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ACCOUNTABILITY BOARD

# TAXED

## 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: <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 <b>Committee to Recall Grothman</b>	
Address - Number, Street, City, State and Zip Code <b>PO Box 1748, Madison, WI 53701-1748</b>	
Telephone Number <b>608.886.8439</b>	Committee Email Address <b>recall@glenngrothman@gmail.com</b>
Sponsoring Organization - Name and Complete Address	
Agreement (if any)	
Type of Committee: A. <input type="checkbox"/> Special Interest Committee (FAC) <input 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 <b>Glenn Grothman - State Senator District 20</b> <input checked="" type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall Name of Officer 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	

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

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

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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 <b>M&amp;I Marshall &amp; Ilsley Bank</b>	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) <b>770 N Water Street</b>	City, State and Zip Code <b>Milwaukee, WI 53202</b>

CERTIFICATION

TREASURER

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

Signature [Signature] Treasurer Date 20 February 2011

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 of Candidate or Treasurer [Signature] Date 20 February 2011

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.



**COVER SHEET**

**4 pages including the cover sheet**

**From 262-365-0383 to 608-267-0500**

**ATTN: David Buerger**

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