

## 2025 Ballot Access Checklist:

### Municipalities Where Nomination Papers are Used



Each of the following forms must be completed and filed on time by a candidate for municipal office in order for the candidate's name to be placed on the ballot at the **February 18, 2025 Spring Primary** and the **April 1, 2025 Spring Election**.

In the City of Milwaukee, the filing officer is the Milwaukee City Election Commission. In all other municipalities, the filing officer is the municipal clerk (town, village or city). Candidates should contact their filing officer for further information or to obtain any of the necessary forms.

- ☐ **Register your Campaign Committee** online with the Wisconsin Ethics Commission. A current registration must be filed with the Wisconsin Ethics Commission prior to raising or spending any funds, and no later than **5:00 p.m. on January 7, 2025** or the candidate's name will not be placed on the ballot. Wis. Stat. §§ 8.10(5), 8.30(2). For questions, please contact the Ethics Commission: [ethics@wi.gov](mailto:ethics@wi.gov) or (608) 266-8123.
  - **New Candidates**  
Register online at <http://cfis.wi.gov/Public/Registration.aspx?page=Candidate> before campaign funds are collected or spent or submitting nomination papers. Wis. Stat. §§ 11.0202(1)(a), 11.0101(1). Submit a signed copy of the form to the Ethics Commission by email, fax or mail.
  - **Continuing Candidates**  
**Amend** your current registration, indicating the office sought and the new primary and election dates, at <http://cfis.wi.gov/Login.aspx>. Please log in by entering your username (your 7-digit Registrant number beginning with "0") and the password emailed to you when you originally registered. (No hard copy form is required.) If you do not have or do not know your username or password, please contact the Ethics Commission.
- ☐ **Complete and Submit a Declaration of Candidacy (Form [EL-162](#))** to the filing officer no later than **5:00 p.m. on Tuesday, January 7, 2025** or the candidate's name will not be placed on the ballot. If the form is faxed or emailed, the original document must follow, postmarked no later than January 7, 2025. Wis. Stat. §§ 8.10(5), 8.21, 8.30(4), Wis. Admin. Code EL § 6.04.
- ☐ **Circulate and Submit Nomination Papers for Nonpartisan Office (Form [EL-169](#))** to the filing officer no later than **5:00 p.m. on Tuesday, January 7, 2025** or the candidate's name will not be placed on the ballot. Only original nomination papers (no photocopies, faxes, or emailed documents) will be accepted. Nomination papers may not be circulated before December 1, 2024. Wis. Stat. § 8.10(2), Wis. Admin. Code EL § 6.04(2).

**The number of signatures required is as follows:**

All village and town offices:		20 - 100
1 <sup>st</sup> Class Cities:	Citywide offices	1,500 - 3,000
	Aldersperson elected to district	200 - 400
2 <sup>nd</sup> and 3 <sup>rd</sup> Class Cities:	Citywide offices	200 - 400
	Aldersperson elected at large	100 - 200
	Aldersperson elected to district	20 - 40
4 <sup>th</sup> Class Cities:	Citywide offices	50 - 100
	Aldersperson elected to district	20 - 40

- ☐ **Municipal Judge Candidates:**  
**Complete and submit a Statement of Economic Interests (SEI)** to the Ethics Commission using the website (<https://sei.wi.gov>). Incumbent candidates will receive a filing notice around December 1, 2024, and new candidates will receive an email notice within one or two days of registering their committee. The SEI must be received no later than 4:30 p.m. on Friday, January 10, 2025, or the candidate's name will not appear on the ballot. Wis. Stat. §§ 8.10(5), 8.30(3), 19.43(4). Candidates may also print the SEI form and instructions from the Ethics Commission website (<https://ethics.wi.gov>), and return those forms by email or fax. For more information, please contact the Ethics Commission at 608-266-8123 or [ethics@wi.gov](mailto:ethics@wi.gov).

