

FAXED

RECEIVED CAMPAIGN REGISTRATION STATEMENT

11 FEB 25 PM 4:18

STATE OF WISCONSIN

GAB-1

FOR OFFICE USE ONLY

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.

IS THIS AN AMENDMENT? Yes No

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: <input type="checkbox"/> Personal Campaign Committee <input type="checkbox"/> Support Committee	Candidate Email Address	
Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code	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 Committee to Recall Mark Miller	
Address - Number, Street, City, State and Zip Code 639 Eaglewatch Drive, DeForest, WI 53532	
Telephone Number 608-846-1932	Committee Email Address RecallMiller@gmail.com
Sponsoring Organization - Name and Complete Address	
Acronym (if any)	
Type of Committee:	
A. <input checked="" type="checkbox"/> Special Interest Committee (PAC) <input checked="" type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization - Attach Information Required by s.11.05(3)(n), Stats.	
B. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	
C. <input type="checkbox"/> Legislative Campaign Committee - Attach Statement Required by s.11.05(3)(o), Stats.	
D. <input type="checkbox"/> Political Group (Referendum) _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Name of Referendum	
E. <input checked="" type="checkbox"/> Recall Committee <u>Mark Miller</u> <input checked="" type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall Name of Office: Subject to Recall	
- Attach Statement Required by s.9.10(2)(d)	
F. <input type="checkbox"/> Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6	
G. <input type="checkbox"/> Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6	

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

Treasurer's Name Jeffrey D Horn		Telephone Number (residence) 608-347-9577	
Address (number and street) 639 Eaglewatch Drive		Telephone Number (employment) 608-846-1932	
City, State and Zip Code De Forest, WI 53532			Treasurer Email Address RecallMiller@gmail.com

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 DMB Community Bank	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) [REDACTED]
Address (number and street) P.O. Box 419	City, State and Zip Code De Forest, WI 53532

CERTIFICATION

TREASURER

I, Jeffrey D Horn (print full name) certify the information in this statement is true, correct and complete.

Signature [Signature], Treasurer 2/25/2011
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 _____

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS §11.05(2r), Wis. Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual 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 \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year, except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

This registrant is no longer eligible to claim exemption.

Signature [Signature], Date 2/25/2011
Signature of Candidate or Treasurer

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.

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GOVERNMENT
ACCOUNTABILITY BOARD

STATE OF WISCONSIN

(Name of County)

(Name of Municipality)

STATEMENT OF INTENT TO CIRCULATE RECALL PETITION

THE UNDERSIGNED RECALL PETITIONER, JEFFREY D. HORN
(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO S.9.10 OF THE WISCONSIN
STATUTES, A PETITION TO RECALL,

MARK MILLER, WISCONSIN STATE SENATOR, WI-16
(Indicate the name of, and office held by, the official being recalled).

SENATOR MILLER HAS A RESPONSIBILITY TO
REPRESENT HIS CONSTITUENTS WITHIN THE
PHYSICAL BOUNDARIES OF THE STATE OF
WISCONSIN. INSTEAD, HE HAS ABANDONED THE
FLOOR OF THE WISCONSIN STATE SENATE AND
FLED TO THE NEIGHBORING STATE OF ILLINOIS
FOR THE EXPRESS PURPOSE OF OBSTRUCTING
THE PEOPLE'S BUSINESS. AS A RESULT OF
THIS DERELICTION OF DUTY, HIS VOICE AS A
REPRESENTATIVE OF THE PEOPLE OF WISCONSIN'S
16TH SENATE DISTRICT SHOULD BE FORFEIT.

(This statement should be appended to the Campaign Registration Statement (GAB-1) filed with the filing officer.)

Dated this 25th day of FEBRUARY, 2011

(Notary Not Required)


(Signature of Petitioner)