



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 N/A

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name Kristine M. Sauter		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 sauterkristine@gmail.com	A4. Phone 920-358-0660	A5. Mailing Address 3509 Trillium Lane	A6. City Appleton, WI A7. State WI A8. Zip 54915

Depository Institution Information				
A9. Institution Name East Wisconsin Savings Bank	A10. Street Address 501 E. Wisconsin Ave.	A11. City Appleton	A12. State WI	A13. Zip 54911

Treasurer/Administrator Information				
A14. Name Kristine M. Sauter		A15. Email sauterkristine@gmail.com		A16. Phone 920-358-0660
A17. Mailing Address 3509 Trillium Lane		A18. City Appleton		A19. State WI A20. Zip 54915

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 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
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Candidate Information					
B4. Name		B5. Email		B6. Phone	
B7. Mailing Address		B8. City		B9. State	B10. Zip

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 type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin
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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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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 Kristina M. Sauter	G2. Signature <i>Kristina M. Sauter</i>	G3. Date 12-22-22
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Candidate (if applicable)

G4. Printed Name Kristina M. Sauter	G5. Signature <i>Kristina M. Sauter</i>	G6. Date 12-22-22
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Declaration of Candidacy

School Board Candidates

(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)

Kristine M. Sauter

I, Kristine M. Sauter, being duly sworn, state that
Candidate's name

Appleton Area School District

I am a candidate for the office of School Board Member

Include seat number or name of apportioned area, if applicable

and, at the time of filing this document, I will meet 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:

3509	Trillium Lane	Appleton, WI	54915	Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of <input checked="" type="checkbox"/>
<small>House or fire no.</small>	<small>Street Name</small>	<small>Mailing Municipality and State</small>	<small>Zip code</small>	<small>Municipality of Residence for Voting</small>

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

Kristine Sauter

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

STATE OF WISCONSIN

County of Outagamie Co.
(County where oath administered)

SS. Kristine M. Sauter
(Signature of candidate)

Subscribed and sworn to before me this 22nd day of December, 2022

Kristine Sauter
(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 10/18/23 or is permanent.
(date commission expires)

¹ 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.