**Important Note Regarding Statements of Economic Interests:**

A municipality may enact an ordinance establishing a code of ethics for public officials that may require a candidate for municipal office, *in addition to the office of Municipal Judge*, to file a **Statement of Economic Interests (SEI)**. The ordinance may also provide that failure to timely file an SEI will prevent the candidate's name from being placed on the ballot. Wis. Stat. § 19.59(1m),(3)(b). Please contact the filing officer to learn if this requirement applies to you.

# Declaration of Candidacy

(See instructions for preparation on back)

FOR OFFICE USE ONLY

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:**

				Town of <input type="checkbox"/>	
				Village of <input type="checkbox"/>	
				City of <input type="checkbox"/>	

House or fire no.

Street Name

Mailing Municipality and State

Zip code

Municipality of Residence for Voting

**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.)

STATE OF WISCONSIN

County of \_\_\_\_\_

(County where oath administered)

}

ss.

(Signature of candidate)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Signature of person authorized to administer oaths)

**NOTARY SEAL  
REQUIRED, IF OATH  
ADMINISTERED BY  
NOTARY PUBLIC**

☐ Notary Public or ☐ other official \_\_\_\_\_

(Official title, if not a notary)

If Notary Public: My commission expires \_\_\_\_\_ or ☐ is permanent.

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), 8.20 (6), 120.06 (6)(b), 887.01.

EL-162 | Rev. 2019-08 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984  
608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

<sup>1</sup> 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.

## Instructions for Completing the Declaration of Candidacy

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

### **Information to be provided by the candidate:**

- Type or print your name on the first line.
- The title of the office and **any district, branch, or seat number** for which you are seeking election must be inserted on the second line. *For legislative offices insert the title and district number, for district attorneys insert the title and the county, for circuit court offices insert the title, county and branch number, and for municipal and school board offices insert the title and any district or seat number.*
- Type or print the political party affiliation or principle supported by you in five words or less on the third line. *Nonpartisan candidates may leave this line blank.*
- **Felony convictions: Your name cannot appear on the ballot if you have been convicted of a felony in any court in the United States for which you have not been pardoned. Please see footnote on page 1 for further information with respect to convictions for misdemeanors involving a violation of public trust. These restrictions only apply to candidates for state and local office.**
- Your current address, including your municipality of residence for voting purposes, must be inserted on the fourth line. This must include your entire mailing address (**street and number, municipality where you receive mail**) and the name of the municipality in which you reside and vote (town, village, or city of \_\_\_\_). If your address changes before the election, an amended Declaration of Candidacy must be filed with the filing officer. Wis. Stat. § 8.21. *Federal candidates are not required to provide this information, however an address for contact purposes is helpful.*
- Type or print your name on the fifth line as you want it to be printed on the official ballot. You may use your full legal name, former legal surname, or any combination of first name, middle name, and initials, surname or nickname with last name.

**Note:** The Wisconsin Elections Commission has determined that, absent any evidence of an attempt to manipulate the electoral process, candidates are permitted to choose any form of their name, including nicknames, by which they want to appear on the ballot.

No titles are permitted. In addition, names such as “Red” or “Skip” are permitted, but names which have an apparent electoral purpose or benefit, such as “Lower taxes,” “None of the above” or “Lower Spending” are not permitted. It is also not permissible to add nicknames in quotes or parentheses. For example, John “Jack” Jones or John (Jack) Jones are not acceptable, but John Jones, Jack Jones or John Jack Jones are acceptable.

This form must be sworn to and signed in the presence of a notary public or other person authorized to administer oaths, such as a county or municipal clerk. Wis. Stat. §§ 8.21(2), 887.01(1).

### **Information to be provided by the person administering the oath:**

- The county where the oath was administered.
- The date the Declaration of Candidacy was signed and the oath administered.
- The signature and title of the person administering the oath. If signed by a notary public, the notary seal is required and the date the notary's commission expires must be listed.

