

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

The Complaint of

**Frederick P. Kessler**, Complainant

against

**COMPLAINT**

**Ollie G. Dombrow**, Respondent

This complaint is under § 8.15(3), Wis. Stats., as well as GAB 2.07, Wis. Adm. Code. Respondent Ollie G. Dombrow, GAB File No. 104614, provided an insufficient number of nomination paper signatures and should be precluded from being placed on the ballot as a candidate for Representative to the Assembly in District 12. Respondent is currently credited by the Government Accountability Board with 238 valid signatures.

I, Frederick P. Kessler, allege that the following signatures from Respondent's submitted nomination papers should not be counted. Each signer has an address listed on Respondent's nomination papers that is outside the boundaries of the 12<sup>th</sup> Assembly District and one has signed for both candidates.

The following information is taken from the 238 signatures credited to Respondent. Page numbers refer to the 29 sequentially numbered pages of signatures submitted by Respondent.

<u>Page</u>	<u>Signer Numbers</u>	<u>Signatures Challenged</u>	<u>Reason for Challenge</u>
1	10	1	Outside of 12 <sup>th</sup> District
3	7	1	Outside of 12 <sup>th</sup> District
4	3	1	Signed for both candidates
5	1	1	Outside of 12 <sup>th</sup> District
6	1 – 10	10	Outside of 12 <sup>th</sup> District
7	1 – 10	10	Outside of 12 <sup>th</sup> District
8	1 – 5 and 7 – 10	9	Outside of 12 <sup>th</sup> District
9	1 – 10	10	Outside of 12 <sup>th</sup> District
10	1 – 3 and 8	4	Outside of 12 <sup>th</sup> District
11	1 – 4, 6 – 8, and 10	8	Outside of 12 <sup>th</sup> District
12	1 – 10	10	Outside of 12 <sup>th</sup> District
13	1 – 5	5	Outside of 12 <sup>th</sup> District
14	1 – 8 and 10	9	Outside of 12 <sup>th</sup> District
15	1 – 8 and 10	9	Outside of 12 <sup>th</sup> District

<u>Page</u>	<u>Signer Numbers</u>	<u>Signatures Challenged</u>	<u>Reason for Challenge</u>
16	1 – 10	10	Outside of 12 <sup>th</sup> District
17	1 – 10	10	Outside of 12 <sup>th</sup> District
18	1 – 8 and 10	9	Outside of 12 <sup>th</sup> District
19	1, 2, and 4 – 10	9	Outside of 12 <sup>th</sup> District
20	1 – 8 and 10	9	Outside of 12 <sup>th</sup> District
21	3 – 7, 9 and 10	7	Outside of 12 <sup>th</sup> District
22	1 – 10	10	Outside of 12 <sup>th</sup> District
23	1 – 10	10	Outside of 12 <sup>th</sup> District
24	1 – 7, 9 and 10	9	Outside of 12 <sup>th</sup> District
25	1	1	Outside of 12 <sup>th</sup> District
26	1	1	Outside of 12 <sup>th</sup> District
27	1 – 10	10	Outside of 12 <sup>th</sup> District

Addresses from Respondent's nomination paper signers were checked using the "Who Represents Me?" search engine available on the Wisconsin Legislature's website and available to the public at the following address: <http://legis.wisconsin.gov/>

To be counted, a signer of the nomination papers for the office of State Representative, a state office, must reside in the jurisdiction or district which the candidate named on the paper will represent, if elected. § 8.15(3), Wis. Stats. Respondent has indicated that he would represent the 12<sup>th</sup> District if elected.

However, with 183 of the 238 signatures he submitted coming from citizens not living in the 12<sup>th</sup> District, Respondent has failed to submit the requisite number of signatures needed to be placed on the ballot for the November 4, 2014 general election.

Under its authority found in GAB 2.07, Wis. Adm. Code, I urge the Board to review the signatures listed above found in Respondent's submitted nomination papers and strike them from his supposed total of 238 signatures.

6-2-2014

Date



Complainant's Signature

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

Frederick P. Kessler

Complainant's Signature

STATE OF WISCONSIN

County of Dane

Sworn to before me this 2nd day of June, 2014.

Michael Haag

Notary Public

My commission ~~expires~~ \_\_\_\_\_, or is permanent.

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Oliver G. Dombrowski

Street, fire, or rural route number; box number (if rural route); and name of street or road: W32W17303 Rockfield Rd

Name and type of municipality for voting purposes:  
 Town of  
 Village of  
 City of GERMANTOWN

Name of municipality for mailing purposes: GERMANTOWN

State: WI

Zip code: 53022

District or Jurisdiction: 12

District number: 12

Jurisdiction (county): DISTRICT 12

Type of election:  
 general  
 special

Election date: Nov 4 2014

Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Title of office: REPRESENTATIVE TO THE ASSEMBLY

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.		Municipality of residence must always be listed.		Date of Signing
Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Provide name of municipality	
<u>Paul Stryker</u>	<u>Paul Stryker</u>	<u>9875 N. Ross</u>	<u>Wauwatosa</u>	<u>5-19-2014</u>
<u>Danielle Koblenda</u>	<u>Danielle Koblenda</u>	<u>1015 N. 71st</u>	<u>Wauwatosa</u>	<u>5-19-2014</u>
<u>Theresa Winkler</u>	<u>Theresa Winkler</u>	<u>9411 E. N. 95th St</u>	<u>Wauwatosa</u>	<u>5/19/2014</u>
<u>Brian Lee</u>	<u>Brian Lee</u>	<u>8615 W. Greenbough</u>	<u>Wauwatosa</u>	<u>5-19-14</u>
<u>Lisa Thompson</u>	<u>Lisa Thompson</u>	<u>20601 W. Goodwood</u>	<u>Wauwatosa</u>	<u>5/19/14</u>
<u>Daniel Brown</u>	<u>Daniel Brown</u>	<u>7128 N. Joyce Ave.</u>	<u>Wauwatosa</u>	<u>5-19-14</u>
<u>Sonya Brown</u>	<u>Sonya Brown</u>	<u>8545 W. Greenbrook</u>	<u>Wauwatosa</u>	<u>5-19-14</u>
<u>Marrin McGinnis</u>	<u>Marrin McGinnis</u>	<u>9333 N. 76th Circle</u>	<u>Wauwatosa</u>	<u>5-19-14</u>

**CERTIFICATION OF CIRCULATOR**

I certify: I reside at W32W17303 Rockfield Rd Germantown Wisconsin

(Circulator's residence - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/19/14 (Date)

