

## 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 ye	s, please enter	your comn	nittee number		Committee N	umber		
SECTION A: GENERAL										
A1. Candidate Committee/Conduit Name  A2. Registrant Type (Choose One)										
Mary Jo Fesen	mai	Candidate Referendum			dum [	Recall	Conduit			
A3. Email	Political Action (PAC)			$\square$ In	dependent E	expenditure (IEC)				
	Q 62−903−1856 Political Party Legislative Campaign Committ							Committee		
A5. Mailing Address A6. City A7. State A8. Zip										
1085 S. Lak	0 51	nove Dr	Lako	Lako Gereva			VI.	53147		
Depository Institution Information										
A9. Institution Name	A10. Street Add	ress	A11. City			A12. State	A13. Zip			
BMO Harris		410 Bro	ad St	1	ake Gene	va	WI	53147		
Treasurer/Administrator Information	n l	10 010	ad OI.		20 0 0011		1,00	100/1/		
A14. Name A15. Email A16. Phone										
Nasi to Esca		`				2/5	12 903-1856			
A17. Mailing Address	mya	er	A18. City	1 A10 City				A19. State   A20. Zip		
10855. Lake Sho				Alo. City				WT 53147		
	re D	rive	Lake Geneva				MT	3314/		
Other Officers (Optional) 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.										
A21. Name	A22. Tit		A23. Email	are amported	110 jiii u vacancy		Phone	ream of canadate.		
A21. Name	122. 110		read. Eman	1			- Auto-			
125.20	100 750		427 E 3			1.20	Di			
A25. Name	A26. Tit	ie	A27. Email			A20.	A28. Phone			
Filing Exemption		1: -l			A29. Exempt			6		
Registrants that will not accept contributions of more than \$2,000 in a calen					Second .			e for exemption		
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	r on the ba	ellot.	VII.							
SECTION B: CANDIDA	LE COV	MMITTEES								
		VIIVII I I L L S								
B1. Office Sought (include District/B	ranch)			B2. Political Party			B3. Election Date			
Alderman Dist	trict	$\sim$					Apri	15,2022		
Candidate Information							1	, , ,		
B4. Name			B5. Email			B6. Pho		1		
Mary Jo Fesa B7 Mailing Address	en m	I PN				260	2-903	3-1856		
B7. Mailing Address	-1116	2101	B8. City			-		B10. Zip		
1085 S. Lake	Show	Dr.	Lake	Compa	70		WI	53147		
B7. Mailing Address  1085 S. Lake Shore Dr.  B8. City  Lake Genera  B9. State B10. Zip  WI 53147  Second Candidate Committee  B11. Is this your only registered candidate committee in Wisconsin?										
An individual who holds a state or loca	l elective o	ffice may establish	a second candidate	15 4	is is my only car					
committee to pursue another state or lo	cal office.			1	s is my second c			ì		
B12 Other Office Hold or Sought (in	elude Dist	rict/Branch) Out	complete D17 if you			- LIGIUAL	.c committee	III IOONSIII		
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.										
SUCTION C. DECALL C	O) 4) 44	TILLE								
SECTION C: RECALL C	OMMI	TIEES								
C1. Name of Official Subject to Reca	11		C2. Office o	f Official Subj	ect to Recall			C3. Support		
								☐ Oppose		





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SECTION D: PAC, IEC, AND CONDUITS										
D1. Sponsoring Organization	D2. Email	D3. I	Phone							
D4. Mailing Address		D5. City		D6. State	D7. Zip					
SECTION E: POLITICAL PART	TY & LEGISI	ATIVE CAMPAIG	N COMMITTEE	S						
		e a Segregated Fund?								
E1. Political Party (Name candidates appear un	ider on a panot)			No Yes						
Segregated Fund Depository Institution Information (if applicable)										
E3. Institution Name E4. Street Addres			E5. City	E6. St	E6. State E7. Zip					
SECTION F: REFERENDA COMMITTEES										
F1. Nature of Referendum (if applicable)					F2. Support					
					Oppose					
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 thi	is registration state	ement within 10 days of an	v change of information	on contained	within, as well as the					
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 record election in which this registrant participated										
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.		property and the second se								
Treasurer/Administrator	1 G2 S1				T G2 D 4					
G1. Printed Name	G2. Sig	nature			G3. Date					
Mary Jo Fesenmai	er n	Tango Fox	enmaier		12/01/2021					
Candidate (if applicable)										
G4. Printed Name	G5. Sig	nature	X 10000		G6. Date					
Mari Jo France	0' - N	la Chil	round a fair		12/01/2021					
Lary JO TESENT	wer !	Lamy To	as will the		112/01/2021					