



CAMPAIGN FINANCE REGISTRATION STATEMENT
STATE OF WISCONSIN

RECEIVED
JAN 05 2022
BY: *Chf*

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

Committee Number

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

SECTION A: GENERAL INFORMATION

| | | | |
|---|---|--|----------------------------|
| A1. Candidate Committee/Committee/Conduit Name MICHAEL SHEA FOR DISTRICT 2 | | 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 mike@michaelshea.us | A4. Phone 9202174572 | | |
| A5. Mailing Address 2751 Woodstock Ct | | A6. City Green Bay | A7. State WI |
| | | A8. Zip 54311 | |
| Depository Institution Information | | | |
| A9. Institution Name Nicolet National Bank | A10. Street Address 111 N. Washington Street | A11. City Green Bay | A12. State WI |
| | | A13. Zip 54301 | |
| Treasurer/Administrator Information | | | |
| A14. Name Diane Shea | | A15. Email diane@michaelshea.us | A16. Phone 920-217-4499 |
| A17. Mailing Address 2751 Woodstock Ct | | A18. City Green Bay | A19. State WI |
| | | A20. Zip 54311 | |
| 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 Alder District 2 | | B2. Political Party | B3. Election Date April 5, 2022 |
| Candidate Information | | | |
| B4. Name MICHAEL SHEA | | B5. Email MIKE@MICHAELSHEA.US | B6. Phone 920-217-4572 |
| B7. Mailing Address 2751 WOODSTOCK CT | | B8. City GREEN BAY | B9. State WI |
| | | B10. Zip 54311 | |
| 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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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 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 Diane M. Shea | G2. Signature | G3. Date 1/5/22 |
| Candidate (if applicable) | | |
| G4. Printed Name Michael J Shea Jr | G5. Signature | G6. Date 1/5/2022 |