

**CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
EB-1**

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.

CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

GAB ID: 0104005

Name of the Candidate:	Party Affiliation:	Office Sought (Include Branch Number):	
Lee, Randy		Governor, Governor	
Residence Address (Number and Street):		Candidate Telephone Number (Residence):	
E6696 Cty W			
City, State and Zip:	Election Date:	Candidate Email:	
Ridgeland, WI 54763	11/02/2010		
Committee Name:	Acronym:	Committee Type:	Committee Sub-Type:
Lee for Governor	LEE	State Candidate	Personal Campaign Committee
Committee Address (Number and Street):	E6696 Cty W, Ridgeland, WI 54763	Committee Email:	
Phone:			

COMMITTEE TREASURER INFORMATION

Treasurer Name:		Phone:	
Address (Number and Street):	Missing Address		
City, State and Zip:	WI 00000		
Email:			

DEPOSITORY INFORMATION

Name of Financial Institution:		Account Number:	*****
Address (Number and Street):			
City, State and Zip:			

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual 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 \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer

Date

CERTIFICATE

TREASURER

I, _____

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Lee, Randy

certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature _____ Candidate _____

Date _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

Report Generated On: 09/02/2008