

CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN

ETHCF-1

FOR OFFICE USE ONLY

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

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

IS THIS AN AMENDMENT? Yes No

1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of Candidate <i>Nathan Judnic</i>	Party Affiliation	Office Sought (include district or branch number)
Residence Address (number and street) <i>7309 Southern Oak Place</i>	Primary Date	Candidate Telephone Number (residence) <i>608-669-4021</i>
City, State and Zip Code <i>Madison, WI 53719</i>	Election Date	Candidate Telephone Number (employment)
Campaign Committee Name (if any) Check One: <input checked="" type="checkbox"/> Candidate Committee <i>Friends of Nathan Judnic</i>		Candidate Email Address <i>njudnic@gphco.com</i>
Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code <i>Same</i>		Committee Email Address <i>Same</i>
Telephone Number (if different than above) <i>Same</i>	Committee PIN Number (four digits - REQUIRED for all committees registered with the G.A.B.)	

2. POLITICAL COMMITTEE INFORMATION

(For use Party Committees, Legislative Campaign Committees, PACs, Independent Expenditure Committees, Referendum Committees, Recall Committees)

Name of Committee	Committee PIN Number (four digits - REQUIRED for all committees registered with the G.A.B.)
Address - Number, Street, City, State and Zip Code	
Telephone Number	Committee Email Address
Sponsoring Organization - Name and Complete Address	
<p>Type of Committee:</p> <p>A. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</p> <p>B. <input type="checkbox"/> Legislative Campaign Committee – Attach Statement Required by s.11.0403(d), Stats.</p> <p>C. <input type="checkbox"/> Political Action Committee <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee</p> <p>D. <input type="checkbox"/> Independent Expenditure Committee <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee</p> <p>E. <input type="checkbox"/> Referendum Committee _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Name of Referendum</p> <p>F. <input type="checkbox"/> Recall Committee _____ <input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall Name of Official Subject to Recall</p> <p style="text-align: center;">- Attach Statement Required by s.9.10(2)(d)</p>	

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address.)

Treasurer's Name <i>no changes</i>	Telephone Number (residence)
Address (number and street)	Telephone Number (employment)
City, State and Zip Code	Treasurer Email Address

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

Attach additional listing if necessary. FOR INDEPENDENT AND LOCAL NONPARTISAN CANDIDATES ONLY: Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(*). See Wis. Stats. §8.35.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION
<i>no changes</i>				

5. DEPOSITORY INFORMATION

Name of Financial Institution <i>no changes</i>	
Address (number and street)	City, State and Zip Code

CERTIFICATION

MAJOR PURPOSE (For PACs, Independent Expenditure Committees, and Referendum Committees ONLY)

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 below for details).

TREASURER

I, _____ (print full name) certify the information in this statement is true, correct and complete.

Signature _____, Treasurer _____, Date _____

CANDIDATE (or recall petitioner)

I, Mathan Sudnic (print full name) certify the information in this statement is true, correct and complete.

Signature *Mathan Sudnic*, Candidate/Petitioner 1/14/16
Date _____

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS §11.0104 Wis. Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Overview for your type of committee to determine if your committee 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.

Mathan Sudnic Signature of Candidate or Treasurer Date 1/14/16

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2)(d), 11.0203, 11.0303, 11.0403, 11.0503, 11.0603, 11.0803, 11.0903, WIS. STATS. FAILURE TO PROVIDE REQUIRED INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§8.30(2), 11.1400, 11.1401, WIS. STATS.

Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

Spring Fall Special Pre-Primary _____ Continuing Report due Jan. 15, 2016
 Spring Fall Special Pre-Election _____ Continuing Report due July 15, _____
 Continuing Report due 4th Tues Sept., _____

Friends of Nathan Judnic

Name of Candidate or Committee (in full)

7309 Southern Oak Place, Madison, WI 53719

Address

608-669-4021

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate



Date

1/14/16

Email Address

nwjudnic@yahoo.com

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

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