

**CAMPAIGN REGISTRATION STATEMENT  
STATE OF WISCONSIN  
ETHCF-1**

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,  
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

**NOTICE:** ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

**CANDIDATE AND CANDIDATE COMMITTEE INFORMATION**

**GAB ID:** 0104443

<b>Name of the Candidate:</b>	<b>Party Affiliation:</b>	<b>Office Sought (Include Branch Number):</b>	
Vinehout, Kathleen	Democratic	Governor, Governor	
<b>Residence Address (Number and Street):</b>		<b>Candidate Telephone Number (Residence):</b>	
W1490 Cesler Valley Road		(608) 685-3508	
<b>City, State and Zip:</b>	<b>Election Date:</b>	<b>Candidate Email:</b>	
Alma, WI 54610	11/06/2018	info@kathleenvinehout.org	
<b>Committee Name:</b>	<b>Acronym:</b>	<b>Committee Type:</b>	<b>Committee Sub-Type:</b>
Voters for Vinehout		State Candidate	Personal Campaign Committee
<b>Committee Address (Number and Street):</b>	712 S. Barstow St., Eau Claire, WI 54701	<b>Committee Email:</b>	info@kathleenvinehout.org
<b>Phone:</b>	(715) 835-8448		

**COMMITTEE TREASURER INFORMATION**

<b>Treasurer Name:</b>	Stanley, Terri	<b>Phone:</b>	(715) 835-8448
<b>Address (Number and Street):</b>	712 S. Barstow St.		
<b>City, State and Zip:</b>	Eau Claire, WI 54701		
<b>Email:</b>	stanley.ts@att.net		

**DEPOSITORY INFORMATION**

<b>Name of Financial Institution:</b>	Royal Credit Union	<b>Pin:</b>	*****
<b>Address (Number and Street):</b>	200 Riverfront Terrace #200, P.O. Box 970		
<b>City, State and Zip:</b>	Eau Claire, WI 54703		

**+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.0104, Stats. +++**

You may be eligible for an exemption from filing campaign finance reports. Consult the appropriate Campaign Finance Overview to determine if the registrant qualifies for exemption.

This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$2,000 in a calendar year.

This registrant is no longer eligible to claim exemption.

Terri S. Stanley

\_\_\_\_\_  
Signature of Candidate or Treasurer

\_\_\_\_\_  
Date

**CERTIFICATE**

**TREASURER**

I, Stanley, Terri

certify the information in this statement is true and complete.

Signature \_\_\_\_\_ Treasurer \_\_\_\_\_

Date \_\_\_\_\_

**CANDIDATE**

I, Vinehout, Kathleen

certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature \_\_\_\_\_ Candidate \_\_\_\_\_

Date \_\_\_\_\_

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.0203, STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 8.30(2), 11.1400, 11.1401, STATS.

Report Generated On: 06/14/2017