Oliver G. Dombrowski (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name, no titles may be used: Office of Dombrows  
 Street, fire, or rural route number; box number (if rural route); and name of street or road: W132W17303 Rockfield Rd  
 Name and type of municipality for voting purposes:  Town of GERMANIA  
 Village of GERMANIA  
 City of \_\_\_\_\_  
 Name of municipality for mailing purposes: GERMANIA  
 State: WI Zip code: 53022  
 District or Jurisdiction:  District number 12  
 Jurisdiction (county) \_\_\_\_\_  
 Election date: Nov 4 2014  
 Name of Party or Statement of Principle (5 words or less): DEMOCRAT  
 Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

The undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>Jill Herbst</u>	<u>Jill Herbst</u>	<u>8091 N Denmark at RYS WINTER AVE</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Georgia Yanick</u>	<u>Georgia Yanick</u>	<u>8091 N Denmark at 8017 N Den Mark</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Edwin Bellum</u>	<u>Edwin Bellum</u>	<u>8110 N DENMARK ST</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Patricia Messner</u>	<u>Patricia Messner</u>	<u>53224</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Steve Simmons</u>	<u>STEVEN SIMMONS</u>	<u>816 W Oakmont Ct 53224</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Stone Sanders</u>	<u>Stone Sanders</u>	<u>8030 N Denmark Ct (8030) 8150 W Denmark Ct</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Cynthia Chutkan</u>	<u>Cynthia Chutkan</u>	<u>8137 N DENMARK</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Nicole Schmitt</u>	<u>NICOLE SCHMITT</u>	<u>8110 W DENMARK</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Stephanie Steinhilber</u>	<u>STEPHANIE STEINHILBER</u>	<u>1060 W DENMARK</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5-21-14</u>
<u>Barice Brooks</u>	<u>Barice Brooks</u>	<u>8110 W DENMARK Ct #167 Milwaukee 53224</u>	<input type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	<u>5/21/14</u>

Gayle Dombrows (Name of circulator)  
 I certify: I reside at W132W17303 Rockfield Rd. GERMANIA WISCONSIN  
 (Circulator's residence - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/21/14 (Date)  
[Signature] (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name, no titles may be used:

*Oliver G. Dombrowski*

Street, fire, or rural route number, box number (if rural route), and name of street or road

*W322W17303 Rockfield Rd*

Name and type of municipality for voting purposes:

*GERMANTOWN*

Name of municipality for mailing purposes

*GERMANTOWN*

State

*WI*

Zip code

*53022*

Type of election

general  
 special

Election date

*Nov 4 2014*

Name of Party or Statement of Principle (5 words or less)

*DEMOCRAT*

Title of office

*Representative to the Assembly*

District or Jurisdiction

District number *12*  
 Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office

*DISTRICT 12*

The undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Janele Cunningham</i>	LARA A. CUNNINGHAM	<i>9766 W. TOWER AVE</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>Bruce Nason</i>	Bruce Nason	<i>7762 W TOWER AVE</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>Ruth Miller</i>	Ruth Miller	<i>7522 W Tower Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>Bonnie Klemm</i>	Bonnie Klemm	<i>9748 W Tower</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>Godfrey Reichner</i>	Godfrey Reichner	<i>9746 W Tower Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>Christina Miller</i>	Christina Miller	<i>9157 W. Dornmark</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>Beth Clemmons</i>	Beth Clemmons	<i>1432 W. Cenge</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5/21/14</i>
<i>T. Morgan</i>	Tamika Morgan	<i>9066 W. Bradley #210</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5-21-14</i>
<i>E. Gubser</i>	Eleanor Johnson	<i>9666 W. Broadland</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5-21-14</i>
<i>Toriano Hunt</i>	Toriano Hunt	<i>9666 W Broadland</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>5-21/14</i>

**CERTIFICATION OF CIRCULATOR**

I, *SAUEL DOMBROWSKI* (Name of circulator) certify: I reside at *W322W17303 Rockfield Rd Germantown, WI* (Circulator's residence - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*5-21-14* (Date)

*Sauel Dombrowski* (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used:

*Oliver G. Dombrowski*

Street, fire, or rural route number; box number (if rural route); and name of street or road

*W32017303 Rockfield Dr*

Name and type of municipality for voting purposes:

*GERMANTOWN*

Name of municipality for mailing purposes

*GERMANTOWN*

State

*WI*

Zip code

*53022*

District or Jurisdiction  
 District number *12*  
 Jurisdiction (county) \_\_\_\_\_

Type of election  
 general  
 special

Election date  
*Nov 4 2014*

Name of Party or Statement of Principle (5 words or less)  
*DEMOCRAT*

Name of jurisdiction or district in which candidate seeks office  
*DISTRICT 12*

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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<i>Michael A. McVicker</i>	Michael A. McVicker	10549 W. Wabash Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	May 21, 2014
<i>Ronald S. Kurtz</i>	Ronald S. Kurtz	9376 W. Bradford Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Victoria Kurtz</i>	Victoria Kurtz	9376 W. Bradford Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Steve Magira</i>	Steve Magira	9356 W. Bradford Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Dave Boue</i>	Dave Boue	8026 W 94th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Margaret Bolle</i>	Margaret Bolle	8026 N. 94th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Russell Thomas</i>	Russell Thomas	8032 N 94th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Walter Blowski</i>	Walter Blowski	9335 W 12th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Deborah T. Supinski</i>	Deborah T. Supinski	8044 N. 93rd Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14
<i>Anthony J. Supinski</i>	Anthony J. Supinski	8044 N. 93rd Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	5/21/14

**CERTIFICATION OF CIRCULATOR**

I, *Gayle Dombrowski* (Name of circulator) certify: I reside at *W32017303 Rockfield Dr Germantown* (Circulator's residence - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*5-21-14*  
(Date)

*Gayle Dombrowski*  
(Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name, no titles may be used:

*Oliver G. Dombrow*

Street, fire, or rural route number, box number (if rural route), and name of street or road

*W132017303 Becklie Rd*

Name and type of municipality for voting purposes:

*GERMANIA TOWN*

Name of municipality for mailing purposes

*GERMANIA TOWN*

State

*WI*

Zip code

*53022*

Type of election  
 general  
 special

Election date

*Nov 4 2014*

Name of Party or Statement of Principle (5 words or less)

*DEMOCRAT*

Title of office

*Representative to the Assembly*

Name of jurisdiction or district in which candidate seeks office

*DISTRICT 12*

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Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	<i>Larissa Kosci</i>	<i>9220 W. Greenview Ct</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>James Kirby</i>	<i>James Kirby</i>	<i>6005 N. 94th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>[Signature]</i>	<i>Bolevice Houston</i>	<i>8007 N. 94th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5/21-14</i>
<i>[Signature]</i>	<i>Billie Guthrie</i>	<i>8031 N. 94th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5/21/14</i>
<i>[Signature]</i>	<i>MariNiole SaFiDi</i>	<i>8021 N 94th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>Ann Carr</i>	<i>Ann Carr</i>	<i>8019 N. 94th St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>Joyce Fisher</i>	<i>Terry L Fisher</i>	<i>7614 W Bradley Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>[Signature]</i>	<i>Angela M Muller</i>	<i>9614 W Bradley Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>[Signature]</i>	<i>Tiffany Tafere</i>	<i>9220 W. Bradley Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>[Signature]</i>	<i>John Baber</i>	<i>Milw. WI 53234</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>[Signature]</i>	<i>Karen Beckley</i>	<i>8220 W Bradley Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>
<i>[Signature]</i>	<i>Karen Beckley</i>	<i>Milw, WI 53234</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	<i>5-21-14</i>

