitute   Substitu		Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Jate   Full Name, Mailing Address and 2lp Code of Source of Income   Type of Income   Subtotal Other Income   \$			Type of income	Amount	Office Use
			Type of Income	Amount	Office Use
TOTAL ITEMIZED OTHER INCOME \$		SUBTOT	AL OTHER INCOME THIS PAGE \$		
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS \$					

# 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 Type of Income:**

Describe the type of income 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 itemized 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

- ♦ Personal loans from individuals (including the candidate) must be reported on Schedule 1-A
- Other income and commercial loans include loans received from any financial institution. 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 Type of 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.

## SCHEDULE 2-A

## DISBURSEMENTS Gross Expenditures

Page	of	
	,	

Complete Comm	ittee 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
	Check if: In-Kind Offset			
Date / /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	S. 17 E. 18 10 E. 1			
Date	Check if: In-Kind Offset	Specific Purpose of	Amount	Office Use
	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Expenditure		
	Check if:  In-Kind Offset	Specific Purpose of	Amount	Office Use
Date / /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Expenditure	Allovill	
	Check if:  In-Kind Offset			
Date	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Check if:  In-Kind Offset			
Date	Full Name Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
	Of Person or Business to Whom Payment is Made	Expenditure	*	
	Check if: D In-Kind Offset Full Name Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
Date / /	Of Person or Business to Whom Payment is Made	Expenditure	) <u>-</u>	
	Check if:  In-Kind Offset			
Date /	Full Name Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount	Office Use
	Charles G in Wind Offset			
Date	Check if: D In-Kind Offset Full Name Mailing Address and Zip Code	Specific Purpose of	Amount	Office Use
1 1	Of Person or Business to Whom Payment is Made	Expenditure		
	Check if:  In-Kind Offset			
<u> </u>		KPENDITURES THIS PAGE	s	
		TEMIZED EXPENDITURES	\$	
•	TOTAL UNITEMIZED EXP	ENDITURES \$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 I-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 itemized 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

- ♦ Only expenditures of more than \$20 must be itemized. Expenditures of \$20 or less should be totaled and reported as unitemized expenditures.
- Expenditures for general services, such as consulting, data processing, or reimbursement, 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 offsets 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 must 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 that 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. Expenditures over \$20 must be paid by negotiable instrument, and be itemized on the report Expenditures under \$20 may be included in unitemized expenditures. If itemized, the purpose of each expenditure must be provided. Only the specific expenditures are reported. Do not report the check for setting up the petty cash account or any checks written to replenish petty cash
- 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)

## SCHEDULE 2-B

# DISBURSEMENTS Contributions To Committees (Transfers-Out)

Complete Comr	nittee Name			
Instructions fo	r completing schedules are on the back of each schedule	<u> </u>		
Date	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	Office Use
1 1				
	Check if: In-Kind Loan ID#	Amount	Calendar	Office Use
Date	Full Name Walling Address and E.P. 5545		Year-To-Date Total	
1 1				
	Check if			Marie and Straff Charles and Comment of the
Date	Check if:	Amount	Calendar Year-To-Date Total	Office Use
1 1				
D-t-	Check if:	Атоил	Calendar	Office Use
Date	Pull Marile Walling Address and Ep 5555		Year-To-Date Total	
1 /				
	Check if: Til In-Kind Til Loan ID#			
Date	Check if:	Amount	Calendar Year-To-Date Total	Office Use
1 1				
	_	,		
Date	Check if:	Amount	Calendar	Office Use
/ /	, all trains making , and		Year-To-Date Total	i projeta je se sa
' '			e .	
	Check if: I In-Kind I Loan ID#			Office Use
Date	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	
1 1				
Date	Check if: 1 In-Kind 1 Loan ID#	Amount	Calendar	Office Use
1 1			Year-To-Date Total	
. ,				
	Check if: 🔲 In-Kind 🖸 Loan ID#		Oblandas	Office Use
Date	Full Name Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total	
1 1		•		
		1	•	
Date	Check if:	Amount	Calendar Year-To-Date Total	Office Use
, ,			Year-To-Date Total	
	Check if:  In-Kind  Loan ID#_			Take substitution
Sl	JBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE	\$	1	
	NITRIBUTIONS (Transfors-Out) MADE TO COMMITTEES	•		
TOTAL OO	NTDIDITIONS (Transfors-Out) MADE TO CUMMITTEES	: •D	1	L

