

**STATE OF WISCONSIN
ELECTIONS COMMISSION**

COMPLAINT FORM

Please provide the following information about yourself:

Name Garret Gould

Address 332 N. Vincennes St. Adams, WI 53910

Telephone Number 608 547 5938

E-mail gouldgarret.62@gmail.com

**State of Wisconsin
Before the Elections Commission**

The Complaint of Garret Gould

_____, Complainant(s) against
Adams-Friendship Area School District, Respondent, whose
address is 201 W. 6th Street Friendship, WI 53934.

This complaint is under WI. Stat. 11.0201(2)(b) (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)

I, Garret Gould, allege that:

I was given the CFRS Local Candidate Committee Form. I was given the wrong information to complete the form.

The error was "the name and mailing address of the treasurer were not provided at lines A13 and A16-19."

On January 6, 2023, at approximately 2:00 CDT, the Assistant to the District Administrator and the Board of Education

gave me the CFRS paperwork and briefly discussed how to complete it. She also had made a phone call to the

County Clerk's Office and spoke with Lianna Glavin about the candidate's paperwork.

This insufficiency to the CFRS Local Candidate Form can be remedied by me completing

the 2 sections of the form that I was informed as not necessary to complete if given the opportunity.

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: 1/18/2023

Garret Gould
Complainant's Signature

I, Garret Gould, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

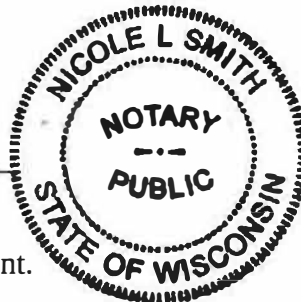
Garret Gould
Complainant's Signature

STATE OF WISCONSIN

County of Adams,
(county of notarization)

Sworn to before me this 20th day of
January, 2023.

Nicole L. Smith
(Signature of person authorized to administer oaths)



My commission expires 4/21/26, or is permanent.

Notary Public or _____
(official title if not notary)

Please send this completed form to:

Mail: Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984

Fax: (608) 267-0500

Email: elections@wi.gov



January 12, 2023

Mr. Garret Gould
332 N. Vincennes Street
Adams, WI 53910

RE: Campaign Finance Registration Statement (Form CF-1)

Dear Mr. Gould:

I am returning your campaign finance registration statement to you as it failed to meet the following requirements:

The name and mailing address of the treasurer were not provided at lines A13 and A16-19. This is an insufficiency as to essential form.

Under the law, I am required to return the statement to you if there is an insufficiency as to essential form and advise you of the nature of the insufficiency.

As you may be aware, there will only be one candidate on the ballot for school board member at the April 4, 2023, election. Because there are three positions open, votes will be counted for all write-in candidates; not just registered write-ins. Therefore, you are not required to file a new Form CF-1 to be considered or counted as a write-in candidate except as provided below.

The Adams-Friendship School District believes in promoting a safe, friendly and supportive educational experience for our students. Our staff, parents and students work together to live up to our mission statement:
"Preparing students to perform for life."



**CAMPAIGN FINANCE REGISTRATION STATEMENT —
LOCAL CANDIDATE COMMITTEE
STATE OF WISCONSIN**

1. Is this an Amendment? No Yes

SECTION A: GENERAL INFORMATION					
A1. Committee Name (Required for all Candidates - must be included in disclaimer on all communications) Garret Gould					
A2. Email			A3. Phone 608. 547-5938		
A4. Mailing Address 332 N Vincennes St			A5. City Adams		A6. State WI
Depository Institution Information					
A8. Institution Name		A9. Street Address		A10. City	A11. State
Treasurer/Administrator Information					
A13. Name			A14. Email		A15. Phone
A16. Mailing Address			A17. City		A18. State
Other Officers (Optional)					
A20. Name		A21. Title	A22. Email		A23. Phone
A24. Name		A25. Title	A26. Email		A27. Phone
Filing Exemption <small>Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.</small>				A28. Exemption Affirmation <input checked="" type="checkbox"/> Yes, this registrant is eligible for exemption. <input type="checkbox"/> No, this registrant is not eligible for exemption.	
SECTION B: CANDIDATE INFORMATION					
B1. Office Sought (include District/Branch)			B2. Political Party		B3. Election Date
Candidate Information					
B4. Name Garret Gould			B5. Email gouldgarret.62@gmail.com		B6. Phone 608-547-5938
B7. Mailing Address 332 N. Vincennes			B8. City Adams		B9. State WI
Second Candidate Committee <small>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</small>				B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin. <input type="checkbox"/> No, this is my second candidate committee in Wisconsin.	
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.					

