HAND DELIVERED

2014 STATE OF WISCONSIN **GOVERNMENT ACCOUNTABILITY BOARD**

2014 JUN -5 PM 3:23

GOVERNMENT ACCOUNTABILITY BOARD

The Verified Complaint of

REPUBLICAN PARTY OF WISCONSIN
JOSEPH FADNESS,
Complainant

Against

BILL THOMPKINS,
Respondent

VERIFIED COMPLAINT

The Republican Party of Wisconsin, by and through its representative, Joseph Fadness, brings this verified complaint under Chapters 5 and 8 of the Wisconsin Statutes and Chapter GAB 2 of the State of Wisconsin Administrative Code, and requests that the Government Accountability Board review the sufficiency of the nomination papers of the Respondent in light of the allegations contained herein.

1. Complainant Joseph Fadness is a qualified elector of the State of Wisconsin and is the Executive Director of the Republican Party of Wisconsin with a mailing address of 148 East Johnson Street, Madison, Wisconsin 53703.

2. Bill Thompkins, who lists his address, as filed with the Government Accountability Board, as 4414 Northwestern Avenue, Mount Pleasant, WI 53405 has filed nomination papers with the Government Accountability Board for certification as a Restoring Power and Responsibility candidate for the State Senate in the 21st State Senate District on the November 4, 2014 ballot.

I. Challenges to Papers in their Entirety

1. Wis. Stat. 8.15(5)(a) states, in part, "Each nomination paper shall have substantially the following words printed at the top: ...residing at (insert candidate's street address)..."

2. Wis. Stat. 8.15(5)(b) states, "Each candidate shall include his or her mailing address on the candidate's nomination papers."

3. GAB 2.05(1) states, in part, "Each candidate for public office has the responsibility to assure that his or her nomination papers are prepared ... in compliance with statutory and other legal requirements."

4. Pages 2-22, 25-42, 44-54, 56 and 58-59 of Respondent's nomination papers do not include the street address of the Respondent. Pages 2-22, 25-42, 44-54, 56 and 58-59 list "4414 Mount Pleasant WI, 53045" as the street address of the Respondent. The Respondent,

however, filed with the Government Accountability Board with the address of "4414 Northwestern Avenue, Mount Pleasant, WI." A copy of pages 2-22, 25-42, 44-54, 56 and 58-59 of Respondent's nomination papers is attached hereto as Exhibits A-AAA.

5. Given the above, all signatures on pages 2-22, 25-42, 44-54, 56 and 58-59 of Respondent's nomination papers are missing the address of the Respondent, in contravention of Wis. Stat. 8.15(5)(a) and (b) and GAB 2.05(1).

6. Therefore, all signatures on pages 2-22, 25-42, 44-54, 56 and 58-59 of Respondent's nomination papers are invalid, and should not be accepted by the Government Accountability Board.

7. In addition, Page 7, of Respondent's nomination papers, was counted by the Government Accountability Board as containing 6 valid signatures. Page 7, as a whole, contains only 5 signatures of electors. A copy of page 7 of Respondent's nomination papers is attached hereto as Exhibit F.

II. CHALLENGES TO INDIVIDUAL SIGNATURES

8. Complainant re-alleges and incorporates herein paragraphs 1 through 7, above.

A
Signatures with Invalid Dates

9. Wis. Stat. 8.15(2) states, in part, that "...in order for the signature to be valid the signer of a nomination printer shall list... the date of signing."

10. GAB 2.05(15)(a) states, in part, that "An individual signature on a nomination paper may not be counted when any of the following occur: The date of the signature is missing..."

11. Page 54, line 8 of Respondent's nomination papers contain an incomplete date of signing, in contravention of Wis Stat. 8.15(2) and GAB 2.05(15)(a). A copy of page 54 of Respondent's nomination papers is attached hereto as Exhibit XX.

