Office Use Only

APPLICATION FOR GRANT
FROM WISCONSIN ELECTION CAMPAIGN FUND

Name of Candidate	Street Address	City	Zip Code
Campaign Committee Name	Street Address	City	Zip Code
Office Sought (include district number)	Party Affiliation	Primary Date	Election Date

THE FOLLOWING STATEMENT MUST BE COMPLETED BY CANDIDATE:

I, _____ (print candidate's full name), state that my authorized agent(s) and I have complied with and will continue to comply with the self-contribution limits prescribed in s.11.26(10), Stats., and the expenditure limits prescribed in s.11.31, Stats., at all times to which such limits apply to my candidacy except as provided in s.11.50(2)(i), Stats. I request approval to participate in the Wisconsin Election Campaign Fund.

_____
Signature of Candidate

STATE OF WISCONSIN)
) ss.
COUNTY OF_____)

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public or Person Authorized to Administer Oaths

Notary Public ☐, or _____
(office title, if not a notary)

My Commission Expires _____, or is permanent. ☐

The information on this form is required by s.11.50(2)(a), Stats.
This form is prescribed by the GOVERNMENT ACCOUNTABILITY BOARD, P.O. Box 7984, Madison, WI 53707-7984
Phone: 608-266-8005