SPECIAL INTEREST COMMITTEE REGISTRATION STATEMENT

STATE OF WISCONSIN
GAB-1

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

ORIGINAL
Awaiting Signed Copy

POLITICAL COMMITTEE INFORMATION

(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee/Corporation:	American Recall Coalition	**Acronym (if any):**	ARC
Address (Number and Street):		PO Box 25444	
City, State and Zip:		Salt Lake City, UT 84125	
Email:		americanrecall.dan@gmail.com	
Telephone Number:		(801) 865-3842	
Sponsoring Organization Name:		Americans Against Immigration Amnesty, LLC	
Address:			
Committee Type/Corporation:	Recall	**Committee SubType:**	

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Baltes, Dan		
Address (Number and Street):	PO Box 25444		
City, State and Zip:	Salt Lake City, UT 84125		
Email:	americanrecall.dan@gmail.com	**Phone:**	(801) 865-3842

RECALL

Office	District	BranchSeat	Support	Oppose
State Senate	State Senate, District No. 04	State Senate, District No. 04	☑	☐
State Senate	State Senate, District No. 06	State Senate, District No. 06	☑	☐
State Senate	State Senate, District No. 22	State Senate, District No. 22	☑	☐
State Senate	State Senate, District No. 24	State Senate, District No. 24	☑	☐
State Senate	State Senate, District No. 26	State Senate, District No. 26	☑	☐

DEPOSITORY INFORMATION

Name of Financial Institution:	Chase Bank	**Account Number:**	**********
Address (Number and Street):	1295 S Redwood Road		
City, State and Zip:	Salt Lake City, UT 84104		

+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), 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.

Awaiting Signed Copy

CERTIFICATE

TREASURER

I, Baltes, Dan

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, American Recall Coalition

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 _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

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