



# Wisconsin Ethics Commission Complaint Form

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

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

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

Respondent name Robert Haines			
Street address 1617 Nakomis Ave.	City La Crosse	State WI	Zip code 54603
Email address HAINESR3@GMAIL.COM	Phone number		

**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, 11.0202 (2) (a) 11.0204
---------------------------------

**4. State of Wisconsin  
Before the Ethics Commission**

I, Wyatt Molling, allege that:

According to campaign finance reports filed by the La Crosse County Republican Party the County Party made a disbursement of \$500 on Dec. 17th to Robert Haines who is a candidate for La Crosse County Board District 1. This disbursement was made to Mr. Haines as an individual not his campaign committee. The comments on the filing note that his was made for the purpose of his county board campaigning.

There are three issues with this transaction.

1. Mr Haines cannot accept money as an individual for the purpose of his campaign. This is a violation of state statute 11.208.
2. Mr. Haines did not file a campaign registration statement with the La Crosse County Clerk until December 22nd meaning he did not have a candidate committee that was capable of accepting contributions until that time. This is a violation of statute 11.0202 (2) (a).
3. Mr. Haines did not claim exemption on his campaign registration statement. Because he accepted money from the La Crosse County Republican Party on December 17th and filed his campaign registration statement on Dec. 22nd he should have filed a January continuing report by January 15th with the La Crosse County Clerk. He failed to do so despite having campaign account activity. This is a violation of statute 11.0204.

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

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

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.

1. Is this an Amendment?  No  Yes

SECTION A. GENERAL INFORMATION				
A1. Committee Name (Required for all Candidates - must be included in disclosure on all communications)				
HAINES HELPERS				
A2. Committee Email		A3. Committee Phone (Do not enter a confidential phone number)		
HAINESR3@GMAIL.COM				
A4. Mailing Address		A5. City	A6. State	A7. Zip
1617 NAKOMIS AVE		LACROSSE	WI	54603
Depository Institution Information				
A8. Institution Name	A9. Street Address	A10. City	A11. State	A12. Zip
ALFA FEDERAL C.U.	1700 OAK FOREST DR.	ONALASKA	WI	54650
Treasurer/Administrator Information				
A13. Name		A14. Treasurer Email	A15. Treasurer Phone (* See Caution )	
ROBERT HAINES		HAINESR3@GMAIL.COM		
A16. Mailing Address		A17. City	A18. State	A19. Zip
1617 NAKOMIS AVE		LACROSSE	WI	54603
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		A28. Exemption Affirmation		
<p>Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, exceeds its registration, or is so ordered.</p>		<input type="checkbox"/> Yes, this registrant is eligible for exemption. <input checked="" type="checkbox"/> No, this registrant is not eligible for exemption.		
SECTION B. CANDIDATE INFORMATION				
B1. Office Sought (include District/Branch)		B2. Political Party	B3. Election Date	
LACROSSE COUNTY BOARD DISTRICT #1		NA	4-7-26	
Candidate Information				
B4. Name		B5. Candidate Email	B6. Candidate Phone (* See Caution )	
ROBERT HAINES		HAINESR3@GMAIL.COM		
B7. Mailing Address		B8. City	B9. State	B10. Zip
1617 NAKOMIS AVE		LACROSSE	WI	54603
Second Candidate Committee		B11. Is this your only registered candidate committee in Wisconsin?		
<p>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</p>		<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 most recent contribution limit period (June 30 following the April election, December 31 following the November election).					
<b>Ongoing 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 relieved from any liability simply because the election date has passed.					
<b>Treasurer</b>					
<table border="1"> <tr> <td> <b>CL Printed Name</b>            ROBERT HAINES         </td> <td> <b>CL Signature</b>   </td> <td> <b>CL Date</b>            12-19-25         </td> </tr> </table>	<b>CL Printed Name</b> ROBERT HAINES	<b>CL Signature</b> 	<b>CL Date</b> 12-19-25		
<b>CL Printed Name</b> ROBERT HAINES	<b>CL Signature</b> 	<b>CL Date</b> 12-19-25			
<b>Candidate</b>					
<table border="1"> <tr> <td> <b>CL Printed Name</b>            ROBERT HAINES         </td> <td> <b>CL Signature</b>   </td> <td> <b>CL Date</b>            12-19-25         </td> </tr> </table>	<b>CL Printed Name</b> ROBERT HAINES	<b>CL Signature</b> 	<b>CL Date</b> 12-19-25		
<b>CL Printed Name</b> ROBERT HAINES	<b>CL Signature</b> 	<b>CL Date</b> 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 Molling, 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 Molling \_\_\_\_\_ (name of individual making statement).

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



My commission expires 06/17/2028 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
------------------------------------	------------------------	---	---