CAMPAIGN REGISTRATION STATEMENT
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: ☐ Personal Campaign Committee ☐ 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 Darling

Address - Number, Street, City, State and Zip Code
PO Box 1748, Madison, WI 53701-1748

Telephone Number 608.886.8439	Committee Email Address recallalbertadarling@gmail.com

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. ☐ Political Party Committee
- ☐ National ☐ State ☐ County ☐ Other _____

C. ☐ Legislative Campaign Committee – Attach Statement Required by s.11.05(3)(o), Stats.

D. ☐ Political Group (Referendum) _____ ☐ Support ☐ Oppose
Name of Referendum

E. ■ Recall Committee Alberta Darling - State Senator District 08 ■ Support Recall ☐ Oppose Recall
Name of Officer Subject to Recall
- Attach Statement Required by s.9.10(2)(d)

F. ☐ Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6

G. ☐ Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6

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

Treasurer's Name	Telephone Number (residence)
Peter Larson	608.886.8439
Address (number and street)	Telephone Number (employment)
PO Box 1748	
City, State and Zip Code	Treasurer Email Address
Madison, WI 53701-1748	

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.)
M&I Marshall & Ilsley Bank	[redacted]
Address (number and street)	City, State and Zip Code
770 N Water Street	Milwaukee, WI 53202

CERTIFICATION

TREASURER

I, Peter Larson (print full name) certify the information in this statement is true, correct and complete.

Signature _____, Treasurer 28 February 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.

_____ 28 February 2011
Signature of 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.

STATE OF WISCONSIN **MILWAUKEE** **VILLAGE OF SHOREWOOD**

(Name of County) (Name of Municipality)

STATEMENT OF INTENT TO CIRCULATE RECALL PETITION

THE UNDERSIGNED RECALL PETITIONER **NAOMI COBB**
(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO S.9.1 0 OF THE WISCONSIN STATUTUES, A PETITION TO RECALL,

ALBERTA DARLING, STATE SENATOR DISTRICT 08

(Indicate the name of and office held by, the official being recalled).

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

Dated this 2 day of MARCH, 2011 Naomi Cobb
(Signature of Petitioner)

(Notary Not Required)