All candidates for offices using the nomination paper process must file this form (*and all school district candidates must file the EL-162sd*) with the appropriate filing officer no later than the deadline for filing nomination papers. Wis. Stats. §§ 8.10 (5), 8.15 (4)(b), 8.20 (6), 8.21, 8.50 (3)(a), 120.06 (6)(b). Candidates nominated for local office at a caucus must file this form with their municipal clerk within 5 days of receiving notice of nomination. Wis. Stat. § 8.05 (l)(j).

FOR OFFICE USE ONLY

## NOTIFICATION OF NONCANDIDACY

I, \_\_\_\_\_, state that I am currently the  
(please print name)

incumbent officeholder for the office listed below.

I will not be a candidate for this office at the next election. I understand that the timely receipt\* of this notice will avoid an extension of the deadline for filing ballot access documents.

**TITLE OF OFFICE:** \_\_\_\_\_  
(print current office, including district #, if any)

**NEXT ELECTION DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE OF SIGNING:** \_\_\_\_\_

*\*Notification must be received by the proper filing officer no later than 5:00 p.m. on the 2nd Friday preceding the deadline for filing ballot access documents to avoid an extension of time for filing such papers.*

The information on this form is filed in accordance with §§.8.05(1)(j), 8.10(2)(a), 8.15(1), 8.20(8)(a), 120.06(6)(b), Wis. Stats. This form is prescribed by the Wisconsin Elections Commission, 212 East Washington Avenue, 3<sup>rd</sup> Floor, P.O. Box 7984, Madison, WI 53707-7984, (608) 266-8005, FAX (608)267-0500, <http://elections.wi.gov> Email: elections@wi.gov.



CAMPAIGN FINANCE REGISTRATION STATEMENT —  
LOCAL CANDIDATE COMMITTEE  
STATE OF WISCONSIN

**\*CAUTION:** A personal telephone number that is identified as a confidential telephone number on page 3 of this form should **not** be entered on page 1 of this form. Do **not** enter any personal telephone numbers of the candidate, the candidate committee treasurer, and any other custodian of books and accounts on page 1 of this form.

1. Is this an Amendment? ☐ No ☐ Yes

**SECTION A: GENERAL INFORMATION**

<b>A1. Committee Name</b> (Required for all Candidates - must be included in disclaimer on all communications)				
<b>A2. Committee Email</b>		<b>A3. Committee Phone</b> (Do not enter a confidential phone number)		
<b>A4. Mailing Address</b>		<b>A5. City</b>	<b>A6. State</b>	<b>A7. Zip</b>
<b>Depository Institution Information</b>				
<b>A8. Institution Name</b>	<b>A9. Street Address</b>	<b>A10. City</b>	<b>A11. State</b>	<b>A12. Zip</b>
<b>Treasurer/Administrator Information</b>				
<b>A13. Name</b>		<b>A14. Treasurer Email</b>	<b>A15. Treasurer Phone</b> (*See Caution )	
<b>A16. Mailing Address</b>		<b>A17. City</b>	<b>A18. State</b>	<b>A19. Zip</b>
<b>Other Officers (Optional)</b>				
<b>A20. Name</b>	<b>A21. Title</b>	<b>A22. Email</b>	<b>A23. Phone</b> (* See Caution above)	
<b>A24. Name</b>	<b>A25. Title</b>	<b>A26. Email</b>	<b>A27. Phone</b> (* See Caution above)	
<b>Filing Exemption</b> <i>Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.</i>			<b>A28. Exemption Affirmation</b> <input type="checkbox"/> Yes, this registrant is eligible for exemption. <input type="checkbox"/> No, this registrant is not eligible for exemption.	

