CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
GAB-1

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

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th>Party Affiliation</th>
<th>Office Sought (include district or branch number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residence Address (number and street)</td>
<td>Primary Date</td>
<td>Candidate Telephone Number (residence)</td>
</tr>
<tr>
<td>City, State and Zip Code</td>
<td>Election Date</td>
<td>Candidate Telephone Number (employment)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Campaign Committee Name (if any)</th>
<th>Check One:  ☐ Personal Campaign Committee  ☐ Support Committee</th>
<th>Candidate Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code</td>
<td></td>
<td>Committee Email Address</td>
</tr>
<tr>
<td>Telephone Number (if different than above)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. POLITICAL COMMITTEE INFORMATION
(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee
Jim Holperin Recall Committee
Address - Number, Street, City, State and Zip Code
P.O. Box 961 Eagle River WI 54521

TelephoneNumber
715-479-8784

Committee Email Address
bk95@verizon.net

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)(c), Stats.
D. ☐ Political Group (Referendum)  ☐ Support  ☐ Oppose
   - Name of Referendum
E. ☑ Recall Committee Senator Jim Holperin  ☑ Support Recall  ☐ Oppose 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

GAB-1 (Rev. 12/2009)  THIS FORM IS PRESCRIBED BY: WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
212 East Washington Avenue, 3rd Floor, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005  http://gab.wi.gov  Email: gab@wi.gov
3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address.)

<table>
<thead>
<tr>
<th>Treasurer’s Name</th>
<th>Telephone Number (residence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Goeddaeus</td>
<td>715-479-8244</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (number and street)</th>
<th>Telephone Number (employment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3751 Probst Rd.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State and Zip Code</th>
<th>Treasurer Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conover, WI, 54519</td>
<td><a href="mailto:dgoeddaeus@gmail.com">dgoeddaeus@gmail.com</a></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>Email Address</th>
<th>Phone #</th>
<th>POSITION</th>
</tr>
</thead>
</table>

5. DEPOSITORY INFORMATION

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>River Valley State Bank</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (number and street)</th>
<th>City, State and Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>141 S. Willow St.</td>
<td>Eagle River, WI, 54521</td>
</tr>
</tbody>
</table>

CERTIFICATION

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

Signature: Donna Goeddaeus, Treasurer 2-22-2011

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 2-22-2011

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2)(d), 11.05, 11.06(7), WIS. STATS. FAILURE TO PROVIDE
The undersigned recall petitioner, [Name], of [City], [County], [State], presents, for the following reason or reasons related to the official responsible for the position of [Position], a petition to recall the undersigned recall petitioner.

State, pursuant to recall petition 5.10 of the Wisconsin Constitution of 1986, the undersigned recall petitioner, [Name], of [City], [County], [State], presents, for the following reason or reasons related to the official responsible for the position of [Position], a petition to recall the undersigned recall petitioner.

Signature of Candidate: [Signature]

Petitioner: [Name]

Date: [Date]
From: GAB HelpDesk
Sent: Wednesday, February 23, 2011 8:26 AM
To: Bohringer, Richard - GAB
Subject: FW: Emailing: Recall 003, Recall 004, Recall 005
Importance: High
Attachments: Recall 003.jpg; Recall 004.jpg; Recall 005.jpg

Sent to Tracy and noticed she is out today.

Thank you,
John Hoeth
Government Accountability Board
Elections Division
Helpdesk Support
Phone: 608-264-6766
Email: john.hoeth@wisconsin.gov
Helpdesk Email: GABhelpdesk@wi.gov

-----Original Message-----
From: STAROCK Diversity [mailto:ibibmnutz2@charter.net]
Sent: Tuesday, February 22, 2011 4:04 PM
To: GAB HelpDesk
Subject: Emailing: Recall 003, Recall 004, Recall 005
Importance: High

The message is ready to be sent with the following file or link attachments:

Recall 003
Recall 004
Recall 005

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.