



# Wisconsin Ethics Commission Complaint Form

### 1. Please provide the following information about yourself (Complainant):

Complainant name <b>Wyatt Molling</b>			
Street address <b>2016 Prospect St</b>	City <b>La Crosse</b>	State <b>WI</b>	Zip code <b>54603</b>
Email address <b>chair@laxdems.com</b>	Phone number <b>608-286-2036</b>		

### 2. Please provide the following information for the person you allege violated the law (Respondent):

Respondent name La Crosse County Republican Party			
Street address	City La Crosse	State WI	Zip code 54602
Email address marvvanevery@icloud.com	Phone number 6083850896		

### 3. Please state the applicable section(s) of law in Chapter 11, subchapter III of Chapter 13, or subchapter III of Chapter 19, if known:

11.208
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### 4. State of Wisconsin Before the Ethics Commission

I, Wyatt Molling \_\_\_\_\_, allege that:

La Crosse County Republican Party illegally transferred \$500 to seven different candidates for La Crosse County Board. The transfer was not to the candidates political action committee, but to the individual candidates themselves for the expressed purpose of use on their county board campaign. This is a violation of chapter 11.208. Furthermore, the \$500 transaction to Bob Haines was made on Dec. 17th. However, Mr. Haines did not register a candidate committee with the County Clerk until Dec. 22nd. The disbursement of \$500 from the La Crosse County Republican Party to Mr. Haines was made to Mr. Haines as an individual not his candidate committee which did not exist yet.

According to campaign finance reports made by the La Crosse County Republican Party they disbursed money to following individuals who are also candidates for the La Crosse County Board. Again these payments were made out the individual themselves, not their candidate committee.

1-07-2026 Josh Dirks \$500  
1-07-2026 Kevin Decker \$500  
12-19-2026 Jeff Fimreite \$500  
12-17-2026 Jack Pogreba \$500  
12-17-2026 Robert Haines \$500  
12-17-2025 Chris Muller \$500  
12-16-2025 Ken Johnson \$500

I am filing this report on behalf of the La Crosse County Democratic Party.

Please see additional pages attached. (No more than 10 pages total.)

12-16-2025	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	Jen Johnson Individual 1252 selder in la crosse, WI 54601	\$500.00	Monetary	Other - Further Details listed in Comment	-	Campaign for county board
12-17-2025	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	chris.muller Individual 315 corlland st Onalaska, WI 54650	\$500.00	Monetary	Other - Further Details listed in Comment	-	Campaign for county board
12-17-2025	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	robert.haines Individual 1617 nakomis LaCrosse, WI 54603	\$500.00	Monetary	Other - Further Details listed in Comment	-	Campaign for county board
01-07-2026	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	Josh Dirks Individual 3482 Emerald Valley Drive Onalaska, Wisconsin 54650, United States	\$500.00	Monetary	Other - Further Details listed in Comment	-	County board campaign
01-07-2026	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	Kevin Decker Individual 1047 Kristy Lane Onalaska, Wisconsin 54650, United States	\$500.00	Monetary	Other - Further Details listed in Comment	-	County board campaign
12-19-2025	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	Jeff Firmeite Individual 8143 County Road ZB Onalaska, Wisconsin 54650, United States	\$500.00	Monetary	Other - Further Details listed in Comment	-	Campaign for county board
12-17-2025	Disbursement	La Crosse County Republican Party Registrant PO. Box 772 La Crosse, WI 546020772	Jack Progreba Individual 811 13th Avenue South Onalaska, Wisconsin 54650, United States	\$500.00	Monetary	Other - Further Details listed in Comment	-	Campaign for county board.

DEC 22 2025

RECEIVED



CAMPAIGN FINANCE REGISTRATION STATEMENT —  
 LOCAL CANDIDATE COMMITTEE  
 STATE OF WISCONSIN

**\*CAUTION:** A personal telephone number that is identified as a confidential telephone number on page 3 of this form should not be entered on page 1 of this form. Do not enter any personal telephone numbers of the candidate, the candidate committee treasurer, and any other custodian of books and accounts on page 1 of this form.

I. Is this an Amendment?  No  Yes

**SECTION A. GENERAL INFORMATION**

A1. Committee Name (Required for all Candidates - must be included in disclaimer on all communications) <b>HAINES HELPERS</b>				
A2. Committee Email <b>HAINESR3@GMAIL.COM</b>		A3. Committee Phone (Do not enter a confidential phone number)		
A4. Mailing Address <b>1617 NAKOMIS AVE</b>		A5. City <b>LACROSSE</b>	A6. State <b>WI</b>	A7. Zip <b>54603</b>
Depository Institution Information				
A8. Institution Name <b>ALFA FEDERAL C.U.</b>	A9. Street Address <b>1700 OAK FOREST DR.</b>	A10. City <b>ONALASKA</b>	A11. State <b>WI</b>	A12. Zip <b>54650</b>
Treasurer/Administrator Information				
A13. Name <b>ROBERT HAINES</b>		A14. Treasurer Email <b>HAINESR3@GMAIL.COM</b>	A15. Treasurer Phone (* See Caution)	
A16. Mailing Address <b>1617 NAKOMIS AVE</b>		A17. City <b>LACROSSE</b>	A18. State <b>WI</b>	A19. Zip <b>54603</b>