**SECTION B: CANDIDATE INFORMATION**

<b>B1. Office Sought (include District/Branch)</b>		<b>B2. Political Party</b>	<b>B3. Election Date</b>
<b>Candidate Information</b>			
<b>B4. Name</b>		<b>B5. Candidate Email</b>	<b>B6. Candidate Phone</b> (* See Caution )
<b>B7. Mailing Address</b>		<b>B8. City</b>	<b>B9. State</b> <b>B10. Zip</b>
<b>Second Candidate Committee</b> <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>		<b>B11. Is this your only registered candidate committee in Wisconsin?</b> <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin. <input type="checkbox"/> No, this is my second candidate committee in Wisconsin.	
<b>B12. Other Office Held or Sought (include District/Branch)</b> Only complete B12 if you responded "No" to B11.			

## SECTION C: CERTIFICATION

### Accurate Information

- ☐ I certify that I am an authorized representative of the candidate committee 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, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.

### Records Retention

- ☐ I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the most recent contribution limit period (June 30 following the April election, December 31 following the November election).

### Continuing Compliance

- ☐ I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from any liability simply because the election date has passed.

### Treasurer

C1. Printed Name	C2. Signature	C3. Date

### Candidate

C4. Printed Name	C5. Signature	C6. Date

## Form Instructions

Candidates must complete all sections A, B, and C.

**Item 1. Is this an amendment?** Have you registered with this local clerk to run for office in a prior election?

**Item A1: Committee Name.** All candidates are required to register a committee. It is not required that the name include the candidate's name, but it is recommended. This committee name is required to be part of the disclaimer on all communications with express advocacy: 'Paid for by ...'

**A28: Exemption.** Candidates claiming exemption may not have more than \$2,500 of activity, in the aggregate per year. In a calendar year, if you raise \$1,600 and spend \$1,000 you have \$2,600 of aggregate activity and are not eligible to claim exemption.

**Depository Institution Information.** All candidates must designate a depository institution. While it is recommended that all candidates have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account while claiming a filing exemption and may intermingle personal and campaign funds (Wis. STAT. § 11.0201(2)(b)).

**Treasurer Information.** Each committee must appoint a treasurer. Any adult may serve as a treasurer. A candidate may serve as his or her own treasurer. If you are serving as your own treasurer, please write "Self" or "Candidate". A candidate serving as their own treasurer does not need to provide their name, address and contact information here because that information will already be provided in section B. Do not leave this section blank.

## Section B: Candidate Information

**B1.** Be sure to include the name of the county, municipality, or school district. There are 72 counties with county supervisors, 100's of school boards, and 1000's of municipal boards.

**B2.** Party - "N/A" or "None" for nonpartisan offices (April). Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan (fall) primary/election.

**Section C: Certification.** All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.



**CAMPAIGN FINANCE REGISTRATION STATEMENT —  
LOCAL CANDIDATE COMMITTEE—CONFIDENTIAL PHONE CONTACTS**  
STATE OF WISCONSIN

All information on pages 1 and 2 of this form is available to the public. Pursuant to 2023 Wisconsin Act 120, candidates, treasurers, and any other custodian of books and accounts (such as an assistant treasurer) are required to provide a personal telephone number. This page provides you the space to provide those required telephone numbers. Personal telephone numbers are confidential and are not subject to the right of inspection and copying under WIS. STAT. § 19.35(1). *See* WIS. STAT. § 11.0203(bd). However, a personal email address provided is subject to the right of inspection and copying under WIS. STAT. § 19.35(1) and may be disclosed.

Failure to provide a valid email may result in failure to receive filing reminders and notifications from the filing officer. Failure to receive a form or notice from a filing officer does not exempt a committee from a reporting requirement under this chapter (WIS. STAT. §11.0103(b)). The candidate committee is required to report any change in information previously submitted in a registration statement within 10 days following the change. WIS. STAT. § 11.0203(3).

Candidate Information	
Name	Personal Phone Number

Treasurer Information	
Name	Personal Phone Number

Other Custodians' Information	
Name	Personal Phone Number
Name	Personal Phone Number
Name	Personal Phone Number



## INSTRUCTIONS FOR PREPARING NOMINATION PAPERS FOR NONPARTISAN OFFICE

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

**Page Numbers** – Number each page consecutively, beginning with “1”, before submitting to the filing officer. A space for page numbers has been provided in the lower right-hand corner of the form.