## **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.

#### Complete Name and Address of Committee:

Enter the full name and address of each committee. Please provide the six-digit WSEB ID number of each committee registered with the state. This ID number is available on the elections board website (<a href="http://elections.state.wi.us">http://elections.state.wi.us</a>)

#### Amount:

Enter the amount of the contribution given in this period.

#### Calendar Year-to-Date Total:

Add contributions previously given this calendar year to this committee, to the contributions given in this report period. The Calendar Year-to-Date Total for a committee must always be entered. The Current Amount and Year-to-Date Total will be identical on the first report period of the calendar year

#### 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.

- ♦ If a contribution is made to a candidate for local office, please print the word "Local" in the space for the ID#. This would include candidates for municipal, school district, and county office. Note: District Attorney and Circuit Court Judge are considered state offices
- 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
- When the contribution is a loan, check the loan 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
  - 1 An in-kind contribution of property made during the same report period in which it was acquired, need only be reported on Schedule 2-B
  - 2. An in-kind contribution consisting of property acquired in a prior report period and reported as an expenditure on the previous report, must be removed from expenditures by making a negative entry for the value of the property on Schedule 2-A, as well as the entry for the contribution on Schedule 2-B. This will avoid double reporting of the expense.

SCHEDULE 3-A

## ADDITIONAL DISCLOSURE Incurred Obligations Excluding Loans

Page	 of	

Complete C	ommittee Name					
Instructions	s for completing schedules are on the back of each	schedule				
		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period	Office Use Only
Date	Full Name Mailing Address and Zip Code of Creditor				*	
1 1	·					
		Nature of Debt (Purp	ose)			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purp	nosel		<u> </u>	
		Martile of Dest (1 dip	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1						
		Nature of Debt (Purp	oose)			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purp				
		Mature of Dept (Purp	ouse)			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Purp	nose)			
		(Value of Dest (1 di)	:			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Pur	1			
		Nature of Dept (Pur	pose)			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Pur	nose)			
		Nature or Dept (Fur	pose)			
Date	Full Name Mailing Address and Zip Code of Creditor					
1 1		Nature of Debt (Pur				
		Nature of Dept (Pur	posej			
L		SUBTOTAL ITE	EMIZED OBLIGATION	ONS THIS PAGE	\$	
			TOTAL ITEMIZED		\$	
		TOTAL UNITER	MIZED OBLIGATION		\$	
				OPLICATIONS	e	

# 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 amount, if any, at the beginning of this report period. If this is a new obligation, there is no beginning balance. If this is an existing obligation, the beginning balance should equal the previous report period's closing 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 uniterized 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

- ◆ Incurred obligations are to be reported when an enforceable agreement has been reached. If the exact amount of the obligation has not yet been defined then the amount of the obligation must be estimated. Although the committee may not have received a bill, the amount recorded should be a good faith estimate of the amount owed.
- 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.
- ◆ If the committee has a dispute over the amount owed to a vendor, this must be noted in the "purpose".