**CERTIFICATION OF CIRCULATOR**

I, *Gayle Dombrow* (Name of circulator) certify: I reside at *W132017303 Becklie Rd Germania, WI* (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*5-21-14* (Date)

*(Signature of circulator)*

**NOMINATION PAPER FOR PARTISAN OFFICE**

Name of municipality for mailing purposes: GERMANIA TOWN State: WI Zip code: 53022 District or Jurisdiction:  District number 12  Jurisdiction (county) \_\_\_\_\_

Street, fire or rural route number, box number (if rural route), and name of street or road: W132W17303 Rockledge Rd Name and type of municipality for voting purposes:  Town of GERMANIA TOWN  Village of GERMANIA TOWN  City of \_\_\_\_\_

Title of office: REPRESENTATIVE TO THE ASSEMBLY Election date: Nov 4 2014 Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

The undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Dennis M. Milk</i>	Dennis Milk	4839 W. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Jennifer Tanner</i>	Jennifer Tanner	4843 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Russell Heurand</i>	Russell Heurand	4877 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Angella Anderson</i>	Angella Anderson	4877 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>James Patrick</i>	James Patrick	4887 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Dennis Milk</i>	Dennis Milk	4883 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Delonice Vance</i>	Delonice Vance	4907 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Brandie Alston</i>	Brandie Alston	4907 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>Therese Anshelm</i>	Therese Anshelm	4919 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014
<i>W.C. Bookner</i>	W.C. Bookner	4929 N. 65th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Germania <input type="checkbox"/> City of	5-22-2014

**CERTIFICATION OF CIRCULATOR**  
I, Wesley Bamber certify: I reside at W132W17303 Rockledge Rd, Germania, WI (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Date: 5/22/2014 (date)  
Wesley Bamber (signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

Office of G. Dombrowski

Street, fire, or rural route number; box number (if rural route); and name of street or road  
W32W1303 Rockfield Rd

Name and type of municipality for voting purposes:  
 Town of  
 Village of  
 City of  
GERMANTOWN

Name of municipality for mailing purposes  
GERMANTOWN

State  
WI

Zip code  
53022

Type of election  
 general  
 special

Election date  
Nov 4 2014

Name of Party or Statement of Principle (5 words or less)  
DEMOCRAT

Title of office  
REPRESENTATIVE TO THE ASSEMBLY

District or Jurisdiction  
 District number  
 Jurisdiction (county)  
12

Name of jurisdiction or district in which candidate seeks office  
DISTRICT 12

, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	Sumner L. [Signature]	4941 N. 105th Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	DONALD LERPIEN	5007 N. 65th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	BRANDON NASH	4941 N. 105th	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	Taneshia Lewis	5054 W 65th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	last-asha Adams	5031 N. 105th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	Donovan Bennett	5107 N. 65th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	Jeneviah Tatum	5131 N 65th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	Doris Johnson	5141 N. 105th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	Terry Dotson	5163 N 65th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14
<i>[Signature]</i>	Laverne Buckley	5171 N. 105th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5/22/14

**CERTIFICATION OF CIRCULATOR**

I, Gregory Dombrowski (Name of circulator) certify: I reside at W32W1303 Rockfield Rd (Circulator's residence - Include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/22/14 (Date) [Signature] (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Willie G. Dambrow Street, fire, or rural route number; box number (if rural route); and name of street or road: W132W17303 Rockfield Rd

Name of municipality for mailing purposes: Greenfield State: WI Zip code: 53022 Name and type of municipality for voting purposes: Greenfield

Name of municipality for mailing purposes: Greenfield State: WI Zip code: 53022 Name of Party or Statement of Principle (5 words or less): Democrat

Name of municipality for mailing purposes: Greenfield State: WI Zip code: 53022 Name of Party or Statement of Principle (5 words or less): Democrat

Name of municipality for mailing purposes: Greenfield State: WI Zip code: 53022 Name of Party or Statement of Principle (5 words or less): Democrat

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Name of municipality for mailing purposes: Greenfield State: WI Zip code: 53022 Name of Party or Statement of Principle (5 words or less): Democrat

The undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	EMMET Z. ROBBERS 5140 N. 65TH ST	5177 N. 65th St Milwaukee, WI 53218	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	FABRICK AUGLER 5114 N 65	5174 N 65th St 53205	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	Joyce Lynn Green 5102 N 65th Street	5102 N 65th Street Milwaukee WI 53218	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	William Conn 6433	6433 W. Lancaster Ave W. 53218	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	Sally Johnson Sally Johnson	5010 Lancaster 5038 N. 65th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	TERRANN TERRY 3355 W. 4TH ST	3355 W 4th St Milwaukee WI 53218	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	KAREN JOHNSON KAREN JOHNSON	5000 N 65th St Milwaukee WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14
<i>[Signature]</i>	Charles Akelber Charles Akelber	1532 N 65	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/22/14

**CERTIFICATION OF CIRCULATOR**  
I, Willie G. Dambrow certify: I reside at W132W17303 Rockfield Rd Greenfield WI  
(Name of circulator) (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Willie G. Dambrow (Date) 5/22/2014 (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

*Office G. Dombrowski*

Street, file, or rural route number; box number (if rural route); and name of street or road  
*W32W17303 Rockledge Rd*

Name and type of municipality for voting purposes.  
 Town of  
 Village of  
 City of

*GERMANTOWN*

Name of municipality for mailing purposes

*GERMANTOWN*

State  
**WI**

Zip code  
**53022**

Type of election  
 general  
 special

Election date  
**Nov 4 2014**

Name of Party or Statement of Principle (5 words or less)  
**DEMOCRAT**

Title of office

*REPRESENTATIVE TO THE ASSEMBLY*

District or Jurisdiction  
 District number **12**  
 Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office  
**DISTRICT 12**

