



# CAMPAIGN FINANCE REGISTRATION STATEMENT

## STATE OF WISCONSIN

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

1. Is this an Amendment?  No  Yes If yes, please enter your committee number: Committee Number

### SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name <b>Vote Yes 2 Invest</b>		A2. Registrant Type (Choose One) <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee			
A3. Email <b>melissa@scholznoprofitlaw.com</b>	A4. Phone <b>608/268-0076</b>				
A5. Mailing Address <b>101 Nob Hill Road, #300</b>		A6. City <b>Madison</b>	A7. State <b>WI</b>	A8. Zip <b>53713</b>	
Depository Institution Information					
A9. Institution Name <b>First Business Bank</b>		A10. Street Address <b>401 Charmany Drive</b>		A11. City <b>Madison</b>	A12. State <b>WI</b>
				A13. Zip <b>53719</b>	
Treasurer/Administrator Information					
A14. Name <b>Michael</b>		A15. Email <b>Walsh</b>		A16. Phone <b>608-220-0458</b>	
A17. Mailing Address <b>6317 Inner Drive</b>		A18. City <b>Madison</b>		A19. State <b>WI</b>	A20. Zip
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>					
A21. Name	A22. Title	A23. Email		A24. Phone	
A25. Name	A26. Title	A27. Email		A28. Phone	
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>			A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption		

### SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch)		B2. Political Party	B3. Election Date	
Candidate Information				
B4. Name		B5. Email		B6. Phone
B7. Mailing Address		B8. City		B9. State
				B10. Zip
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>			B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin	
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.				

### SECTION C: RECALL COMMITTEES

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



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## SECTION D: PAC, FEC, AND CONDUITS

D1. Sponsoring Organization	D2. Email	D3. Phone	
D4. Mailing Address	D5. City	D6. State	D7. Zip

## SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

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

## SECTION F: REFERENDA COMMITTEES

F1. Nature of Referendum (if applicable) Advocate for approval of operating and capital referendums to fund MMSD	F2. <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
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## SECTION G: CERTIFICATION

### Accurate Information

I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.

### Timely Amendments

I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.

### Records Retention

I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.

### Ongoing Compliance

This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.

### Treasurer/Administrator

G1. Printed Name <b>Michael Walsh</b>	G2. Signature 	G3. Date 7/20/20
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### Candidate (if applicable)

G4. Printed Name	G5. Signature	G6. Date
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