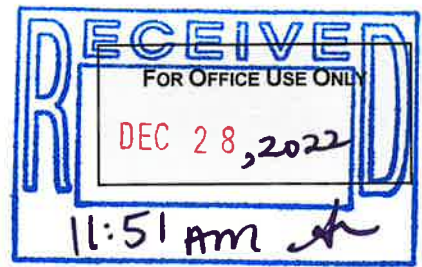


# Declaration of Candidacy

(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, Katie Barikmo, being duly sworn, state that  
Candidate's name

I am a candidate for the office of School Board of MTSD  
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:**

<u>311 E.</u>	<u>Freistadt Rd</u>	<u>Thiensville WI</u>	<u>53092</u>	Town of <input type="checkbox"/>	<u>Thiensville</u>
House or fire no.	Street Name	Mailing Municipality and State	Zip code	Village of <input checked="" type="checkbox"/>	Municipality of Residence for Voting
				City of <input type="checkbox"/>	

**My name as I wish it to appear on the official ballot is as follows:**

Kate Barikmo

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

STATE OF WISCONSIN

County of Ozaukee  
(County where oath administered)

} ss.

**STEPHANIE STAGE**  
NOTARY PUBLIC  
STATE OF WISCONSIN

(Signature of candidate)

Subscribed and sworn to before me this 28<sup>th</sup> day of December, 2022.

Stephanie Stage  
(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 11/22/2025 or  is permanent.

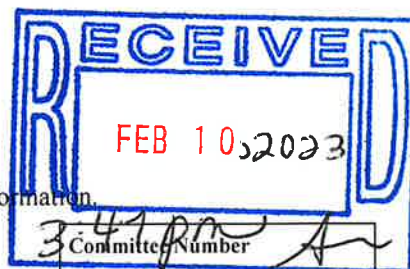
The information on this form is required by Wis. Stat. § 8.21, Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.20 (6), 120.06 (6)(b), 887.01.

<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.



# 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:

## SECTION A: GENERAL INFORMATION

### A1. Candidate Committee/Committee/Conduit Name

Friends of Kate Barikmo

### A2. Registrant Type (Choose One)

- Candidate  Referendum  Recall  Conduit
- Political Action (PAC)  Independent Expenditure (IEC)
- Political Party  Legislative Campaign Committee

### A3. Email

katebarikmo4mtsd@gmail.com

### A4. Phone

262-674-4197

### A5. Mailing Address

311 East Freistadt Rd

### A6. City

Thiensville

### A7. State

WI

### A8. Zip

53092

### Depository Institution Information

### A9. Institution Name

BMO Harris Bank

### A10. Street Address

201 N. Main Street

### A11. City

Thiensville

### A12. State

WI

### A13. Zip

53092

### Treasurer/Administrator Information

### A14. Name

Katie Barikmo

### A15. Email

kate.barikmo4mtsd@gmail.com

### A16. Phone

262-674-4197

### A17. Mailing Address

311 East Freistadt Rd.

### A18. City

Thiensville

### A19. State

WI

### A20. Zip

53092

### 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	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 \$2,000 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.

### A29. Exemption Affirmation

- Yes, this registrant is eligible for exemption
- No, this registrant is not eligible for exemption

## SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch) School Board	B2. Political Party N/A	B3. Election Date 4/4/23
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### Candidate Information

B4. Name Kate Barikmo	B5. Email Kate.barikmo4mtsd@gmail.com <del>katebarikmo@kb</del>	B6. Phone 262-674-4197
B7. Mailing Address 311 East Freistadt Rd.	B8. City Thiensville	B9. State WI
		B10. Zip 53092

### 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: 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

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

### SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

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

### SECTION F: REFERENDA COMMITTEES

<b>F1. Nature of Referendum (if applicable)</b>	<b>F2.</b> <input type="checkbox"/> Support <input type="checkbox"/> 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 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**

<b>G1. Printed Name</b> Katie Barikmo	<b>G2. Signature</b> 	<b>G3. Date</b> 2/10/23
<b>Candidate (if applicable)</b>		
<b>G4. Printed Name</b> Katie <del>Barikmo</del> Barikmo	<b>G5. Signature</b> 	<b>G6. Date</b> 2/10/23



# 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  
11:31 pm

### SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name <b>Friends of Kate Barilkmo</b>		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 <b>katebarilkmo@gmail.com</b>	A4. Phone <b>262-674-4197</b>				
A5. Mailing Address <b>311 East Frelstadt Rd.</b>		A6. City <b>Thiensville</b>	A7. State <b>WI</b>	A8. Zip <b>53092</b>	
Depository Institution Information					
A9. Institution Name <b>BMO Harris</b>	A10. Street Address <b>201 N. Main St.</b>	A11. City <b>Thiensville</b>	A12. State <b>WI</b>	A13. Zip <b>53092</b>	
Treasurer/Administrator Information					
A14. Name <b>Katie Barilkmo</b>		A15. Email <b>katebarilkmo@gmail.com</b>	A16. Phone <b>262-674-4197</b>		
A17. Mailing Address <b>311 East Frelstadt Rd</b>		A18. City <b>Thiensville</b>	A19. State <b>WI</b>	A20. Zip <b>53092</b>	
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) <b>School Board</b>		B2. Political Party <b>N/A</b>	B3. Election Date <b>1/14/23</b>	
Candidate Information				
B4. Name <b>Kate Barilkmo</b>		B5. Email <b>katebarilkmo@gmail.com</b>	B6. Phone <b>262-674-4197</b>	
B7. Mailing Address <b>311 East Frelstadt Rd</b>		B8. City <b>Thiensville</b>	B9. State <b>WI</b>	B10. Zip <b>53092</b>
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) <i>Only complete B12 if you responded "No" to B11.</i>				

### 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	
F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose

SECTION G: CERTIFICATION		
<b>Accurate Information</b> <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>		
<b>Timely Amendments</b> <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>		
<b>Records Retention</b> <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>		
<b>Ongoing Compliance</b> <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>		
<b>Treasurer/Administrator</b>		
G1. Printed Name <i>Kate Barilkmo</i>	G2. Signature <i>[Signature]</i>	G3. Date <i>12/28/22</i>
<b>Candidate (if applicable)</b>		
G4. Printed Name <i>Kate Barilkmo</i>	G5. Signature <i>[Signature]</i>	G6. Date <i>12/28/22</i>