# 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.

**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  

**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.)

**Committee to Recall Walker**

- **Address** - Number, Street, City, State and Zip Code
  - PO Box 2569, Madison, WI 53701

- **Telephone Number**
  - 608.318.4250

- **Committee Email Address**
  - wirerecallcommittee@gmail.com

**Sponsoring Organization - Name and Complete Address**

- **United Wisconsin - 1605 Monroe, Madison, WI 53711**

**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)  

**Name of Referendum**

- Name of Officer Subject to Recall
  - [ ] Support  
  - [ ] Oppose

E. [ ] Recall Committee  

**Governor Scott Walker**

- [ ] 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: gsb@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>Julie Wells</td>
<td>6083184250</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number (employment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treasurer Email Address</td>
</tr>
<tr>
<td>311 Halcyon Place</td>
</tr>
<tr>
<td>Fort Atkinson, WI 53538</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>
<tbody>
<tr>
<td>Julie Wells</td>
<td>311 Halcyon Place, Fort Atkinson, WI 53538</td>
<td><a href="mailto:wirecallcommittee@gmail.com">wirecallcommittee@gmail.com</a></td>
<td>608.31 8.4250</td>
<td>petitioner</td>
</tr>
</tbody>
</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>Summit Credit Union</td>
<td>1836xxxx</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>PO Box 8046</td>
<td>Madison, WI 53708</td>
</tr>
</tbody>
</table>

CERTIFICATION

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

Signature __________________________ , Treasurer 11/15/2011

Date

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 __________________________ Date

THE INFORMATION ON THIS FORM IS REQUIRED BY §§9.10(2d), 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

Jefferson
(Name of County)

Fort Atkinson City
(Name of Municipality)

STATEMENT OF INTENT TO CIRCULATE RECALL PETITION

THE UNDERSIGNED RECALL PETITIONER, Julie Wells
(Print Name)

STATUTES, A PETITION TO RECALL,
Governor Scott Walker
(Indicate the name of and office held by the official being recalled).

Today, I am officially submitting paperwork to recall Scott Walker because Walker has lied to the people of
Wisconsin and is destroying our state. Walker has taken away the rights of workers, is destroying our
education system, and is selling our state to the big corporations that put him in office.

This is a rare step that our state has not taken before, but Walker’s actions leave us no choice - we cannot
take one more day of Walker as Governor. I am proud to be one of the thousands of United Wisconsin
supporters who have pledged to recall Walker, and I am filing this on their behalf and for the thousands of
Wisconsin residents who have been hurt by Scott Walker.

I have not been involved in politics before, but Walker’s actions have motivated me to stand up for my state.

I look forward to standing with the hundreds of thousands of Wisconsin residents who will be joining me in
signing the petitions to recall Scott Walker.

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

Dated this 15th day of November, 2011
(Signature of Petitioner)
(Notary Not Required)