CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN
CF-1

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

INDEPENDENT EXPENDITURE COMMITTEE INFORMATION

Committee ID: 1100136

Name of Committee/Corporation:	ACC WISCONSIN 2022 PAC	**Acronym (if any):**	
Address (Number and Street):		1747 PENNSYLVANIA AVENUE, NW, SUITE 250	
City, State and Zip:		WASHINGTON, DC 20006	
Email:		ACCWI2022@gmail.com	
Telephone Number:		(202) 662-4152	
Segregated Fund Name:			
Committee Type/Corporation:	Independent Expenditure Committee	**Committee SubType:**	

COMMITTEE TREASURER INFORMATION

Treasurer Name:	BROWN, MASON		
Address (Number and Street):	1747 PENNSYLVANIA AVENUE, NW, SUITE 250		
City, State and Zip:	WASHINGTON, DC 20006		
Email:	ACCWI2022@gmail.com	**Phone:**	(202) 662-4152

ADDITIONAL CONTACTS

Name	Address	Title	Email	Phone	Primary
GOEDE, STACI	1747 PENNSYLVANIA AVENUE, NW, SUITE 250, WASHINGTON, DC 20006	Assistant Treasurer	staci@crosbyott.com	(202) 662-4152	☐
TWIST, JP	1747 PENNSYLVANIA AVENUE, NW, SUITE 250, WASHINGTON, DC 20006	Chair Person	JPTWIST@RGA.ORG	(202) 662-4152	☐

DEPOSITORY INFORMATION

Name of Financial Institution:	CHAIN BRIDGE BANK, N.A.	**PIN:**	**********
Address (Number and Street):	1445A LAUGHLIN AVENUE		
City, State and Zip:	MCLEAN, VA 22101		

+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.0104, Stats. + + +

You may be eligible for an exemption from filing campaign finance reports. Consult the appropriate Campaign Finance Overview to determine if the registrant qualifies for exemption.

☐ This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than $2,000 in a calendar year.

☑ This registrant is no longer eligible to claim exemption.

CERTIFICATE

☑ I certify that EITHER the committee has the major purpose of express advocacy, OR the committee uses more than 50% of its total spending in a 12-month period on expenditures for express advocacy activities (as specified for each committee type in statutory definitions, §11.0101 - see instructions for details).

TREASURER

I, BROWN, MASON

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.0303, 11.0403, 11.0503, 11.0603, 11.0803, 11.0903, STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 8.30(2), 11.1400, 11.1401, STATS.

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