

**WITHDRAWAL OF 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), withdraw my application for a grant from the Wisconsin Election Campaign Fund (WECF). I will no longer abide by the expenditure and self-contribution limits applicable to candidates receiving grant funds from the Wisconsin Election Campaign Fund set out in ss.11.26(10), 11.31, Stats.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Candidate

**See the reverse side of this form for instructions.**

The information on this form is required by s.11.50(2)(h), Stats.

This form is prescribed by the GOVERNMENT ACCOUNTABILITY BOARD, P.O. Box 7984, Madison, WI 53707-7984

Phone: 608-266-8005 FAX: 608-266-0500

Email: [gabcfis@wi.gov](mailto:gabcfis@wi.gov)

**INSTRUCTIONS FOR FILING WITHDRAWAL OF APPLICATION FOR GRANT  
FROM THE WISCONSIN ELECTION CAMPAIGN FUND**

**WHEN TO FILE:** The Withdrawal of Application for Grant from Wisconsin Election Campaign Fund must be filed **in the office** of the Government Accountability Board no later than the seventh (7th) day following the primary. All limitations that apply will be in effect until the withdrawal statement is received in this office. If filed by mail, the withdrawal statement must be received in the Government Accountability Board Office by the filing deadline. Postmark is not proof of filing.

**WHERE TO FILE:** The withdrawal statement must be filed at the:

Government Accountability Board  
212 E Washington Ave, 3<sup>rd</sup> Floor  
P.O. Box 7984  
Madison, WI 53707-7984

**INFORMATION  
REQUIRED:** Please complete each item and sign and date the form.  
**Notarization is not required.**