Other Officers (Optional)				
A20. Name	A21. Title	A22. Email	A23. Phone (* See Caution above)	
A24. Name	A25. Title	A26. Email	A27. Phone (* See Caution above)	

Filing Exemption <i>Registrants which do not anticipate accepting or seeking contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,000 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,000 aggregate activity threshold, exceeds its registration, or is so ordered.</i>	A28. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption. <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption.
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**SECTION B. CANDIDATE INFORMATION**

B1. Office sought (include District/Branch) <b>LACROSSE COUNTY BOARD DISTRICT #1</b>		B2. Political Party <b>NA</b>	B3. Election Date <b>4-7-26</b>	
Candidate Information				
B4. Name <b>ROBERT HAINES</b>		B5. Candidate Email <b>HAINESR3@GMAIL.COM</b>	B6. Candidate Phone (* See Caution)	
B7. Mailing Address <b>1617 NAKOMIS AVE</b>		B8. City <b>LACROSSE</b>	B9. State <b>WI</b>	B10. Zip <b>54603</b>
B11. Other 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: CERTIFICATION		
<b>Accurate Information</b>		
<input checked="" type="checkbox"/> I certify that I am an authorized representative of the candidate committee and that to my knowledge all of the information contained within this registration is true, correct, and complete.		
<b>Timely Amendments</b>		
<input checked="" type="checkbox"/> I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.		
<b>Records Retention</b>		
<input checked="" type="checkbox"/> I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the next recent contribution limit period (June 30 following the April election, December 31 following the November election).		
<b>Continuing Compliance</b>		
<input checked="" type="checkbox"/> I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from my liability simply because the election date has passed.		
<b>Treasurer</b>		
CL Printed Name	CL Signature	CL Date
ROBERT HAINES		12-19-25
<b>Candidate</b>		
CL Printed Name	CL Signature	CL Date
ROBERT HAINES		12-19-25

### Form Instructions

Candidates must complete all sections A, B, and C.

**Item 1. Is this an amendment?** Have you registered with this local clerk to run for office in a prior election?

**Item A1: Committee Name.** All candidates are required to register a committee. It is not required that the name include the candidate's name, but it is recommended. This committee name is required to be part of the disclaimer on all communications with express advocacy: "Paid for by ..."

**A28: Exemption.** Candidates claiming exemption may not have more than \$2,500 of activity, in the aggregate per year. In a calendar year, if you raise \$1,600 and spend \$1,000 you have \$2,600 of aggregate activity and are not eligible to claim exemption.

**Depository Institution Information.** All candidates must designate a depository institution. While it is recommended that all candidates have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account while claiming a filing exemption and may intermingle personal and campaign funds (Wis. STAT. § 11.0201(2)(b)).

**Treasurer Information.** Each committee must appoint a treasurer. Any adult may serve as a treasurer. A candidate may serve as his or her own treasurer. If you are serving as your own treasurer, please write "Self" or "Candidate". A candidate serving as their own treasurer does not need to provide their name, address and contact information here because that information will already be provided in section B. Do not leave this section blank.

### **Section B: Candidate Information**

**B1.** Be sure to include the name of the county, municipality, or school district. There are 72 counties with county supervisors, 100's of school boards, and 1000's of municipal boards.

**B2.** Party - "N/A" or "None" for nonpartisan offices (April). Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan (fall) primary/election.

**Section C: Certification.** All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.



# Wisconsin Ethics Commission Complaint Form

## Notarial Certificate

I, Wyatt Morling, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Date: 03-09-2026

[Signature]  
Complainant's Signature

State of Wisconsin  
County of La Crosse,  
(county of notarization)

Signed and sworn to (or affirmed) before me on March 9th, 2026  
by Wyatt Nicholas Morling (name of individual making statement).

[Signature]  
(Signature of person authorized to administer oaths)  
Notary Public or \_\_\_\_\_  
(official title if not notary)



My commission expires 02/17/2028 or is permanent.

### Instructions

- Section 1 - Please provide your full name and address. Anonymous complaints are NOT accepted.
- Section 2 - Please provide the full name and address of the person against whom the complaint is filed. If multiple persons are alleged to have committed a violation, file a separate complaint for each person.
- Section 3 - Please state the applicable section of law that has been violated. Complaints that fail to allege a violation of Chapter 11, subchapter III of Chapter 13, or subchapter III of Chapter 19 cannot be considered.
- Section 4:
  - Please insert your name.
  - Include a concise statement of the facts supporting each alleged violation.
  - Indicate whether an allegation is based on first-hand personal knowledge or information and belief.
    - For allegations based on information and belief, please identify the source of the information.
  - If citing legal authority, please include a public domain citation, if available. Citations shall also include a page or paragraph number, as appropriate.
  - Please attach additional pages or documentation, if necessary.
    - No more than 10 total pages will be accepted without prior approval.
- Notarial Certificate - Please take the completed complaint to a notary public. The notary will place you under oath before asking you to sign the complaint.
- If an attorney or other authorized person is filing this complaint on behalf of the complainant, please include a notice of representation that includes the name and address of the attorney or authorized person.

### Please send this completed form to:

Email: ethics.complaints@wi.gov	Fax: (608) 264-9319	Mail: Wisconsin Ethics Commission P.O. Box 7125 Madison, WI 53707-7125	In-Person Delivery: Wisconsin Ethics Commission 101 E. Wilson St., Suite 127 Madison, WI 53703
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