

CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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

					Committee	Number					
1. Is this an Amendment?	☐ No ☐ Yes If ye	s, please enter	your committe	ee number:							
SECTION A: GENERAL INFORMATION											
A1. Candidate Committee/Committe	e/Conduit Name		A2. Registrant T								
Frederick &	Tealer		Candidate	☐ Referendu	ım	☐ Conduit					
A3. Email	A4 Phone	715	Political Ac	tion (PAC)	Independen	Expenditure (IEC)					
ftealey.ft (0 9 ma). com 212-9618 Political Party Legislative Campaign Committee											
A5. Mailing Address	, 0	A6. City		A7. State	A8. Zip						
Depository Institution Information	Wine	an	MI	54403							
A9-Institution Name A10. Street Address A11. City A12. State A13. Zip											
					14.1	54403					
Treasurer/Administrator Information											
A14. Name	A15, Email		6. Phone								
7 1		+ 0	, ,	15 65	E 551-11:5						
A17. Mailing Address	A18. City	Tan ogma	A19. State A20. Zip								
		<u> </u>	* : ::	A20. Zip							
1624 McCarthy	Wausa	<u> </u>	WI	54401							
Other Officers (Optional)	didatan Indianta ku an antania	dr (*) which officers	ana authorized to 6	II a nabanan in	namination due t	a death of andidate					
Independent and local non-partisan can A21. Name	ire authorizea to ju		A24. Phone	o aeath of canadate.							
A21. Name	A23. Email			A24. Fuone							
A25. Name	A26. Title	A27. Email			A28. Phone						
Filing Exemption A29. Exemption Affirmation											
Registrants that will not accept contribu	-		-	strant is eligible for exemption							
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.											
	deline the sould be like the later and	sin 24 milionet Marie	N. Start Start	Extraction and	EN LINE SHALL						
SECTION B: CANDIDAT	TE COMMITTEES					(3) ·					
B1. Office Sought (include District/Br	anch)		B2. Politica	l Party	R3 FL	ection Date					
Di. Office Sought (include District Dis	anen)	D2. I United I arty			B3. Election Date						
Candidate Inc.				Y							
Candidate Information B4. Name		B5. Email		P6	Phone						
D4. Name		B3. Eman		D0.	Thone						
D7 34 9: 431		Do Cit			T 20 Ct /	D10 77					
B7. Mailing Address		B8. City		B9. State	B10. Zip						
					н						
Second Candidate Committee An individual who holds a state or local elective office may establish a second candidate Tyes, this is my only candidate committee in Wisconsin											
	secona candidate	Yes, this is n									
committee to pursue another state or local office.											
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.											
			in design to the second		Water Barrier	eper participa					
SECTION C: RECALL COMMITTEES											
C1. Name of Official Subject to Recal	的复数电路 医神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经	C2 Office of	Official Subject to	Recall		C2 Cymraet					
A Subject to Recar	Ca. Office of	Janeiai Sabject to	Accan		C3. Support						
Theatrue 1	atun					☐ Oppose					

Form: CF-1 (Rev. 11/2018) Prescribed by: STATE OF WISCONSIN, Ethics Commission

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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 un	1			Committee have a Segregated Fund? No Yes									
Segregated Fund Depository Institution Information (if applicable)													
E3. Institution Name	E4. Street Addres	SS	E5. Cit	у	E6. St	te E7. Zip							
SECTION F: REFERENDA COMMITTEES													
F1. Nature of Referendum (if applicable)						F2. Supp							
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 me of the most recent election in which this regi			ganized d	and legible mann	er for three	years from th	e date						
Ongoing Compliance This registrant shall continue to maintain it. Statutes.	s registration and	comply with all applicable	e reporti	ng requirements	under Cha _l	oter 11 of Wisc	consin						
Treasurer/Administrator			b										
G1. Printed Name	G2. Sig	nature				G3. Date							
Ronald Dustan Rymed Dustina						1-2-23	•						
Candidate (if applicable)		• • •				,							
G4. Printed Name	G5. Sig	nature	_			G6. Date							
Frederick Tealing	2	dek T	ulo	۵.		1-3-2	3						