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Phillis Spear</i>	Phillis Spear	47783 N 7722 Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Regatha Neal</i>	Regatha Neal	47745 N 7577	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>D. G. Gulten</i>	David Gulten	5061 N. 5314 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Penny Bader</i>	Penny Bader	4756 N 5229 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Daphon Lewis</i>	Daphon Lewis	4751 W 722 Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Kina Blue</i>	Kina Blue	4744 N 774 Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Charles Holmes</i>	Charles Holmes	4684 N 7874	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Shana Xerney</i>	Shana Xerney	4717 W 7654	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Tanara Williams</i>	Tanara Williams	4617 N. 7874	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14
<i>Islande Holland</i>	Islande Holland	4888 W. Ruby Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Milwaukee	5-23-14

**CERTIFICATION OF CIRCULATOR**  
 certify: I reside at *W32W17303 Rockledge Rd* in *GERMANTOWN*

(Circulator's residence - include number, street, and municipality.)  
*Phillis Spear*

Further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*5/23/14*  
 (Date)

*Phillis Spear*  
 (Signature of circulator)

Page No. **9**

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

*Officer G. Dombrowski*

Street, file, or rural route number; box number (if rural route); and name of street or road  
*W32W17303 Backfield Rd*

Name and type of municipality for voting purposes:  
 Town of  
 Village of  
 City of

*GERMANTOWN*

Name of municipality for mailing purposes  
*GERMANTOWN*

State  
**WI**

Zip code  
**53022**

Election date  
**Nov 4 2014**

Name of Party or Statement of Principle (5 words or less)  
**DEMOCRAT**

Title of office  
*Representative to the Assembly*

District or Jurisdiction  
 District number **12**  
 Jurisdiction (county) \_\_\_\_\_

Name of jurisdiction or district in which candidate seeks office  
**DISTRICT 12**

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or file no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Janet C. Hern</i>	Janet C. Hern	7759 W. Beckett #3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/23/14
<i>Andrew Cunningham</i>	Andrew Cunningham	7799 W. Beckett	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/23/14
<i>Benny Deere</i>	Benny Deere	2232 W. Beckett	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/23/14
<i>Steven Hansen</i>	Steven Hansen	8919 W. Custer Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5-23-14
<i>Chee Yang</i>	Chee Yang	8841 W. Custer Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5-23-14
<i>AMAH XIONG</i>	AMAH XIONG	8825 W. Custer Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5-23-14
<i>Lang Xiong</i>	Lang Xiong	8825 W. Custer Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5-23-14
<i>Sandra M Sorenson</i>	Sandra M Sorenson	8713 W. Custer Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5-23-14
<i>Knuth R Badley</i>	Knuth R Badley	8719 W. Wilford Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Milwaukee	5/23/14

**CERTIFICATION OF CIRCULATOR**  
 I certify: I reside at \_\_\_\_\_ (Circulator's residence - include number, street, and municipality)  
*517303 Backfield Rd Germantown*

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support the candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*Gary Dombrowski*  
 (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Office of Dombrow Street, fire, or rural route number; box number (if rural route), and name of street or road: W32017303 Rockledge Rd

Name of municipality for mailing purposes: Bertramtown State: WI Zip code: 53022 Name and type of municipality for voting purposes: Bertramtown

Title of office: Representative to the Assembly District or Jurisdiction: 12 Name of Party or Statement of Principle (5 words or less): Democrat

Name of Jurisdiction or district in which candidate seeks office: DISTRICT 12

Type of election:  general  special Election date: Nov 4 2014

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>Marketa Jean</u>	<u>Marketa Jean</u>	<u>4606 W 77th St</u>	<u>Waukeesa</u>	<u>5/23/14</u>
<u>Henry Moore</u>	<u>Henry Moore</u>	<u>4150 N. 77th</u>	<u>Milwaukee</u>	<u>5/23/14</u>
<u>Thomas Beland</u>	<u>Thomas Beland</u>	<u>4002-779 St</u>	<u>Milwaukee</u>	<u>5/23/14</u>
<u>Michael Turman</u>	<u>Michael Turman</u>	<u>9046 N 85th</u>	<u>Milwaukee</u>	<u>5/23/14</u>
<u>Dominic White</u>	<u>Dominic White</u>	<u>8199 W Beckett Ave</u>	<u>Milwaukee</u>	<u>5/23/14</u>
<u>Sara Boyce</u>	<u>Sara Boyce</u>	<u>4740 N 77th Ct</u>	<u>Milwaukee</u>	<u>5/23/14</u>
<u>William Mather</u>	<u>William Mather</u>	<u>4752 N. 77th</u>	<u>Milwaukee</u>	<u>5-23-14</u>
<u>Daniel White</u>	<u>Daniel White</u>	<u>4714 N 78th St</u>	<u>Milwaukee</u>	<u>5-23-14</u>
<u>Mitchell Blue</u>	<u>Mitchell Blue</u>	<u>4726 N 78th St</u>	<u>Milwaukee</u>	<u>5/23/14</u>

**CERTIFICATION OF CIRCULATOR**

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Name of circulator: Sharon Dombrow certify: I reside at W32017303 Rockledge Rd (Circulator's residence - include number, street, and municipality.)

Date: 5/23/14 Signature of circulator: Sharon Dombrow

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used:

Office of: Dombrow

Street, file, or rural route number; box number (if rural route); and name of street or road

1132 W 1303 Rockfield Rd

Name and type of municipality for voting purposes:

GERMANTOWN

Name of municipality for mailing purposes

GERMANTOWN

State

WI

Zip code

53022

Type of election  
 general  
 special

Election date  
Nov 4 2014

Name of Party or Statement of Principle (5 words or less)  
DEMOCRAT

Title of office

REPRESENTATIVE TO THE ASSEMBLY

District or Jurisdiction  
 District number  
 Jurisdiction (county)

12

Name of jurisdiction or district in which candidate seeks office  
DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>Randy Jones</u>	Randy R Jones Jr	4422 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Brandon Barnes</u>	Brandon Barnes	4422 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Wondak Fremut</u>	Wondak Fremut	4422 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>POB B...</u>	POB B...	4430 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Lora Wesley</u>	Lora Wesley	4474 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Marilyn Cunningham</u>	Marilyn Cunningham	4508 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Charles Young</u>	Charles Young	4540 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Audita Finney</u>	Audita Finney	4568 N 77th	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Jeremy Weber</u>	Jeremy Weber	4572 N 77th Street Milwaukee WI 53218	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14
<u>Frederick Spears</u>	Frederick Spears	7627 W Gendole Milwaukee WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Milwaukee</u>	5/23/14

**CERTIFICATION OF CIRCULATOR**

I, Steve Dombrow (Name of circulator) certify: I reside at 1132 W 1303 Rockfield Rd Germantown (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/23/14 (Date) Steve Dombrow (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

*Officer G. Dombrowski*

Street, fire, or rural route number; box number (if rural route); and name of street or road  
*WISCONSIN 1303 BARKFIELD RD*

Name and type of municipality for voting purposes.  
 Town of  
 Village of  
 City of  
*GERMANTOWN*

