



CAMPAIGN FINANCE COMMITTEE/CONDUIT 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

SECTION A: GENERAL INFORMATION

A1. Committee/Conduit Name Vote Yes - Strong Schools Strong Community		A2. Registrant Type (Choose One) <input type="radio"/> Candidate <input checked="" type="radio"/> Referendum <input type="radio"/> Recall <input type="radio"/> Conduit <input type="radio"/> Political Action (PAC) <input type="radio"/> Independent Expenditure (IEC) <input type="radio"/> Political Party <input type="radio"/> Legislative Campaign Committee			
A3. Email mheinritz@SchoolsMakeMadison.org		A4. Phone (608) 210-6902			
A5. Mailing Address 2005 West Beltline Highway, Suite 203			A6. City Madison		A7. State WI
					A8. Zip 53713
Depository Institution Information					
A9. Institution Name First Business Bank		A10. Street Address 410 Charmany Drive		A11. City Madison	A12. State WI
					A13. Zip 53719
Treasurer/Administrator Information					
A14. Name Michael Walsh		A15. Email walshm60@gmail.com		A16. Phone (608) 220-0458	
A17. Mailing Address 6317 Inner Drive		A18. City Madison		A19. State WI	A20. Zip 53705
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 \$2,500 in a calendar year are eligible for exemption from filing campaign finance reports. For committees registering with the Commission, exempt status is effective only for the calendar year in which it is granted. Those committees registering with the Commission that want to remain exempt must renew each year. Local candidate committees that do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports at any time. This exemption applies until the local candidate committee exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.</i>				A29. Exemption Affirmation <input type="radio"/> Yes, this registrant is eligible for exemption. <input checked="" type="radio"/> No, this registrant is not eligible for exemption.	

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 <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="radio"/> Yes, this is my only candidate committee in Wisconsin. <input type="radio"/> 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.					



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SECTION C: RECALL COMMITTEES		
C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="radio"/> Support <input type="radio"/> Oppose

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 or Legislative Campaign Committee		E2. Does the Party or Committee have a Segregated Fund? <input type="radio"/> No <input type="radio"/> 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) Advocate for approval of operating and capital referendums to fund MMSD.	F2. <input checked="" type="radio"/> Support <input type="radio"/> Oppose

SECTION G: CERTIFICATION
Accurate Information <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>
Timely Amendments <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>
Records Retention <i>I acknowledge the duty to maintain records in an organized and legible manner for three years from the date of the most recent election in which this registrant participates. If registering a candidate committee, I acknowledge the duty to maintain records in an organized and legible manner for the three-year period prescribed in s.11.0201(4).</i>
Ongoing Compliance <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>

Treasurer/Administrator		
G1. Printed Name Michael Walsh	G2. Signature 	G3. Date 06/25/2024
Candidate (if applicable)		
G4. Printed Name	G5. Signature	G6. Date