



**CAMPAIGN FINANCE REGISTRATION STATEMENT**  
STATE OF WISCONSIN

RECEIVED

DEC 01 2022

SUPERINTENDENT OF SCHOOLS

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/Commit Name Friends of Yolanda Adams		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 Yadams2013@gmail.com	A4. Phone 262-705-4734	A5. Mailing Address P.O. Box 815	A6. City Kenosha
A7. State WI		A8. Zip 53141-0815	

A9. Institution Name CREDIT EDUCATORS Union				A10. Street Address 4215 Green Bay R.D.	A11. City Kenosha	A12. State WI	A13. Zip 53144
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A14. Name Nancy Locante				A15. Email nancy.locante@gmail.com	A16. Phone 262-705-2535
A17. Mailing Address 1775-41 Ave		A18. City Kenosha	A19. State WI	A20. Zip 53144	

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 Olga Tijerina	A22. Title Assistant	A23. Email Assistant	A24. Phone 262-705-5191
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 <input type="checkbox"/> Yes, this registrant is eligible for exemption <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption
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**SECTION B: CANDIDATE COMMITTEES**

B1. Office Sought (include District/Branch)	B2. Political Party	B3. Election Date
Candidate Information		
B4. Name	B5. Email	B6. Phone
B7. Mailing Address	B8. City	B9. State B10. Zip
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? <input 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

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### 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
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### 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**

G1. Printed Name x Nancy Locante	G2. Signature Nancy Locante	G3. Date 11-30-22
G4. Printed Name x Yolanda Adams	G5. Signature Yolanda Adams	G6. Date 11-30-22