SECTION C: CERTIFICATION

Accurate Information

- I certify that I am an authorized representative of the candidate committee and that to my knowledge all of the information contained within this registration is true, correct, and complete.

Timely Amendments

- I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.

Records Retention

- I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the most recent contribution limit period (June 30 following the April election, 12/31 following the November election).

Continuing Compliance

- I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from any liability simply because the election date has passed.

Treasurer

C1. Printed Name

C2. Signature

C3. Date

Candidate

C4. Printed Name

C5. Signature

C6. Date

Garret Gould

Garret Gould

1-6-23

Form Instructions

Candidates must complete all sections A, B, and C.

Item 1. Is this an amendment? Have you registered with this local clerk to run for office in a prior election?

Item A1: Committee Name. All candidates are required to register a committee. It is not required that the name include the candidate's name, but it is recommended. This committee name is required to be part of the disclaimer on all communications with express advocacy: 'Paid for by ...'

A28: Exemption. Candidates claiming exemption may not have more than \$2,500 of activity, in the aggregate per year. In a calendar year, if you raise \$1,600 and spend \$1,000 you have \$2,600 of aggregate activity and are not eligible to claim exemption.

Depository Institution Information. All candidates must designate a depository institution. While it is recommended that all candidates have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account while claiming a filing exemption and may intermingle personal and campaign funds (Wis. STAT. § 11.0201(2)(b)).

Treasurer Information. Each committee must appoint a treasurer. Any adult may serve as a treasurer. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate 'Self' or 'Candidate', you do not need to list your complete name, address and contact information here, that will be listed in section B.

Section B: Candidate Information

B1. Be sure to include the name of the county, municipality, or school district. There are 72 counties with county supervisors, 100's of school boards, and 1000's of municipal boards.

B2. Party - NA or None for nonpartisan offices (April); Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan (fall) primary/election.

Section C: Certification. All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.

COPY



**CAMPAIGN FINANCE REGISTRATION STATEMENT —
LOCAL CANDIDATE COMMITTEE
STATE OF WISCONSIN**

I. Is this an Amendment? No Yes

SECTION A: GENERAL INFORMATION

A1. Committee Name (Required for all Candidates - must be included in disclaimer on all communications)

A2. Email

A3. Phone

A4. Mailing Address

A5. City

A6. State

A7. Zip

Depository Institution Information

A8. Institution Name

A9. Street Address

A10. City

A11. State

A12. Zip

Treasurer/Administrator Information

A13. Name

A14. Email

A15. Phone

A16. Mailing Address

A17. City

A18. State

A19. Zip

Other Officers (Optional)

A20. Name

A21. Title

A22. Email

A23. Phone

A24. Name

A25. Title

A26. Email

A27. Phone

Filing Exemption

Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.

A28. Exemption Affirmation

- Yes, this registrant is eligible for exemption.
- No, this registrant is not eligible for exemption.

SECTION B: CANDIDATE INFORMATION

B1. Office Sought (include District/Branch)

B2. Political Party

B3. Election Date

Candidate Information

B4. Name

B5. Email

B6. Phone

B7. Mailing Address

B8. City

B9. State

B10. Zip

Second Candidate Committee

An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.

B11. Is this your only registered candidate committee in Wisconsin?

- Yes, this is my only candidate committee in Wisconsin.
- No, this is my second candidate committee in Wisconsin.

B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.

SECTION C: CERTIFICATION		
Accurate Information		
<input type="checkbox"/> I certify that I am an authorized representative of the candidate committee and that to my knowledge all of the information contained within this registration is true, correct, and complete.		
Timely Amendments		
<input type="checkbox"/> I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.		
Records Retention		
<input type="checkbox"/> I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the most recent contribution limit period (June 30 following the April election, 12/31 following the November election).		
Continuing Compliance		
<input type="checkbox"/> I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from any liability simply because the election date has passed.		
Treasurer		
C1. Printed Name	C2. Signature	C3. Date
Candidate		
C4. Printed Name	C5. Signature	C6. Date

Form Instructions

Candidates must complete all sections A, B, and C.

Item 1. Is this an amendment? Have you registered with this local clerk to run for office in a prior election?

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Section C: Certification. All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.



If you will be receiving or spending any funds in support of a write-in candidacy, you must file an amended Form CF-1. I am enclosing a blank form together with the instructions for that form. Please note that the entire form should be completed. If you believe you will be eligible for the exemption, please make sure the exemption box is checked.

Sincerely,

Mandy Stanley
School District Clerk

The Adams-Friendship School District believes in promoting a safe, friendly and supportive educational experience for our students. Our staff, parents and students work together to live up to our mission statement:

"Preparing students to perform for life."



Garret Gould
332 N Vincennes St
Adams, WI 53910

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Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984

53707-798464