**Candidate's Name** - Insert the candidate's name. A candidate may use his or her full legal name, or any combination of first name, middle name, and initials or nickname with last name. The Wisconsin Elections Commission has determined that, absent any evidence of an attempt to manipulate the electoral process, candidates are permitted to choose any form of their name, including nicknames, by which they want to appear on the ballot.

No titles are permitted. In addition, names such as “Red” or “Skip” are permitted, but names which have an apparent electoral purpose or benefit, such as “Lower taxes,” “None of the above” or “Lower Spending” are not permitted. It is also not permissible to add nicknames in quotes or parentheses between first and last names. For example, John “Jack” Jones or John (Jack) Jones are not acceptable, but John Jones, Jack Jones or John Jack Jones are acceptable.

**Candidate's Address** – Insert the candidate's residential address (*no P.O. Box addresses*) and the municipality for voting purposes. Indicate if the municipality of residence is a town, village, or city. If a candidate's mailing address is different from the residential address or voting municipality, a complete mailing address must also be given.

**Date of Election** - Insert the date of the election. If the nomination paper is being circulated for a spring election, the date is the first Tuesday in April. If the election is a special nonpartisan election, the date of the special election must be listed.

**Title of Office** - The name of the office must be listed **along with any branch, district, or seat number** (if applicable) that clearly identifies the office the candidate is seeking. If necessary, the name of the jurisdiction that identifies the office, such as Dane County Circuit Court Judge, Branch 3, must also be listed.

**Name of Jurisdiction** - The nomination papers must also indicate the municipality or jurisdiction in which the signing electors are qualified to vote, as it relates to the office sought by the candidate named on the nomination paper. For example, for a statewide office the jurisdiction is the State of Wisconsin. Others may be the county, town, village, city, aldermanic district, school district, or town sanitary district, as required.

**Signatures and Printed Name of Electors** - Only qualified electors of the jurisdiction or the district the candidate seeks to represent may sign the nomination papers. Each signer must also legibly print their name. Each elector must provide their **residential** address (*no P.O. Box addresses*), including any street, fire or rural route number, box number (if rural route) and street or road name, and municipality of residence. A post office box number alone does not show where the elector actually resides. The name of the Municipality of Residence must be listed for each signing elector and must clearly identify the town, village or city where the elector's voting residence is located. The date the elector signed the nomination paper, including month, day and year, must be indicated. Ditto marks that follow correct and complete address or date information are acceptable. The circulator may add any missing or illegible address or date information before the papers are filed with the filing officer.

**Signature of Circulator** - The circulator should carefully read the language of the *Certification of Circulator*. **THE CIRCULATOR MUST PERSONALLY PRESENT THE NOMINATION PAPER TO EACH SIGNER. THE NOMINATION PAPER MAY NOT BE LEFT UNATTENDED ON COUNTERS OR POSTED ON BULLETIN BOARDS.** The circulator's complete residential address including municipality of residence must be listed in the certification. **After** obtaining signatures of electors, the circulator must sign and date the certification.

**Other Instructions** - Candidates and circulators should review Ch. Wisconsin Elections Commission §§ 2.05, 2.07, Wis. Adm. Code.

