## 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>

- **Campaign Committee Name (if any)**: [Check One: ☐ Personal Campaign Committee ☐ Support Committee]
- **Campaign Committee Address (if different than above)**: Number, Street, City, State and Zip Code
- **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 Olsen
- **Address - Number, Street, City, State and Zip Code**: PO Box 1748, Madison, WI 53701-1748
- **Telephone Number**: 608.886.8439
- **Committee Email Address**: recalllutherolsen@gmail.com

- **Sponsoring Organization - Name and Complete Address**:

- **Anonym (if any)**:

- **Type of Committee**:
  - A. ☐ Special Interest Committee (PAC)
    - ☐ Resident Committee ☐ Nonresident Committee
  - B. ☐ Political Party Committee
    - ☐ National ☐ State ☐ County ☐ Other
  - C. ☐ Legislative Campaign Committee - Attach Statement Required by §11.05(3)(c), Stats.
  - D. ☐ Political Group (Referendum)
    - Name of Referendum
  - E. ☐ Recall Committee - Luther Olsen - State Senator District 14
    - Name of Office: Subject to Recall
    - Attach Statement Required by §9.10(3)(b)
  - F. ☐ Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6
  - G. ☐ Individual - Also, Complete Oath of Independent Expenditures, Form OAB-6

GAB-1 (Rev. 12/2009) THIS FORM IS PRESCRIBED BY: WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD

212 State Washington Avenue, 3rd Floor, P.O. Box 7984, Madison, WI 53707-7984
608-246-0005 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>Peter Larson</td>
<td>608.886.8439</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (number and street)</th>
<th>Telephone Number (employment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 1748</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>Madison, WI 53701-1748</td>
<td></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.8.33, 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, locations, type and number, i.e., savings, checking, certificates, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M&amp;I Marshall &amp; Ilsley 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>770 N Water Street</td>
<td>Milwaukee, WI 53202</td>
</tr>
</tbody>
</table>

CERTIFICATION

I, Peter Larson, certify the information in this statement is true, correct and complete.

Signature

Treasurer

Date

CANDIDATE

I, [candidate's 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

Candidate or Treasurer

Date

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2)(d), 11.03, 11.05(7), WIS. STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF §§8.33(2), 11.60, 11.61, 11.66, WIS. STATS.
STATE OF WISCONSIN

STATEMENT OF INTENT TO CIRCULATE RECALL PETITION

THE UNDERSIGNED RECALL PETITIONER _______ANN SCHMIDT_______
(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO S.910 OF THE
WISCONSIN STATUTES, A PETITION TO RECALL,

LUTHER OLSEN, STATE SENATOR DISTRICT 14

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

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

Dated this 2nd day of March, 2011

(Signature of Petitioner)

(Notary Not Required)
DATE: Wed., March 2, 2011

TO: Wisconsin GAB
    PO Box 7984
    Madison, WI 53707

ATTN: DAVID BUERGER

FAX #: 608-267-0500

FROM: Ann Schmidt
FAX # 920-787-1418
PHONE # 920-787-2635
CELL # 608-513-9670

RE: intent to circulate recall petition -- Sen. Luther Olsen – 14th State Senate District

Following are the pages I am mailing today from Wautoma.

Please call me on my cell – 608-513-9670 – if any problems.

Thank you,

Ann Schmidt
W4114 Dakota Lane
Wautoma, WI 54982