

CAMPAIGN FINANCE COMMITTEE/CONDUIT REGISTRATION STATEMENT

STATE OF WISCONSIN

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

					Committe	e Number		
1. Is this an Amendment?	No Yes If y	es, please enter	your commi	ttee number:				
SECTION A: GENERAL	INFORMATION							
A1. Committee/Conduit Name			A2. Registrant Type (Choose One)					
l Pam w	ilkinson		Candidate OReferendum O Recall O Conduit			Conduit		
A3, Email	A4, Phone		O Political	Action (PAC) () Independen	t Expenditure (IEC)		
A3. Email Pwilkinson 2016 A5. Mailing Address	74-8829	Political Party O Legislative Campaign Committee						
		A6. City	A6. City		A7. State	A8. Zip		
147 S. curtis St. B	Lake Ge	Lake Geneva		Wi.	53/47			
Depository Institution Information					,			
A9. Institution Name	A10. Street Add	lress	All	. City	A12. St	ate A13, Zip		
US Bank	POBOX 5	51617		ackson	ville Fi	L 32255		
Treasurer/Administrator Information								
A14, Name Se./f	A15. Email PWIKING	A16. Phone PWilkinson 2016@ yahoo .com 262.374.88 A18. City Lake Geneva. A16. Phone A16. Phone A17. State A20. Zip Lake Geneva. WI 53147						
A17. Mailing Address	A18. City	A18. City			A20. Zip			
147 S Curtis st	Lake (Lake Geneva			53147			
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. Title	A23, Email		<u> </u>	A24. Phone	o deam of canadate.		
AZI. Ivanie	A22. Title	A25, Eman			A24. Phone			
A25. Name	A26. Title	A27. Email			A28. Phone			
						}		
Filing Exemption Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,500 in a calendar year are eligible for exemption from filing campaign finance reports. For committees registering with the Commission, exempt status is effective only for the calendar year in which it is granted. Those committees registering with the Commission that want to remain exempt must renew each year. Local candidate committees that 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 at any time. This exemption applies until the local candidate committee exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.								
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SECTION B: CANDIDA								
B1. Office Sought (include District/B	ranch) Alderma	n		ical Party A	B3. E	ection Date		
Candidate Information			1	1		1 1		
B4. Name B5. Email B6. Phone								
Damela Till	Ikinson	pwilkin	CANDAIL	a makes a	260	2.374.8829		
B7. Mailing Address	<u>117115071</u>	B8. City	301(2016	W JUNEO, C	B9. State	B10. Zip		
						53147		
147 S curtis St B		Lake O				• •		
Second Candidate Committee B11. Is this your only registered candidate committee in Wiscousin?								
An individual who holds a state or local elective office may establish a second candidate committee in Wisconsin. O No this is my only candidate committee in Wisconsin.								
No, this is my second candidate commutee in wisconsin.								
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.								



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SECTION C: RECALL COMMIT	TTEES							
C1. Name of Official Subject to Recall	C2. Office of C	official Subject to Recall	C3. O Support O Oppose					
SECTION D: PAC, IEC, AND CO								
D1. Sponsoring Organization	D2. Email	D3. P	hone					
D4. Mailing Address	D5. City	444	D6. State D7. Zip					
SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES								
E1. Political Party or Legislative Campaign Co			E2. Does the Party or Committee have a Segregated Fund? No Yes					
Segregated Fund Depository Institution Inform								
E3. Institution Name	E4. Street Address	E5. City	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 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 acknowledge the duty to maintain records which this registrant participates. If register manner for the three-year period prescribed	in an organized and legible manner ing a candidate committee, I acknow in s.11.0201(4).	for three years from the date of ledge the duty to maintain reco	f the most recent election in rds in an organized and legible					
Ongoing Compliance This registrant shall continue to maintain its Statutes.	s registration and comply with all a	oplicable reporting requiremen	is under Chapter 11 of Wisconsin					
Treasurer/Administrator								
G1. Printed Name	G2. Signature		G3. Date					

G5. Signature

Pamela J. Wilkinson

Pamela J. Wilkinson

Candidate (if applicable)
G4. Printed Name