CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN

CF-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

Committee ID: 0106916

Name of the Candidate:	**Party Affiliation:**	**Office Sought (Include Branch Number):**	
Schoemann, Josh	Republican	Governor, Governor	
Residence Address (Number and Street):		**Candidate Telephone Number (Residence):**	
1070 Paradise Drive		(262) 208-5370	
City, State and Zip:	**Election Date:**	**Candidate Email:**	
West Bend, WI 53095	11/03/2026	info@joshschoemann.com	
Committee Name:	**Acronym:**	**Committee Type:**	**Committee Sub-Type:**
Josh Schoemann for Governor		State Candidate	
Committee Address (Number and Street):	PO Box 33, Germantown, WI 53022	**Committee Email:**	info@joshschoemann.com
Phone:	(262) 208-5370		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Merry, Carroll	**Phone:**	(262) 208-5370
Address (Number and Street):	PO Box 33		
City, State and Zip:	Germantown, WI 53022		
Email:	aspectrfai@gmail.com		

DEPOSITORY INFORMATION

Name of Financial Institution:	Associated Bank	**Pin:**	**********
Address (Number and Street):	433 Main Street		
City, State and Zip:	Green Bay, WI 54301		

+ + + 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.

Signature of Candidate or Treasurer _____ Date _____

CERTIFICATE

TREASURER

I, Merry, Carroll

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Schoemann, Josh

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), 11.0203, STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 8.30(2), 11.1400, 11.1401, STATS.

Report Generated On: 04/30/2025