



CAMPAIGN FINANCE REGISTRATION STATEMENT
STATE OF WISCONSIN

RECEIVED

AUG 14 2023

1 PM AP

CITY OF KENOSHA
CITY CLERK/TREASURER

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 yes, please enter your committee number:

SECTION A: GENERAL INFORMATION				
A1. Candidate Committee/Committee/Conduit Name Friends for Lydia Spottswood		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 lydia@spottswoodformayor.com	A4. Phone 262-705-5722			
A5. Mailing Address 1409 18th Avenue		A6. City Kenosha	A7. State WI	A8. Zip 53140
Depository Institution Information				
A9. Institution Name First American Bank	A10. Street Address 1350 22nd Avenue	A11. City Kenosha	A12. State WI	A13. Zip 53140
Treasurer/Administrator Information				
A14. Name Terry Schlenker		A15. Email schlenkerry@gmail.com	A16. Phone 262-909-6475	
A17. Mailing Address 505 73rd Street		A18. City Kenosha	A19. State WI	A20. Zip 53143
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			A29. Exemption Affirmation	
<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>			<input type="checkbox"/> Yes, this registrant is eligible for exemption <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption	

SECTION B: CANDIDATE COMMITTEES				
B1. Office Sought (include District/Branch) City of Kenosha Mayor		B2. Political Party	B3. Election Date April 2 2024	
Candidate Information				
B4. Name Lydia Spottswood		B5. Email lydia@spottswoodformayor.c	B6. Phone 262-705-5722	
B7. Mailing Address 6903 2nd Avenue		B8. City Kenosha	B9. State WI	B10. Zip 53143
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.		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		

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	G2. Signature	G3. Date
TERRY SCHLENKER		8-14-23
Candidate (if applicable)		
G4. Printed Name	G5. Signature	G6. Date
LYDIA Spottswood		8/14/23