

**Office Use Only**

**AFFIDAVIT OF VOLUNTARY COMPLIANCE  
WITH  
SELF-CONTRIBUTION AND DISBURSEMENT LIMITS**

Name of Candidate	Street Address	City	Zip Code
Campaign Committee Name	Street Address	City	Zip Code
Office Sought (include district number)	Party Affiliation	Primary Date	Election Date

**THE FOLLOWING STATEMENT MUST BE COMPLETED BY CANDIDATE:**

I, \_\_\_\_\_ (print candidate's full name), state that my authorized agent(s) and I have adhered to and will continue to voluntarily adhere to self-contribution limits and disbursement limits set out in Sections 11.26(10), 11.31(2), Stats., during the entire campaign.

\_\_\_\_\_  
Signature of Candidate

STATE OF WISCONSIN )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )  
(county of notarization)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Person Authorized to Administer Oaths

Notary Public , or \_\_\_\_\_  
(office title, if not a notary)

My Commission Expires \_\_\_\_\_, or is permanent.

**THE INFORMATION ON THIS FORM IS REQUIRED BY s. 11.31(2m), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 11.60, 11.61, 11.66, WIS.**

**THIS FORM IS PRESCRIBED BY THE WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD, P.O. BOX 7984, MADISON, WI 53707-7984 Phone: (608)266-8005**