

**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 Committee to Recall Harsdorf	
Address - Number, Street, City, State and Zip Code PO Box 1748, Madison, WI 53701-1748	
Telephone Number 608.886.8439	Committee Email Address recallsheilaharsdorf@gmail.com
Sponsoring Organization - Name and Complete Address	
Acronym (if any)	
<p>Type of Committee:</p> <p>A. <input type="checkbox"/> Special Interest Committee (PAC) <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.</p> <p>B. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</p> <p>C. <input type="checkbox"/> Legislative Campaign Committee - Attach Statement Required by s.11.05(3)(o), Stats.</p> <p>D. <input type="checkbox"/> Political Group (Referendum) _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Name of Referendum _____</p> <p>E. <input checked="" type="checkbox"/> Recall Committee <u>Sheila Harsdorf - State Senator District 10</u> <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)</p> <p>F. <input type="checkbox"/> Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6</p> <p>G. <input type="checkbox"/> Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6</p>	

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

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

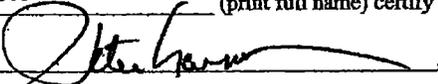
5. DEPOSITORY INFORMATION

Name of Financial Institution M&I Marshall & Ilsley 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) 770 N Water Street	City, State and Zip Code Milwaukee, WI 53202

CERTIFICATION

TREASURER

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

Signature , Treasurer Date 28 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.

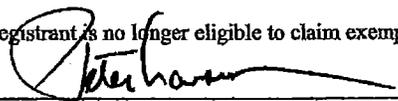
Signature _____, Candidate Date _____

+++ 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 , Date 28 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.

STATE OF WISCONSIN

ST. CROIX

CITY OF HUDSON

(Name of County)

(Name of Municipality)

STATEMENT OF INTENT TO CIRCULATE RECALL PETITION

THE UNDERSIGNED RECALL PETITIONER

ROY SJOBERG

(Print Name)

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

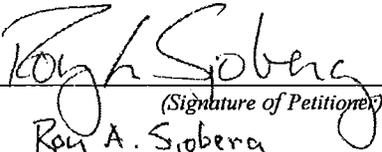
SHEILA HARSDORF, STATE SENATOR DISTRICT 10

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

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

Dated this 7th day of MARCH, 2011

(Notary Not Required)


(Signature of Petitioner)
Roy A. Sjoberg
1108 Vine St.
Hudson, WI 54016