## SCHEDULE 3-B

### ADDITIONAL DISCLOSURE

## Loans

## Individual, Committee or Commercial

Page	 of	

TOTAL OUTSTANDING LOANS \$

instructions for completing schedules are on the back of each schedule.  Full Name Mailing Address and Zip Code of Loan Source		Outstanding Batance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date /					
st All Endorsers or Guarantors (if any)		<u> </u>			
ull Name, Mailing Address and Zip Code Guarantor	Occupation				
	Name and Address of Employer		Mary Company		
	Amount Guaranteed Outstanding \$				
ıll Name. Mailing Address and Zip Code Guarantor	Occupation				
	Name and Address of Employer				
	Amount Guaranteed Outstanding \$			Estados il Alana	
Full Name Mailing Address a	nd Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date / /					
st All Endorsers or Guarantors (if any)		<u></u>			
ıll Name. Mailing Address and Zip Code Guarantor	Occupation				
	Name and Address of Employer				
	Amount Guaranteed Outstanding \$				
ıll Name. Malling Address and Zip Code Guarantor	Occupation				
	Name and Address of Employer				
·	Amount Guaranteed Outstanding \$				
Full Name Malling Address a	nd Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
Date /			·		
st All Endorsers or Guarantors (if any)			·		
ll Name, Mailing Address and Zip Code Guarantor	Occupation				
	Name and Address of Employer				
	Amount Guaranteed Outstanding \$		,		
ll Name Mailing Address and Zip Code Guarantor	Occupation				
	Name and Address of Employer	-			
	Amount Guaranteed Outstanding				

### **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 complete 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 zero and the amount of the loan is recorded under the section "New Loans This Period". If this is an existing loan, the outstanding beginning balance should equal the previous report period's closing (outstanding) balance. In the third column, enter any payments made during this report period (payments made this period must also be reported in Schedule 2-A) In the fourth 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 space provided on the form, provide the full name, mailing address and zip code of any guaranters of loans. Enter the amount guaranteed which is outstanding at the end of the reporting period for each guaranter. See the notes below on how to apportion loan guarantees. If the amount guaranteed exceeds \$100, enter the guaranter's occupation, name and address of principal place of employment.

- 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 or loan guarantee 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		

## SCHEDULE 3-C

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

Instructions for completing schedules are on the back of each schedule

				Column A	Column B	
Date of Contribution	Complete Name and Address of Contributor; Occupation, Name and Address of Principal Place of Business, if Applicable	Indicate "I" (Individual) or "C" (Committee)	Description of In-Kind Contribution	Estimated Amount	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

			Column A	Column B	
Date of Contribution	Complete Name and Address of Committee	Description of In-Kind Disbursement and List of Vendors	Estimated Amount	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 I otal (All Contributions): Add the estimated value of the in-kind contribution to the total of all contributions received from the contributor for the calendar year 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, with the offset on Schedule 2-A.
- All in-kind contributions reported on this schedule must be reported again on either Schedule 1-A or Schedule 1-B, as well as Schedule 2-A, 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 for the calendar year 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.

SCHEDULE 3-E

## ADDITIONAL DISCLOSURE Contributions Returned to Contributor

Page	of	
------	----	--

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 DO	NATED 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 ("laundered", over limits, or from a corporation, cooperative or association). Returning or donating illegal contributions does not remove the committee from any potential liability
  - 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 also be listed as expenditures on Schedule 2-A

### 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.

TO DAY

IS THIS AN AMENDMENT?	Yes  No
CANDIDATE AND CANDIDATE COMMITTEE INFORMAT	TION
Iame of Candidate Party Affiliation	Office Sought (include district or branch number)
esidence Address (number and street) Primary Date	Candidate Telephone Number (residence)
· ·	
ty, State and Zip Code Election Date	Candidate Telephone Number (employment)
ampaign Committee Name (if any) Check One: Personal Campaign Commit	ttee
ampaign Committee Address (if different than above) - Number Street City, State and Zip C	Code
elephone Number (if different than above)	
DOLUMENT COMMETTEE INFORMATION	
POLITICAL COMMITTEE INFORMATION (For use ONLY by Political Action Committees, Political Party Committees, Political Group	ips, etc )
ame of Committee	
ddress - Number, Street, City, State and Zip Code	
elephone Number	
	and the same of th
ponsoring Organization - Name and Complete Address	
cronym (if any)	
TO THE STATE OF TH	
ype of Committee:  Special Interest Committee (PAC)	
Resident Committee Nonresident Committee	
☐ Incorporated Labor Organization - Attach Information Required by s 11.05(3)	(i)(n) Stats
☐ Political Party Committee	
□ National □ State □ County □ Other	·
	Stats
Political Group (Referendum) Name of Referendum	Support D Oppose
	По и По и В
Recall Committee	Support Recall Doppose Recall
- Attach Statement Required by s 9 10(2)(d)	
Independent Committee - Also, Complete Oath of Independent Expenditures, For	m EB-6

