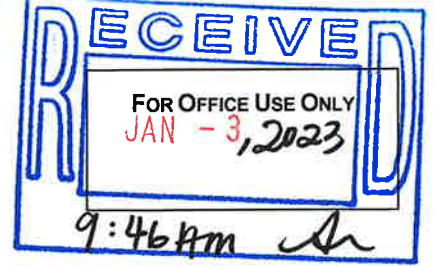


Declaration of Candidacy

(See instructions for preparation on back)



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, Megan K. Heinzelman, being duly sworn, state that

Candidate's name

I am a candidate for the office of Mequon-Thiensville School Board

Official name of office - Include district, branch or seat number

representing NA

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.¹

My present address, including my municipality of residence for voting purposes is:

7821 W	Highlander Drive	Mequon	WI	Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input checked="" type="checkbox"/>	Mequon
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:

Megan K. Heinzelman

(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

Megan K. Heinzelman

(Signature of candidate)

STATE OF WISCONSIN

County of Ozaukee

(County where oath administered)

ss.

Subscribed and sworn to before me this 3rd day of January, 2023.

[Signature]
(Signature of person authorized to administer oaths)

TORI APKARIAN
NOTARY PUBLIC
STATE OF WISCONSIN

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

Notary Public or other official

Tori Apkarian

(Official title, if not a notary)

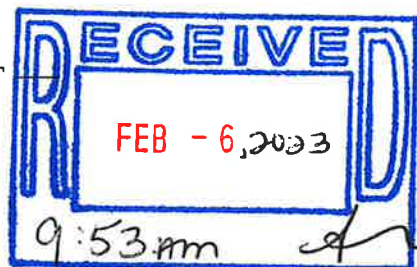
If Notary Public: My commission expires 05/12/26 or is permanent.

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.

¹ 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.



CAMPAIGN FINANCE REGISTRATION STATEMENT
 LOCAL CANDIDATE COMMITTEE
 STATE OF WISCONSIN



1. Is this an Amendment? No Yes

SECTION A: GENERAL INFORMATION

A1. Committee Name (Required for all Candidates - must be included in disclaimer on all communications)
 HEINZELMAN FOR MTS D

A2. Email: MEGAN@HEINZELMANFORMTSD.COM
 A3. Phone: 414-467-5306

A4. Mailing Address: 7821 W HIGHLANDER DR.
 A5. City: MEQUON
 A6. State: WI
 A7. Zip: 53097

Depository Institution Information
 A8. Institution Name: BMO HARRIS BANK
 A9. Street Address: 1425 W MEQUON RD
 A10. City: MEQUON
 A11. State: WI
 A12. Zip: 53092

Treasurer/Administrator Information
 A13. Name: MEGAN K HEINZELMAN
 A14. Email: MEGAN@HEINZELMANFORMTSD.COM
 A15. Phone: 414-467-5306

A16. Mailing Address: 7821 W HIGHLANDER DR
 A17. City: MEQUON
 A18. State: WI
 A19. Zip: 53097

Other Officers (Optional)

A20. Name
 A21. Title
 A22. Email
 A23. Phone

A24. Name
 A25. Title
 A26. Email
 A27. Phone

Filing Exemption
 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.

A28. Exemption Affirmation
 Yes, this registrant is eligible for exemption.
 No, this registrant is not eligible for exemption.

SECTION B: CANDIDATE INFORMATION

B1. Office Sought (include District/Branch): MEQUON - THIENSVILLE SCHOOL BOARD
 B2. Political Party: N/A
 B3. Election Date: APRIL 4 2023

Candidate Information
 B4. Name: MEGAN K HEINZELMAN
 B5. Email: MEGAN@HEINZELMANFORMTSD.COM
 B6. Phone: 414-467-5306

B7. Mailing Address: 7821 W HIGHLANDER DR
 B8. City: MEQUON
 B9. State: WI
 B10. Zip: 53097

Second Candidate Committee
 An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.
 B11. Is this your only registered candidate committee in Wisconsin?
 Yes, this is my only candidate committee in Wisconsin.
 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: 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, 12/31 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
MEGAN K. HEINZELMAN		2/1/23

Candidate

C4. Printed Name	C5. Signature	C6. Date
MEGAN K HEINZELMAN		2/1/23

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 a candidate is serving as their own treasurer, please indicate 'Self' or 'Candidate', you do not need to list your complete name, address and contact information here, that will be listed in section B.

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.

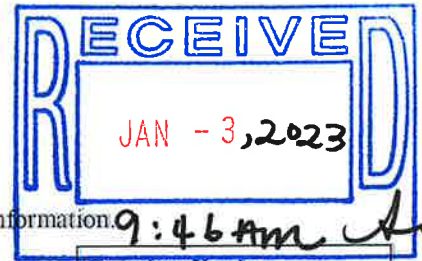
B2. Party - NA or None for nonpartisan offices (April); Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan (fall) primary/election.

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

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 MEGAN K. HEINZELMAN FOR MTSD		A2. Registrant Type (Choose One) <input checked="" type="checkbox"/> Candidate <input 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 MEGAN@HEINZELMANFORMTSD	A4. Phone 414-467-5306				
A5. Mailing Address 7821 W HIGHLANDER DR		A6. City MEQUON	A7. State WI	A8. Zip 53097	
Depository Institution Information					
A9. Institution Name BMO HARRIS BANK		A10. Street Address 1425 W MEQUON RD	A11. City MEQUON	A12. State WI	A13. Zip 53092
Treasurer/Administrator Information					
A14. Name MEGAN K. HEINZELMAN		A15. Email MEGAN@HEINZELMANFORMTSD		A16. Phone 414-467-5306	
A17. Mailing Address 7821 W HIGHLANDER DR.		A18. City MEQUON		A19. State WI	A20. Zip 53097
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 checked="" 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) MEQUON-THIENSVILLE SCHOOL BOARD		B2. Political Party NA	B3. Election Date APRIL 4, 2023		
Candidate Information					
B4. Name MEGAN K. HEINZELMAN FOR MTSD		B5. Email MEGAN@HEINZELMANFORMTSD		B6. Phone 414-467-5306	
B7. Mailing Address 7821 W HIGHLANDER DR		B8. City MEQUON	B9. State WI	B10. Zip 53097	
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 checked="" 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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CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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

SECTION D: PAC, IEC, 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	
E1. Nature of Referendum (if applicable)	E2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose

SECTION G: CERTIFICATION		
Accurate Information <i>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.</i>		
Timely Amendments <i>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.</i>		
Records Retention <i>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.</i>		
Ongoing Compliance <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>		
Treasurer/Administrator		
G1. Printed Name MEGAN K HEINZELMAN	G2. Signature <i>Megan K Heinzelman</i>	G3. Date 1-3-2023
Candidate (if applicable)		
G4. Printed Name MEGAN K HEINZELMAN	G5. Signature <i>Megan K Heinzelman</i>	G6. Date 1-3-2023