

**CAMPAIGN REGISTRATION STATEMENT  
STATE OF WISCONSIN  
GAB-1**

1600018  
RECEIVED FOR OFFICE USE ONLY

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.

NOV - 4 PM 2:11  
GOVERNMENT ACCOUNTABILITY BOARD  
NEW

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

IS THIS AN AMENDMENT?  Yes  No

Exempt

**1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION**

Name of Candidate	Party Affiliation	Office Sought (include district or branch number)
Residence Address (number and street)	Primary Date	Candidate Telephone Number (residence)
City, State and Zip Code	Election Date	Candidate Telephone Number (employment)
Campaign Committee Name (if any)    Check One: <input type="checkbox"/> Personal Campaign Committee <input type="checkbox"/> 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.)

Name of Committee	Close Friends to Recall Walker	
Address - Number, Street, City, State and Zip Code	17176 West College Ave., Muskego, WI 53150	
Telephone Number	Committee Email Address	
Sponsoring Organization - Name and Complete Address		
Acronym (if any)		
<b>Type of Committee:</b>		
A. <input type="checkbox"/> Special Interest Committee (PAC)	<input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee	
	<input type="checkbox"/> Incorporated Labor Organization - Attach Information Required by s.11.05(3)(n), Stats.	
B. <input type="checkbox"/> Political Party Committee	<input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	
C. <input type="checkbox"/> Legislative Campaign Committee - Attach Statement Required by s.11.05(3)(o), Stats.		
D. <input type="checkbox"/> Political Group (Referendum) _____	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	
E. <input checked="" type="checkbox"/> Recall Committee	Name of Referendum Governor Walker	<input checked="" type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall
	Name of Officer Subject to Recall	
	- Attach Statement Required by s.9.10(2)(d)	
F. <input type="checkbox"/> Independent Committee - Also, Complete Oath of Independent Expenditures, Form GAB-6		
G. <input checked="" type="checkbox"/> Individual - Also, Complete Oath of Independent Expenditures, Form GAB-6		

**3. COMMITTEE TREASURER** (Campaign finance correspondence is mailed to this address.)

Treasurer's Name <b>David Brandt</b>	Telephone Number (residence)
Address (number and street) <b>17176 West College Ave.</b>	Telephone Number (employment)
City, State and Zip Code <b>Muskego, WI 53150</b>	Treasurer Email Address

**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.

NAME	MAILING ADDRESS	Email Address	Phone #	POSITION

**5. DEPOSITORY INFORMATION**

Name of Financial Institution <b>CHASE Bank</b>	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) <b>will amend w/ acct # later</b>
Address (number and street) <b>Jamesville Road</b>	City, State and Zip Code <b>Muskego, WI 53150</b>

**CERTIFICATION**

**TREASURER and Petitioner,**

I, **David Brandt** (print full name) certify the information in this statement is true, correct and complete.

Signature **David Brandt**, Treasurer Date **4-NOV 2011**

**CANDIDATE**

I, **N/A** (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.

**David Brandt** Signature of Candidate or Treasurer Date **4-NOV-2011**

RECEIVED

STATE OF WISCONSIN

Waukesha  
(Name of County)

Muskego  
(Name of Municipality)

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GOVERNMENT  
ACCOUNTABILITY BOARD

**STATEMENT OF INTENT TO CIRCULATE RECALL PETITION**

THE UNDERSIGNED RECALL PETITIONER, David Brandt,  
(Print Name)

STATES HIS/HER INTENT TO CIRCULATE, PURSUANT TO S.9.10 OF THE WISCONSIN  
STATUTES, A PETITION TO RECALL, Governor Walker

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

TO FULFILL MY FRIEND'S LAST REQUEST

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

Dated this 4 day of NOV 2011

David Brandt  
(Signature of Petitioner)

(Notary Not Required)