

WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
NATHANIEL E. ROBINSON, ELECTIONS DIVISION ADMINISTRATOR
212 EAST WASHINGTON AVENUE, 3RD FLOOR
P.O. BOX 7984
MADISON, WI 53707-7984
(608) 261-2028

Recall Committee ID # _____

(Recall Committee Name)

(address 1)

(address 2)

_____, _____, _____
(city) (state) (zip)

This information pertains to the petition to recall:

(name of officeholder)

(district)

Campaign Registration Statement (GAB-1) Filing Date: _____

Statement of Intent Filing Date: _____

Petition Filing Date: _____ Delivered By: _____

Approx. Number of Pages: _____ Approx. Number of Signatures: _____

Sufficiency Determined by: _____

Number of Signatures Required: _____ Number of Valid Signatures: _____

This is the number of valid signatures determined by the Government Accountability Board staff.

Signature: _____ Date: _____