



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 Friends of Bobbie Mitchell		A2. Registrant Type (Choose One) <input checked="" type="radio"/> Candidate <input type="radio"/> Referendum <input type="radio"/> Recall <input type="radio"/> Conduit	
A3. Email friends of bobbie.mitchell@gmail.com	A4. Phone 262-764-5546	Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee <input type="checkbox"/>	
A5. Mailing Address 7116 95th Ave	A6. City Kenosha	A7. State WI	A8. Zip 53142
Depository Institution Information			
A9. Institution Name PNC	A10. Street Address 2900 Sheridan RD	A11. City Zion	A12. State IL
A13. Zip 60089		Treasurer/Administrator Information	
A14. Name Abigail Mitchell	A15. Email friends of bobbie.mitchell@gmail.com	A16. Phone 262-764-5546	
A17. Mailing Address 7116 95th Ave	A18. City Kenosha	A19. State WI	A20. Zip 53142
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 checked="" type="checkbox"/> Yes, this registrant is eligible for exemption. <input type="checkbox"/> No, this registrant is not eligible for exemption.	

SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch) Alderman 17th Ward City of Kenosha	B2. Political Party N/A	B3. Election Date 4/21/2024
Candidate Information		
B4. Name Bobbie Mitchell (Robert)	B5. Email FBM.mitchell@gmail.com	B6. Phone 618 660-2375
B7. Mailing Address 7116 95th Ave	B8. City Kenosha	B9. State WI
B10. Zip 53142	B11. Is this your only registered candidate committee in Wisconsin? <input checked="" 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.		



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SECTION C: RECALL COMMITTEES		
C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. Support 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? No 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. Support 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> <i>TRM</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> <i>TRM</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> <i>TRM</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> <i>TRM</i>

Treasurer/Administrator		
G1. Printed Name <i>Abigail Mitchell</i>	G2. Signature <i>Abigail Mitchell</i>	G3. Date
Candidate (if applicable)		
G4. Printed Name <i>Robbie Mitchell</i>	G5. Signature <i>[Signature]</i>	G6. Date <i>11/26/23</i>