



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

RECEIVED
DEC 30 2021
CMJ

Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment? No Yes If yes, please enter your committee number: Committee Number

SECTION A: GENERAL INFORMATION				
A1. Candidate Committee/Committee/Conduit Name <i>Paul Boucher</i>		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 <i>cpublishker1@yahoo.com</i>	A4. Phone <i>920-265-2452</i>			
A5. Mailing Address <i>1120 Elizabeth Row 0 Lot</i>		A6. City <i>Green Bay</i>		A7. State <i>WI</i>
Depository Institution Information				
A9. Institution Name		A10. Street Address		A11. City
A12. State		A13. Zip <i>54302</i>		
Treasurer/Administrator Information				
A14. Name <i>Paul Boucher</i>		A15. Email		A16. Phone
A17. Mailing Address		A18. City		A19. State
A20. Zip				
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	A22. Title	A23. Email		A24. Phone
A25. Name	A26. Title	A27. Email		A28. Phone
Filing Exemption			A29. Exemption Affirmation	
<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>			<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) <i>Alder person District 6</i>		B2. Political Party <i>-</i>		B3. Election Date <i>04-05-22</i>
Candidate Information				
B4. Name <i>Paul Boucher</i>		B5. Email <i>cpublishker1@yahoo.com</i>		B6. Phone <i>920 265-2452</i>
B7. Mailing Address <i>1120 Elizabeth Row 0 Lot</i>		B8. City <i>Green Bay</i>		B9. State <i>WI</i>
B10. Zip <i>54302</i>				
Second Candidate Committee			B11. Is this your only registered candidate committee in Wisconsin?	
<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>			<input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input checked="" 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. <i>School Board</i>				

SECTION C: RECALL COMMITTEES		
C1. Name of Official Subject to Recall		C2. Office of Official Subject to Recall
		C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose



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SECTION D: PAC, IEC, AND CONDUITS				
D1. Sponsoring Organization		D2. Email		D3. Phone
D4. Mailing Address		D5. City		D6. State
				D7. Zip

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES				
E1. Political Party (Name candidates appear under on a ballot)			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	E4. Street Address	E5. City	E6. State	E7. Zip

SECTION F: REFERENDA COMMITTEES	
F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose

SECTION G: CERTIFICATION		
Accurate Information <i>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.</i>		
Timely Amendments <i>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.</i>		
Records Retention <i>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.</i>		
Ongoing Compliance <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>		
Treasurer/Administrator		
G1. Printed Name <i>Paul Boucher</i>	G2. Signature <i>Paul Boucher</i>	G3. Date <i>12-30-21</i>
Candidate (if applicable)		
G4. Printed Name <i>Paul Boucher</i>	G5. Signature <i>Paul Boucher</i>	G6. Date <i>12-30-21</i>