

**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.

CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

GAB ID: 0105001

Name of the Candidate:	Party Affiliation:	Office Sought (Include Branch Number):	
Gamble, William L	Republican	State Assembly, State Assembly, District No. 21	
Residence Address (Number and Street):		Candidate Telephone Number (Residence):	
3121 W. Southwood Drive		(414) 761-8179	
City, State and Zip:	Election Date:	Candidate Email:	
Franklin, WI 53132	11/19/2013	lgamble@wi.rr.com	
Committee Name:	Acronym:	Committee Type:	Committee Sub-Type:
Friends of Larry Gamble	GAMBLE	State Candidate	Personal Campaign Committee
Committee Address (Number and Street):	3121 W. Southwood Drive, Franklin, WI 53132	Committee Email:	larry@wi.rr.com
Phone:	(414) 761-8179		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	Dake, Tim	Phone:	(262) 308-0553
Address (Number and Street):	3121 W. Southwood Drive		
City, State and Zip:	Franklin, WI 53132		
Email:	tjdake@wi.rr.com		

DEPOSITORY INFORMATION

Name of Financial Institution:	Chase Bank	Account Number:	*****
Address (Number and Street):	7980 S. Howell Ave.		
City, State and Zip:	Oak Creek, WI 53154		

+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.05(2r), 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

CERTIFICATE

TREASURER

I, Dake, Tim

certify the information in this statement is true and complete.

Signature _____ Treasurer _____

Date _____

CANDIDATE

I, Gamble, William L

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 _____

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.05, 11.06(7), STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss.8.30(2), 11.60, 11.61, 11.66, STATS.

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