



CAMPAIGN FINANCE REGISTRATION STATEMENT  
STATE OF WISCONSIN

RECEIVED

SEP 12 2023  
8:30 AM 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 of Curt Wilson		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 a51wilson@aol.com	A4. Phone 262-654-1445				
A5. Mailing Address 7525 28th Avenue		A6. City Kenosha	A7. State WI	A8. Zip 53143	
Depository Institution Information					
A9. Institution Name Southern Lakes Credit Union		A10. Street Address 3000-80th Street	A11. City Kenosha	A12. State WI	A13. Zip 53142
Treasurer/Administrator Information					
A14. Name M. Ann Wilson		A15. Email a51wilson@aol.com	A16. Phone 262-654-1445		
A17. Mailing Address 7525 28th Avenue		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 N/A	A22. Title N/A	A23. Email N/A	A24. Phone N/A		
A25. Name N/A	A26. Title N/A	A27. Email N/A	A28. Phone N/A		
Filing Exemption <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>			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) City of Kenosha Alderman District 13		B2. Political Party N/A	B3. Election Date April 2, 2024		
Candidate Information					
B4. Name Curtis E. Wilson		B5. Email anncurtwilson@aol.com	B6. Phone 262-945-7248		
B7. Mailing Address 7525 28th Avenue		B8. City Kenosha	B9. State WI	B10. Zip 53143	
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 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. N/A					

SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall N/A	C2. Office of Official Subject to Recall N/A	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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**SECTION D: PAC, IEC, AND CONDUITS**

D1. Sponsoring Organization N/A	D2. Email N/A	D3. Phone N/A	
D4. Mailing Address N/A	D5. City N/A	D6. State N/A	D7. Zip N/A

**SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES**

E1. Political Party (Name candidates appear under on a ballot) N/A	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 N/A	E4. Street Address N/A	E5. City N/A	E6. State N/A	E7. Zip N/A

**SECTION F: REFERENDA COMMITTEES**

F1. Nature of Referendum (if applicable) N/A	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 M. Ann Wilson	G2. Signature <i>M. Ann Wilson</i>	G3. Date 9-11-23
Candidate (if applicable)		
G4. Printed Name Curtis E. Wilson	G5. Signature <i>Curtis E. Wilson</i>	G6. Date 9-11-23