Name of municipality for mailing purposes  
*GERMANTOWN*

State  
**WI**

Zip code  
**53022**

Type of election  
 general  
 special

Election date  
**Nov 4 2014**

Name of Party or Statement of Principle (5 words or less)  
**DEMOCRAT**

Title of office  
*REPRESENTATIVE TO THE ASSEMBLY*

District or Jurisdiction  
 District number **12**  
 Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office  
**DISTRICT 12**

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>St. Donata Hest</i>	<b>DON SELKWIN</b>	<i>4626 N 78th</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Sharon Peltz</i>	<b>Sharon Peltz</b>	<i>4630 N. 78th</i> <i>53218</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Elisabeth Woods</i>	<b>Elisabeth Woods</b>	<i>7760 W. Beckett Ave</i> <i>53312</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Mary S. Davidson</i>	<b>Mary S. Davidson</b>	<i>7744 N. Beckett Ave</i> <i>Milw. WI 53318</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Mary Douget</i>	<b>Mary Douget</b>	<i>4427 N. 77th St.</i> <i>Milw WI 53312</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Lynmont Wallace</i>	<b>Lynmont Wallace</b>	<i>8832 W. Custer Ave</i> <i>Milw WI 53225</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Lobby Nichols</i>	<b>Lobby Nichols</b>	<i>8826 W. Custer Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Robert Steinhuser</i>	<b>ROBERT STEINUSER</b>	<i>8810 N. CUSTER AVE</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Paul A. Taphinbach</i>	<b>Paul A. Taphinbach</b>	<i>8802 W. Custer Av.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>
<i>Andrew Rimmer</i>	<b>Andrew Rimmer</b>	<i>8838 W. Lawn Ave.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Milwaukee</i>	<i>5/23/14</i>

**CERTIFICATION OF CIRCULATOR**

I, *Gregory A. Dombrowski* (Name of circulator), certify: I reside at *WISCONSIN 1303 BARKFIELD RD GERMANTOWN* (Circulator's residence - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*5/23/14* (Date)

*Gregory A. Dombrowski* (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

*Billie G. Dombrow*

Street, fire, or rural route number, box number (if rural route), and name of street or road  
*WISCONSIN 7303 ROCKFIELD RD*

Name and type of municipality for voting purposes:  
 Town of  
 Village of  
 City of  
*GERMANTOWN*

Name of municipality for mailing purposes  
*GERMANTOWN*

State  
**WI**

Zip code  
**53022**

Type of election  
 general  
 special

Election date  
**Nov 4 2014**

Name of Party or Statement of Principle (5 words or less)  
**DEMOCRAT**

Title of office  
*REPRESENTATIVE TO THE ASSEMBLY*

District or Jurisdiction  
 District number **12**  
 Jurisdiction (county) \_\_\_\_\_

Name of jurisdiction or district in which candidate seeks office  
**DISTRICT 12**

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Thae Otto</i>	THAE OTTE	4505 N. 77th St MILWAUKEE, WI 53218	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5/23/2014
<i>Leaell Hieber</i>	Leaell Hieber	4512 N 22 75 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Raymond L. Korman</i>	Raymond L. Korman	4531 N 75th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Al Dwyer</i>	Al Dwyer	4537 N 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>D. P. L. L. L.</i>	L. P. L. L.	4551 N. 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Ms. V. S.</i>	Ms. V. S.	4524 N. 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Raymond L. Korman</i>	Raymond L. Korman	4539 D 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>B. B.</i>	B. B.	4611 N 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Ms. S. S.</i>	Ms. S. S.	4617 N. 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Ms. S. S.</i>	Ms. S. S.	4617 N. 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14
<i>Ms. S. S.</i>	Ms. S. S.	4617 N. 77th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5-23-14

**CERTIFICATION OF CIRCULATOR**

I certify: I reside at *WISCONSIN 7303 ROCKFIELD RD GERMANTOWN* (Name of circulator)  
 Circulator's residence - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*Greg Tambrow* (Date) **5/23/14**  
*Greg Tambrow* (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

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Candidate's name; no titles may be used: Oliver G. Dombrowski

Street, fire, or rural route number; box number (if rural route); and name of street or road: W1321W17303 Rockfield Rd

Name and type of municipality for voting purposes:  
 Town of  
 Village of  
 City of GERMANTOWN

Name of municipality for mailing purposes: GERMANTOWN

State: WI Zip code: 53022

District or Jurisdiction:  District number 12  
 Jurisdiction (county) \_\_\_\_\_

Title of office: REPRESENTATIVE TO THE ASSEMBLY

Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Election date: Nov 4 2014

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

Type of election:  general  special

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>James E. Clark</i>	JAMES E. CLARK	5177 N. 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Debra M. Brown</i>	Debra M. Brown	6200 W. Villard St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Dorothy Knuth</i>	Dorothy Knuth	5235 W. 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Shirley Knight</i>	Shirley Knight	5240 N. 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Linda Lechner</i>	Linda Lechner	5240 N. 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>James Galen</i>	James Galen	6135 W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Michael Howard</i>	Michael Howard	5131 N. Villard	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Kevin Heenan</i>	Kevin Heenan	5843 N. Villard	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Carolee Green</i>	Carolee Green	4455 N. 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14
<i>Sarah Swift</i>	Sarah Swift	4921 N. 63rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5-24-14

**CERTIFICATION OF CIRCULATOR**

Name of circulator: Sally Dombrowski

I certify: I reside at W1321 W17303 Rockfield Rd. Germantown, WI

(Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Date: 5-24-14 (Date)

Signature of circulator: *Sally Dombrowski*

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

*Office of Dombrow*

Street, fire, or rural route number; box number (if rural route); and name of street or road  
*W1303 Rockfield Rd*

Name and type of municipality for voting purposes.  
 Town of  
 Village of  
 City of  
*GERMANTOWN*

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Name of municipality for mailing purposes *GERMANTOWN* State *WI* Zip code *53022* Type of election  general  special Election date *Nov 4 2014* Name of Party or Statement of Principle (5 words or less) *DEMOCRAT*

Threat office *Representative to the Assembly* District or Jurisdiction  District number *12*  Jurisdiction (county) Name of jurisdiction or district in which candidate seeks office *DISTRICT 12*

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	<i>Alonette Diaz</i>	<i>4851 N 62</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Hector Diaz</i>	<i>4851 N 62</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>JANICE FOTSMAN</i>	<i>4851 N 62ND</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Gabriela Alvarez</i>	<i>4851 N 62ND</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Shelley Harris</i>	<i>4851 N 62ND</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Cheryl Buckner</i>	<i>4851 N 62ND</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Rosie Medley</i>	<i>4905 N 62ND ST</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Larry Medley</i>	<i>4905 N 62ND ST</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>MICAYA FIELDS</i>	<i>5005 N 62ND ST</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>
<i>[Signature]</i>	<i>Christopher Roberson</i>	<i>5111 N. 62ND STREET</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5-24-14</i>

