

STATE OF WISCONSIN  
**GOVERNMENT ACCOUNTABILITY  
BOARD**

COMPLAINT FORM

**Please provide the following information about yourself:**

Name Matt Rothschild, Wisconsin Democracy Campaign executive director

Address 203 S. Paterson St., Suite 100, Madison, WI 53703

Telephone number (608) 255-4260

E-mail rothschild@wisdc.org

**State of Wisconsin  
Before the Government Accountability Board**

The Complaint of Wisconsin Democracy Campaign  
\_\_\_\_\_, Complainant(s)  
against  
Friends of Scott Walker, Respondent, whose  
address is 2727 N Grandview Blvd., Suite 205, Waukesha, WI 53188.

This complaint is under Chapter 11.06 (Insert the applicable sections of law  
in chs. 5 to 12, subchapter III of ch. 13, or subchapter III of ch. 19, if known)

I, Matt Rothschild, allege that:

~~The respondent, Friends of Scott Walker, provided erroneous occupation and  
employer information for numerous contributors whose campaign contributions  
exceeded \$100. Attached is a list that summarizes those contributions, the  
pages from the governor's amended 2014 preelection campaign finance report  
that show the contributions (check marked), and online information gathered by  
the Democracy Campaign about the donors.~~

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(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: July 13, 2015 Matt Rothschild  
Complainant's signature

I, Matt Rothschild, 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.

Matt Rothschild  
Complainant's signature

STATE OF WISCONSIN )  
 )ss.  
County of Dane,  
(county of notarization)

Sworn to before me this 13<sup>th</sup> day of July, 2015.

Christina  
(Signature of person authorized to administer oaths)

My commission expires           , or is permanent.  
Notary Public or (official title if not notary)

(Note: A sworn statement is required for complaints regarding actions of local election officials, pursuant to §5.06, Stats, and regarding violations of the campaign finance laws under Chapter 11, Stats. Complaints regarding violations of other statutes under the Board's jurisdiction are not required to be notarized.)

**Please send this completed form to:**

By mail, to Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984; by fax, to 608-267-0500; or by email to gab@wi.gov.

**Complaints regarding actions of local election officials pursuant to §5.06, Stats. must also be mailed or personally served on the respondent, and the complainant must certify to that service in a cover letter to the Board filed with the complaint.**