Office Use Only

APPLICATION FOR GRANT
FROM WISCONSIN DEMOCRACY TRUST FUND

Name of Candidate	Street Address	City	Zip Code
Campaign Committee Name	Street Address	City	Zip Code
Supreme Court Election Year		Primary Date	Election Date

THE FOLLOWING STATEMENT MUST BE EXECUTED BY CANDIDATE AND COMMMITTEE TREASURER

I, _____ (print candidate's full name), state that my authorized agent(s) and I have complied with and will continue to comply with all requirements of ss.11.502 to 11.522, Stats., throughout the applicable campaign period, including the primary and election campaigns periods. I further certify that all disclosures required as of the date of this application have been made by my campaign committee, and that my campaign committee has presented evidence of the requisite number of qualifying contributions received, pursuant to §11.51, Wis. Stats. I request approval to participate in the Wisconsin Democracy Trust Fund.

_____ Signature of Candidate

_____ Signature of Treasurer on behalf of Campaign Committee

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.11.502, Stats.
This form is prescribed by the GOVERNMENT ACCOUNTABILITY BOARD, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005
WI GAB website: http://cfis.wi.gov E-mail: gabcfis@wi.gov