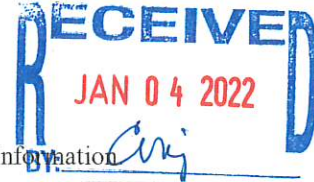




CAMPAIGN FINANCE REGISTRATION STATEMENT
STATE OF WISCONSIN



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 Tarl Knight for the City of Green Bay		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 tarlknightcitycouncil@gmail.com	A4. Phone (920) 562-5612		
A5. Mailing Address 405 W. Walnut Street	A6. City Green Bay	A7. State WI	A8. Zip 54303
Depository Institution Information			
A9. Institution Name Associated Bank	A10. Street Address 200 N. Adams St.	A11. City Green Bay	A12. State WI
Treasurer/Administrator Information			
A14. Name Tarl Knight	A15. Email tarlknightcitycouncil@gmail.com	A16. Phone (920) 562-5612	
A17. Mailing Address 335 N. Washington St., #424	A18. City Green Bay	A19. State WI	A20. Zip 54301
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 <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>		A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption	

SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch) Green Bay City Council, District 9	B2. Political Party	B3. Election Date
Candidate Information		
B4. Name Tarl Knight	B5. Email tarlknightcitycouncil@gmail.com	B6. Phone (920) 562-5612
B7. Mailing Address 335 N. Washington St., #424	B8. City Green Bay	B9. State WI
B10. Zip 54301		
Second Candidate Committee <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>		B11. Is this your only registered candidate committee in Wisconsin? <input checked="" type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input 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.		

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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CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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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
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SECTION G. CERTIFICATION

Accurate Information
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.

Timely Amendments
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.

Records Retention
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.

Ongoing Compliance
This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.

Treasurer/Administrator

G1. Printed Name Tarl Knight	G2. Signature 	G3. Date 1/4/22
G4. Printed Name Tarl Knight	G5. Signature 	G6. Date 1/4/22