**CERTIFICATION OF CIRCULATOR**

I, *Gale Dombrow* certify: I reside at *W31 W1303 Rockfield Rd Germantown*  
(Name of circulator) (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*5-24-14*  
(Date)

*[Signature]*  
(Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name, no titles may be used: Oliver G. Dombrowski Street, fire, or rural route number, box number (if rural route); and name of street or road: W1322W17303 Rockfield Dr

Name of municipality for mailing purposes: GERMANTOWN State: WI Zip code: 53022 District or Jurisdiction:  District number 12  Jurisdiction (county) \_\_\_\_\_

Title of office: Representative to the Assembly Type of election:  general  special Election date: Nov 4 2014 Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Name and type of municipality for voting purposes:  Town of \_\_\_\_\_  Village of \_\_\_\_\_  City of \_\_\_\_\_ GERMANTOWN

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.		Signatures of Electors		Printed Name of Electors		Street and Number or Rural Route Rural address must also include box or fire no		Municipality of residence must always be listed. Provide name of municipality		Date of Signing	
1.	<u>Matthew Boase</u>	<u>Matthew Boase</u>	<u>Matthew Boase</u>	<u>4838 N GARDEN ST</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>WILWAUKEE</u>	<u>5/24/14</u>			
2.	<u>Joseph Rosenbhan</u>	<u>Joseph Rosenbhan</u>	<u>Joseph Rosenbhan</u>	<u>4827 N 65th</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
3.	<u>Tommy Roby</u>	<u>Tommy Roby</u>	<u>Tommy Roby</u>	<u>4800 N. 105th</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
4.	<u>Charlene Jackson</u>	<u>Charlene Jackson</u>	<u>Charlene Jackson</u>	<u>4833 N 64th St</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
5.	<u>Phyllis Merchant</u>	<u>Phyllis Merchant</u>	<u>Phyllis Merchant</u>	<u>4859 N 64th</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
6.	<u>Max Fischele</u>	<u>Max Fischele</u>	<u>Max Fischele</u>	<u>4893 N 64th</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
7.	<u>Serome Tillman</u>	<u>Serome Tillman</u>	<u>Serome Tillman</u>	<u>4901 N 64th St</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
8.	<u>Diane Tillman</u>	<u>Diane Tillman</u>	<u>Diane Tillman</u>	<u>4901 N 64th St</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
9.	<u>David Kirsil</u>	<u>David Kirsil</u>	<u>David Kirsil</u>	<u>4907 N 64th St</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			
10.	<u>David Kirsil</u>	<u>David Kirsil</u>	<u>David Kirsil</u>	<u>4907 N 64th St</u>	<u>Milwaukee</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>MILWAUKEE</u>	<u>5/24/14</u>			

**CERTIFICATION OF CIRCULATOR**  
 I, Greg Dombrowski (Name of circulator) certify: I reside at W1322W17303 Rockfield Dr Germantown (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/24/14 (Date) Greg Dombrowski (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name: no titles may be used: Oliver G. Dombrow Street, fire, or rural route number, box number (if rural route), and name of street or road: W132017303 Racine Rd

Name of municipality for mailing purposes: GERMANTOWN State: WI Zip code: 53022 District or Jurisdiction: 12 District number: 12 Jurisdiction (county): \_\_\_\_\_

Type of election:  general  special

Election date: Nov 4 2014 Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

Name and type of municipality for voting purposes:  Town of \_\_\_\_\_  Village of \_\_\_\_\_  City of \_\_\_\_\_

Name of Party or Statement of Principle (3 words or less): DEMOCRAT

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>[Signature]</u>	<u>Sheila Smith</u>	<u>4913 N. Locust St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Lachelle Stevens</u>	<u>4940 N 64th St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Twanita</u>	<u>5005 N. 64th</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Cheryl Cleburner</u>	<u>5015 N 64th St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Kiera Griffin</u>	<u>N 1 WIS 5328</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Montreal Balton</u>	<u>3177 N 55th St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Annie Washington</u>	<u>Milw. WI 53216</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Terry Sanders</u>	<u>6400 W Carpenter Ave</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Terry Sanders</u>	<u>5343 N. 62 St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>Terry Sanders</u>	<u>5112 N 62 St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>
<u>[Signature]</u>	<u>David Cross</u>	<u>5171 N 64th St</u>	<input type="checkbox"/> Town of <u>Milwaukee</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5/24/14</u>

**CERTIFICATION OF CIRCULATOR**  
 I, Greg Dombrow, certify: I reside at W132017303 Racine Rd (Name of circulator)  
 (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I depend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Oliver G. Dombrow (Date)  
[Signature] (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used.

*Billie G. Dombrow*

Street, fire, or rural route number; box number (if rural route); and name of street or road  
*1132017303 Rockfield Rd*

Name and type of municipality for voting purposes.  
 Town of  
 Village of  
 City of  
*GERMANTOWN*

*870*

Name of municipality for mailing purposes  
*GERMANTOWN*

State  
*WI*

Zip code  
*53022*

Type of election  
 general  
 special

Election date  
*Nov 4 2014*

Name of Party or Statement of Principle (5 words or less)  
*DEMOCRAT*

Title of office  
*Representative to the Assembly*

District or Jurisdiction  
 District number  
 Jurisdiction (county)  
*12*

Name of jurisdiction or district in which candidate seeks office  
*DISTRICT 12*

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
<i>Wayne Ebert</i>	<i>Wayne Ebert</i>	<i>4854 N. C. St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Mary Stobski</i>	<i>Mary Stobski</i>	<i>4822 N. C. St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Terry Patterson</i>	<i>Terry Patterson</i>	<i>4824 N. C. St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Deborah Shibley-Joerin</i>	<i>Deborah Shibley-Joerin</i>	<i>4882 N. Grand</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Glenn Smith</i>	<i>Glenn Smith</i>	<i>4882 N. Grand St.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Denise Copeland</i>	<i>Denise Copeland</i>	<i>4902 N. C. St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Bobby C. Childs</i>	<i>Bobby C. Childs</i>	<i>4912 N. C. St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>Tyria Williams</i>	<i>Tyria Williams</i>	<i>5012 N. Grand St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>
<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
<i>Semilda Christianson</i>	<i>Semilda Christianson</i>	<i>5030 North 2nd Street</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Milwaukee</i>	<i>5/24/14</i>

CERTIFICATION OF CIRCULATOR  
 I, *Billie G. Dombrow*, certify: I reside at *1132017303 Rockfield Rd*, *GERMANTOWN*.  
 (Name of circulator)  
 (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*Billie G. Dombrow*  
 (Date)  
*5/24/14*  
 (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Oliver G. Dombrowski Street, fire, or rural route number; box number (if rural route); and name of street or road: 11322 W 1303 Rockfield Rd Name and type of municipality for voting purposes: Germantown WI

