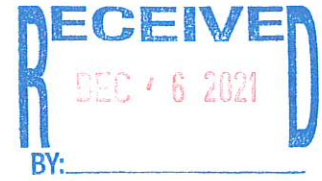




CAMPAIGN FINANCE REGISTRATION STATEMENT
STATE OF WISCONSIN



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 Friends of Barbara Dorff		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 ed.dorff@gmail.com	A4. Phone 920-615-3926				
A5. Mailing Address 3375 Pebble Beach Ct		A6. City Green Bay,		A7. State WI	A8. Zip 54311
Depository Institution Information					
A9. Institution Name Associated Bank		A10. Street Address 2262 University Ave		A11. City Green Bay	A12. State WI
				A13. Zip 54302	
Treasurer/Administrator Information					
A14. Name Edward Dorff		A15. Email ed.dorff@gmail.com		A16. Phone 920-615-3926	
A17. Mailing Address 3375 Pebble Beach 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 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) Green Bay City Council District One (1)		B2. Political Party N/A		B3. Election Date 04/05/2022	
Candidate Information					
B4. Name Barbara Dorff		B5. Email badorff1@gmail.com		B6. Phone 920-619-2367	
B7. Mailing Address 3375 Pebble Beach 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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CAMPAIGN FINANCE REGISTRATION STATEMENT
STATE OF WISCONSIN

RECEIVED
DEC 6 2021
BY: _____

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

SECTION D: PAC, IEC, AND CONDUITS				
D1. Sponsoring Organization N/A		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) N/A			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 Edward Dorff	G2. Signature 	G3. Date 11/24/21
Candidate (if applicable)		
G4. Printed Name Barbara Dorff	G5. Signature 	G6. Date 11/26/21