CAMPAIGN REGISTRATION STATEMENT STATE OF WISCONSIN GAB-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.

 \square No

IS THIS AN AMENDMENT? Yes 1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of Candidate	Party Affiliation	Office Sought (include district or branch number)	
Residence Address (number and street)	Primary Date	Candidate Telephone Number (residence)	
City, State and Zip Code	Election Date	Candidate Telephone Number (employment)	
Campaign Committee Name (if any) Check One: Personal Campaign Committee Support Committee Candidate Email Address			
Campaign Committee Address (if different than above) - Number,	Committee Email Address		
Telephone Number (if different than above)			

2. POLITICAL COMMITTEE INFORMATION

(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee		
Address - Number, Street, City, State and Zip Code		
Telephone Number	Committee Email Address	
Sponsoring Organization - Name and Complete Address		
Acronym (if any)		
Type of Committee:		
A. Special Interest Committee (PAC)		
Resident Committee Nonresident Committee		
Incorporated Labor Organization - Attach Information Required by s.11.05(3)(n), Stats.		
B. D Political Party Committee		
□ National □ State □ County □ Other		
C. D Legislative Campaign Committee – Attach Statement Required by s.11.05(3)(o), Stats.		
D. D Political Group (Referendum) D Support	Oppose	
Name of Referendum		
E. Recall Committee Support Recall	Oppose Recall	
Name of Officer Subject to Recall		
- Attach Statement Required by s.9.10(2)(d)		
F. D Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6		
G. D Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6		

GAB-1 (Rev. 12/2009)	THIS FORM IS PRESCRIBED BY:	WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
		212 East Washington Avenue, 3rd Floor, P.O. Box 7984, Madison, WI 53707-7984
		608-266-8005 http://gab.wi.gov Email: gab@wi.gov

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address.)

Treasurer's Name	Telephone Number (residence)	
Address (number and street)	Telephone Number (employment)	
City, State and Zip Code		Treasurer Email Address

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(*). This provision only applies to independent and local nonpartisan candidates. s.8.35, Stats.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION

5. DEPOSITORY INFORMATION

Name of Financial Institution	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.)
Address (number and street)	City, State and Zip Code

CERTIFICATION

TREASURER

I,	(print full name) certify the information in this statement is true, correct and complete.
Signature	, Treasurer Date
CANDIDATE	
I,	(print full name) 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
You may be eligible for an exe Bookkeeping Manual to detern This registrant is eligible f an aggregate amount of more t from a single source during the year.	ON FROM FILING CAMPAIGN FINANCE REPORTS §11.05(2r), Wis. Stats. + + + emption from filing campaign finance reports. Consult the Campaign Finance Instruction and nine if the registrant qualifies for exemption. for exemption. This registrant will not accept contributions, make disbursements or incur obligations in than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 e calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar er eligible to claim exemption.
Signature o	f Candidate or Treasurer Date

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