Name of municipality for mailing purposes: Germantown State: WI Zip code: 53022 District or Jurisdiction: 12 District number: 12 Jurisdiction (county): DISTRICT 12

Title of office: Representative to the Assembly Type of election:  general  special Election date: Nov 4 2014 Name of Party or Statement of Principle (5 words or less): Democrat

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>Matthew Carter</u>	<u>DOROTHY CARTER</u>	<u>5186 W 635th</u>	<u>Milwaukee WI</u>	<u>5/24/14</u>
<u>Maria Oneal</u>	<u>MARIA ONEAL</u>	<u>5180 W 63rd St</u>	<u>Milwaukee WI</u>	<u>5/24/14</u>
<u>Nathaniel Taylor</u>	<u>NATHANIEL TAYLOR</u>	<u>16829 N 41st</u>	<u>Milwaukee WI</u>	<u>5-24-14</u>
<u>Sony Montgomery</u>	<u>Sony Montgomery</u>	<u>5120 N. 63rd</u>	<u>Milwaukee WI</u>	<u>5-24-14</u>
<u>Dwayne Mike de</u>	<u>Dwayne Widner Sr.</u>	<u>5108 W 63rd</u>	<u>Milwaukee WI</u>	<u>5-24-14</u>
<u>Shelby Ann McMillan</u>	<u>Shelby Ann McMillan</u>	<u>4547 N 66th</u>	<u>Milwaukee WI</u>	<u>5-24-14</u>
<u>Willie Tharp</u>	<u>Willie Tharp</u>	<u>5066 N 63rd</u>	<u>Milwaukee WI</u>	<u>5-24-14</u>
<u>David D. Smith</u>	<u>David D. Smith</u>	<u>5021 N 63rd St</u>	<u>Milwaukee WI</u>	<u>5-24-14</u>
<u>Greg Dombrowski</u>	<u>Greg Dombrowski</u>	<u>11322 W 1303 Rockfield Rd</u>	<u>Germantown WI</u>	<u>5-24-14</u>

**CERTIFICATION OF CIRCULATOR**  
 I certify: I reside at 11322 W 1303 Rockfield Rd Germantown WI  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/24/14  
 (Date)

Oliver G. Dombrowski  
 (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

84

Candidate's name, no titles may be used: Office of Dombrowski

Name of municipality for mailing purposes: GERMANTOWN State: WI Zip code: 53022

Street, fire, or rural route number; box number; (if rural route); and name of street or road: 17320 W 17303 Rockfield Rd

District or Jurisdiction: 12 District number: 12 Jurisdiction (county): Distric 12

Type of election:  general  special

Election date: Nov 4 2014 Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Name and type of municipality for voting purposes:  Town of GERMANTOWN  Village of GERMANTOWN  City of GERMANTOWN

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route <small>Rural address must also include box or fire no</small>	Municipality of Residence <small>Provide name of municipality</small>	Date of Signing
	Kelly B. Brown	6228 W Fairview Ave	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/24/14
	Madison McMillian	5732 N. 94th	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/26/14
	Kevin Tietz	4835 N 63rd St	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5-21-14
	Mary E. Walker	10713 W. Florist Ave	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5-26-14
	Anthony Walker	104713 W. Florist	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/26/14
	Boby Walker	10511 West Cornis	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/26/14
	Billy Smith	10717 W Forest Ave	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5-26-14
	Tomasz	10731 W. Rockst-	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/26/14
	Steven Williams	10732 W. Florist Ave	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/26/14
	Jamila Washington	10823 W Florist Ave	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee <input type="checkbox"/> City of Milwaukee	5/26/14

**CERTIFICATION OF CIRCULATOR**

I, Greg Dombrowski (Name of circulator) certify: I reside at 17320 W 17303 Rockfield Rd Germantown WI (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/26/2014 (Date)

Greg Dombrowski (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Office G. Dombrowski

Name of municipality for mailing purposes: GERMANTOWN

State: WI Zip code: 53022

Street, file, or rural route number; box number (if rural route); and name of street or road: W132W17303 Rockfield Dr

District or jurisdiction: 12

District number:  District number  Jurisdiction (county)

Type of election:  general  special

Election date: Nov 4 2014

Name and type of municipality for voting purposes: GERMANTOWN

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

Name of Party or Statement of Principle (5 words or less): DEMOCRAT

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	Duane Macken	10916 W Florist Ave	Milwaukee	5/26/14
<i>[Signature]</i>	Fleur Torres	1005 W Florist Ave	Milwaukee	5/26/14
<i>[Signature]</i>	Susan Zim	11015 W. Florist Ave	Milwaukee	5/26/14
<i>[Signature]</i>	Margaret Westfall	11015 W. Florist Ave	Milwaukee	5/26/14
<i>[Signature]</i>	Tennore E. Zerkel	11027 W. Florist Ave	Milwaukee	05/26/14
<i>[Signature]</i>	Patrick D'Torle	1125 W Florist Ave	Milwaukee	05/26/14
<i>[Signature]</i>	Marcus Cardine	11229 W Florist Ave	Milwaukee	5/26/14
<i>[Signature]</i>	Loren Busswitz	MIL	Milwaukee	5/26/14
<i>[Signature]</i>	Barb Busswitz	11229 W Florist Ave	Milwaukee	5/26/14
<i>[Signature]</i>	Dante Holland	11437 W Florist Ave	Milwaukee	5/26/14

**CERTIFICATION OF CIRCULATOR**

I, GREG THOMPSON (Name of circulator) certify: I reside at W132 W17303 Rockfield Dr GERMANTOWN (Circulator's residence - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/26/14 (Date)

*[Signature]* (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: DIANE G. DOMBRAW Street, fire, or rural route number; box number (if rural route); and name of street or road: W17303 ROCKFIELD RD

Name of municipality for mailing purposes: GERMANTOWN State: WI Zip code: 53022 District or Jurisdiction: 12 Name and type of municipality for voting purposes: GERMANTOWN

Title of office: REPRESENTATIVE TO THE ASSEMBLY District number: 12 Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Jurisdiction (county): 12 Name of Jurisdiction or district in which candidate seeks office: DISTRICT 12

general  special Election date: Nov 4 2014

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
	Chris Bartsch	1045 W. Lyndale St Milwaukee WI 53225	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	CT Schomrock	16911 W. Oakway Dr Milwaukee WI 53224	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	Angie Campbell	12009 N. 109th St Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	Monica Shelton	10918 W. Plunk St Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	Melva F. Coker	10846 W. Forest Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	David Best	11014 W. Forest Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	David Coffey	11032 W. Forest Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	Latrice Durray	1112 W. Forest Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	Joseph Rice	11202 W. Forest Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14
	Park Guy	10710 W. Forest Milwaukee WI 53222	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-26-14

**CERTIFICATION OF CIRCULATOR**  
 I, DIANE G. DOMBRAW, certify: I reside at W17303 ROCKFIELD RD, GERMANTOWN  
 (Name of circulator) (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(2)(a).