EB-1 (Rev 12/03) IHIS FORM IS PRESCRIBED BY:

. COMMITTEE TREASURER ( Treasurer's Name		Telephone Number (residence	)
		Telephone Number (residence	,
Address (number and street)		Telephone Number (employment)	
17: 0.1	·		
City. State and Zip Code			
PRINCIPAL OFFICERS OF C Attach additional listing if necessary. Indicate asterisk(*) This provision only applies to ind	which officers or committee mem	pers are authorized to fill a vacancy i	BOOKS AND ACCOUNTS n nomination due to death of candidate by an
NAME	MAILI	NG ADDRESS	POSITION
5. DEPOSITORY INFORMATION		Mark Vint of non-additional accounts	
Name of Financial Institution	savings, checking, n	Number (Attach list of any additional accounts and deposit boxes location type and number necking, money market, etc.)	
Address (number and street)	City, State and Zip (	Code	
REASURER	CERTIFI(print full name) certify the		nt is true, correct and complete
Signature			
ANDIDATE		Date	
	(print full name) certify t	he information in this stateme	ent is true, correct and complete,
	and that	at this is the only committee a	authorized to act on my behalf.
Signature	,	Candidate	
		Date	
+++ EXEMPTION FR	OM FILING CAMPAIG	N FINANCE REPORTS	i s 11 05(2r). Stats + + +
You may be eligible for an exemption fi Bookkeeping Manual to determine if the	om filing campaign finance	reports Consult the Campai	
This registrant is eligible for exemption aggregate amount of more than \$1,00 from a single source during the calendar rear	0 in a calendar year or acces	ot any contribution or cumula	tive contributions of more than \$100
This registrant is no longer eligible	to claim exemption		
Signature of Candidate	or Treasurer	Date	•

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11 06(7), STATS FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS

## SCHEDULE 4

## TERMINATION REQUEST

Complete Committee Name	WSEB	ID Number
A committee may to make disbursements	erminate its registration and reporting requirements if the committee will nor incur obligations, and the cash balance and obligations have been reduced	o longer receive contributions, to zero
Candidates may not to	terminate prior to the election in which they are participating	
Non-candidate comm for the calendar year	nittees registered with the state must pay the \$100 filing fee if they have ov	er \$2500 in total disbursements
Please read carefully obligations have bee	y and, if necessary, indicate how residual committee funds have been disposen forgiven. Sign and date the termination request at the bottom of this page	ed of or if outstanding loans or
Make sure the termin	nation box on the cover page of this report is checked.	
Please note: An au termination can be g	dit must be completed and all obligations with the Board, including set tranted All records must be maintained until termination is granted	tlement offers, fulfilled before
DISPOSAL OF RESIDU	JAL FUNDS	
THIS INFORMATION SI	HOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.  Recipient	Amount
		in in the second second
	GIVENESS  onal loans or have assumed responsibility for any and all debts of my campain  Endorser, Guarantor, or Creditor	en committee.  Amount
Date	Endoiser, Guarantoi, or Creater	
committee has	ON REQUEST I hereby request that the committee registration be terminal not incurred any obligations and does not anticipate incurring any. The ving any further contributions or making any disbursements. I further state the zero and that all remaining funds have been disposed of in the manner prescription.	hat the cash balance has
Signature of Candidate or	Treasurer Date	