- *Original* nomination papers must be in the physical custody of the appropriate filing officer by the filing deadline. A postmark on the filing deadline is **NOT** sufficient. Nomination papers **CANNOT** be faxed to the filing officer. Ch. Wisconsin Elections Commission § 6.04(2), Wis. Adm. Code.
- Nomination papers with the required number of signatures must be filed with the appropriate filing officer **no later than 5:00 p.m.** on the first Tuesday in January (or the next day if the first Tuesday is a holiday) before the spring election. Special elections may have different filing deadlines. Check with the filing officer.
- In order for a candidate's name to be placed on the ballot, a candidate must file a *Campaign Registration Statement* (ETHCF-1), a *Declaration of Candidacy* (EL-162), and *Nomination Papers* (EL-169) containing the appropriate number of signatures for the office sought no later than the filing deadline. Wis. Stat. § 8.10(3). Candidates for state office and municipal judge must also file a statement of economic interests with the Wisconsin Ethics Commission by the third business day after the nomination paper filing deadline. Wis. Stat. § 19.43. If any one of these required forms is not filed by the deadline, the candidate's name will not be placed on the ballot. Wis. Stat. § 8.30.
- If a candidate or circulator has any questions, he or she should contact the filing officer.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	State <b>(required)</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special
				Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>	
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (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)

Page No.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special	Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (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)

Page No.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	State <b>(required)</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special
				Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>	
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (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)

Page No.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special	Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (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)

Page No.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special	Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (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)

Page No.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special	Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (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)

Page No.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.		Candidate's residential address <b>(required)</b> <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 <u>voting</u> purposes <b>(required)</b> <input type="checkbox"/> Town <input type="checkbox"/> Village _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)		<b>WI</b>	Zip code	Type of election <b>(required)</b> <input type="checkbox"/> spring <input type="checkbox"/> special	Election date <b>(required)</b> <i>Do not use primary date.</i> <u>Mo/Day/Year</u>
Title of office <b>(required)</b>		Branch, district or seat number <b>(required)</b> if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	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, \_\_\_\_\_ certify: I reside at \_\_\_\_\_.

(Name of circulator) (Circulator's residential address - **Include number, street, and municipality.**)

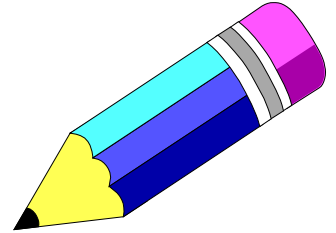
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this 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)

Page No.



# CAMPAIGN FINANCE CHECKLIST FOR 2025 MUNICIPAL AND SCHOOL DISTRICT CANDIDATES



Candidates should determine if they are required to make financial disclosure reports.

For Milwaukee City offices, the filing officer is the Milwaukee City Board of Election Commissioners. For all other municipal offices the filing officer is the municipal clerk. For school district offices, the filing officer is the school district clerk. Candidates should contact their filing officer for further information or to obtain any of the necessary forms.

## If NOT claiming the exemption from reporting requirements:

- ☐ Obtain a copy of the ***Campaign Finance Overview – Local Candidates*** (Revised 2023) Manual from your filing officer and carefully review it with your treasurer.
- ☐ Complete and submit a ***January Continuing Campaign Finance Report (Form CF-2L)*** to the filing officer no later than **January 15, 2025**, if registered before January 1, 2025. This report covers activity from July 1, 2024, or the date of registration (whichever is later), through December 31, 2024.
- ☐ Complete and submit a ***Pre-Primary Campaign Finance Report (Form CF-2L)*** to the filing officer no later than **February 10, 2025**, if a primary is held. This report covers activity from January 1, 2025, through February 3, 2025.
- ☐ Complete and submit a ***Pre-Election Campaign Finance Report (Form CF-2L)*** to the filing officer, no later than **March 24, 2025**. This report covers activity from February 4, 2025, through March 17, 2025, if a primary is held, or January 1, 2025, through March 17, 2025, if no primary is held.
- ☐ Register your committee on-line with the Wisconsin Ethics Commission on **July 1, 2025**, or as soon as practicable thereafter ([2023 Wisconsin Act 126](#) ).
- ☐ Complete and submit a ***July Continuing Campaign Finance Report*** to the WI Ethics Commission no later than **July 15, 2025**. This report covers activity from March 18, 2025, through June 30, 2025.

***Committees must file “Continuing Reports” until a termination report (CF-2L) is filed.***

For further information or to obtain any of the necessary forms, please contact:  
Wisconsin Ethics Commission.