5-26-14 (Date)  
[Signature] (Signature of circulator)



**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Office of Dombrow

Street, fire, or rural route number; box number (if rural route); and name of street or road: 17303 Rockfield Rd

Name and type of municipality for voting purposes:  Town of Beromunster  
 Village of Beromunster  
 City of

Name of municipality for mailing purposes: Beromunster

State: WI Zip code: 53022

District or Jurisdiction:  District number 12  Jurisdiction (county)

Type of election:  general  special

Election date: Nov 4 2014

Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
	Candice Gypsee	1082 W Forest Avenue	<input checked="" type="checkbox"/> Town of Milwaukee <input type="checkbox"/> Village <input type="checkbox"/> City	5/26/14
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**CERTIFICATION OF CIRCULATOR**

I, GALE Dombrow (Name of circulator) certify: I reside at NB 17303 Rockfield Rd. Beromunster (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Date: 5/26/14

(Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name; no titles may be used: Oliver G. Dombrow Street, fire, or rural route number; box number (if rural route); and name of street or road: W32017303 Rockledge Rd

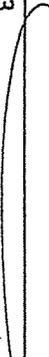
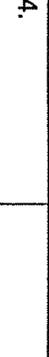
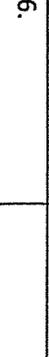
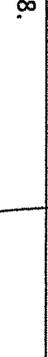
Name of municipality for mailing purposes: Belmont State: WI Zip code: 53022 District or Jurisdiction:  District number 12  Jurisdiction (county) \_\_\_\_\_

Title of office: Representative to the Assembly Type of election:  general  special Election date: Nov 4 2014 Name of Party or Statement of Principle (5 words or less): Democrat

Name and type of municipality for voting purposes: Belmont Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
	Jennifer Gwy	10710 W. FIDELITY AVE MILWAUKEE WI 53225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-26-14
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Oliver G. Dombrow (Name of circulator) CERTIFICATION OF CIRCULATOR certifies: I reside at W32017303 Rockledge Rd Belmont (Circulator's residence - include number, street and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Date) \_\_\_\_\_ (Signature of circulator) Oliver G. Dombrow

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name: no titles may be used. Oliver G. Dombrowski

Street, fire, or rural route number; box number (if rural route); and name of street or road 11320 W 1303 Rockledge Rd

Name of municipality for mailing purposes GERMANTOWN State WI Zip code 53022

Name and type of municipality for voting purposes:  Town of GERMANTOWN  Village of GERMANTOWN  City of GERMANTOWN

Title of office Representative to the Assembly District or Jurisdiction  District number 12  Jurisdiction (county) \_\_\_\_\_

Name of Party or Statement of Principle (5 words or less) DEMOCRAT

Election date Nov 4 2014 Name of jurisdiction or district in which candidate seeks office DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>Stanley Harris</u>	STANLEY HARRIS	3012 N 60 ST	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5/28/14
<u>Yvonne Page</u>	YVONNE PAGE	4335 N 71 ST	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5/20/14
<u>Derinda Boston</u>	Derinda Boston	4546 N 67th St Milwaukee, WI 53218	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5-20-14
<u>Lyons Johnson</u>	Lyons Johnson	4531 W 38th Milwaukee WI 53209	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5-20-14
<u>Ronald Sherrill</u>	Ronald Sherrill	1446 W Fond du Lac	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5-20-14
<u>Ferry Hammon</u>	Ferry Hammon	1029 E Grand St Milwaukee, WI 53202	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5-20-14
<u>Kendal Thomas</u>	Kendal Thomas	1044 W Fond du Lac Milwaukee WI 53225	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5-20-14
<u>Rashunda Hershell</u>	Rashunda Hershell	4206 N 98th Ave Milwaukee, WI 53216	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5/24/14
<u>Debra Johnson</u>	Debra Johnson	5047 N 21st St Milwaukee WI 53209	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5/24/14
<u>Tom Smith</u>	Tom Smith	3846 N 24th Pl Milwaukee WI 53206	<input type="checkbox"/> Town of Milwaukee <input checked="" type="checkbox"/> Village of Milwaukee	5-22-14

DERINDA BOSTON (Name of circulator)  
 I certify: I reside at 4546 N 67th St (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5-29-2014 (Date)  
Derinda Boston (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name: no titles may be used: Oliver G. Dombrowski

Street, fire, or rural route number, box number (if rural route); and name of street or road: WISCONSIN 7303 ROCKFIELD RD

Name and type of municipality for voting purposes:  
 Town of  
 Village of GERMANTOWN  
 City of

Name of municipality for mailing purposes: GERMANTOWN

State: WI Zip code: 53022

District or Jurisdiction:  District number 12  
 Jurisdiction (county):

Type of election:  general  special

Election date: Nov 4 2014

Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Title of office: REPRESENTATIVE TO THE ASSEMBLY

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	Brenda Palmer	4280 N. 69th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/28/14
<i>[Signature]</i>	Essie Edwards		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/28/14
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

10. Brenda Palmer (Name of circulator) certify: I reside at 4546 N 16th St (Circulator's residence - include number, street, and municipality.)

**CERTIFICATION OF CIRCULATOR**

further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. 12.13(3)(a).

5-29-2014 (Date)

Brenda Palmer (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name, no titles may be used: Office of Dombrowski

Street, fire, or rural route number, box number (if rural route), and name of street or road: W132W17303 Rockfield Rd

Name and type of municipality for voting purposes:  
 Town of  
 Village of GERMANTOWN  
 City of

Name of municipality for mailing purposes: GERMANTOWN

State: WI

Zip code: 53022

District or jurisdiction:  District number 12  
 Jurisdiction (county)

Type of election:  General  
 Special

Election date: Nov 4 2014

Name of Party or Statement of Principle (5 words or less): DEMOCRAT

Name of jurisdiction or district in which candidate seeks office: DISTRICT 12

Title of office: Representative to the Assembly

I, the undersigned, request that the candidate, whose name and address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper for any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
	T. Syko	5897 N 62	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/24/14
	S. Wilson	3805 N 76th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/24/14
	J. Thompson	4910 N. 66 St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/24/14

DAVIDO HAUPTFORNE (Name of circulator)  
 certifies: I reside at 2735 N. 30th St Milwaukee (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

5/29/2014 (Date)  
David Hauptforne (Signature of circulator)