

**CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
CF-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

Committee ID: 0106544

Name of the Candidate:	Party Affiliation:	Office Sought (Include Branch Number):	
Michels, Tim	Republican	Governor, Governor	
Residence Address (Number and Street):		Candidate Telephone Number (Residence):	
PO Box 26909		(414) 207-4464	
City, State and Zip:	Election Date:	Candidate Email:	
Milwaukee, WI 53226	11/08/2022	info@michelsforgovernor.com	
Committee Name:	Acronym:	Committee Type:	Committee Sub-Type:
Michels for Governor, Inc.		State Candidate	
Committee Address (Number and Street):	PO Box 26909, Milwaukee, WI 53226	Committee Email:	info@michelsforgovernor.c om
Phone:	(414) 207-4464		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Crate, Bradley	Phone:	(414) 207-4464
Address (Number and Street):	PO Box 26909		
City, State and Zip:	Milwaukee, WI 53226		
Email:	bcrate@redcurve.com		

DEPOSITORY INFORMATION

Name of Financial Institution:	National Exchange Bank & Trust	Pin:	*****
Address (Number and Street):	505 W. Main Street		
City, State and Zip:	Brownsville, WI 53006		

+++ 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.

Signature of Candidate or Treasurer

Date

CERTIFICATE

TREASURER

I, Crate, Bradley

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Michels, Tim

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: 04/22/2022