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@wadc.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 pre-election campaign finance report that show the contributions (check marked), and online information gathered by the Democracy Campaign about the donors.
(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**

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.

Complainant's signature

STATE OF WISCONSIN 

County of ________________

(county of notarization)

Sworn to before me this 13th day of 

_________________, 2013.

(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.