12. Page 50, line 9, of Respondent's nomination papers contains a date of signing that does not include the day, only the month and year, "6-14," in contravention of Wis. Stat. 8.15(2) and GAB 2.05(15)(a). A copy of page 50 of Respondent's nomination paper is attached here to as Exhibit TT.

B
Signatures Missing Complete Address or Municipality

13. Wis. Stat. 8.15(2) states, in part, that "...in order for the signature to be valid... shall list his or her... street and number on which the signer resides."

14. GAB 2.05(12) states, in part, that "A complete address, including municipality of residence for voting purposes, and the street and number… of the residence, shall be listed for each signature on a nomination paper."

15. Page 48, line 6, of Respondent's nomination papers is missing the required street address information, in contravention of Wis. Stat. 8.15(2) and GAB 2.05(12). A copy of page 48 of Respondent's nomination paper is attached hereto as Exhibit RR.

16. Page 15, line 10, of Respondent's nomination papers is missing the required street address information, in contravention of Wis Stat. 8.15(2) and GAB 2.05(12). A copy of page 15 of Respondent's nomination papers is attached hereto as Exhibit N.

17. Page 22, line 4, of Respondent's nomination papers is missing the required street address information, in contravention of Wis. Stat. 8.15(2) and GAB 2.05(12). A copy of page 22 of Respondent's nomination papers is attached hereto as Exhibit U.

C
Signer Does Not Reside Within the District

18. Wis. Stat. 8.15(3) states, in part, "all signers on each separate nomination paper … shall reside in the jurisdiction or district which the candidate named on the paper will represent, if elected."

19. Wis. Stat. 4.009(21) states, "The combination of the 61st, 62nd, and 63rd assembly districts constitutes the 21st senate district."

20. Wis Stat. 4.009(22) states, "The combination of the 64th, 65th, and 66th assembly districts constitutes the 22nd senate district."

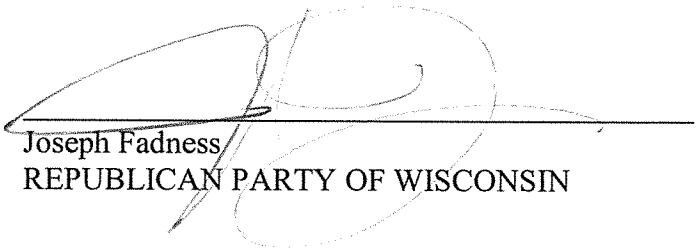
21. Page 59, line 9, of Respondent's nomination papers are signed by an individual who listed his/her street address as 2700 Mount Pleasant St #7. Copy of page 59 of Respondent's nomination papers is attached hereto as Exhibit AAA. Exhibit BBB from the "My Vote Wisconsin" website, as maintained by the Government Accountability Board, clearly demonstrates this individual resides in the 66th Assembly District, which pursuant to Wis. Stat. 4.009(22) is within the 22nd Senate District. This individual is not a resident of the 21st Senate District, as described by Wis Stat. 4.009(21), and this line is therefore in contravention of Wis. Stat. 8.15(3).

22. Page 59, line 10, of Respondent's nomination papers are signed by an individual who listed his/her street address as 2700 Mount Pleasant St #6. Copy of page 59 of Respondent's nomination papers is attached hereto as Exhibit AAA. Exhibit BBB from the "My Vote

Wisconsin" website, as maintained by the Government Accountability Board, clearly demonstrates this individual resides in the 66th Assembly District, which pursuant to Wis. Stat. 4.009(22) is within the 22nd Senate District. This individual is not a resident of the 21st Senate District, as described by Wis Stat. 4.009(21), and this line is therefore in contravention of Wis. Stat. 8.15(3).

WHEREFORE, Complainant prays that the Government Accountability Board review the sufficiency of Respondent's nomination papers and declare them to be in valid in whole or in part; and render such other relief that the Board may deem just and equitable.

Dated this 5th day of June, 2014 at Madison, Wisconsin.



Joseph Fadness
REPUBLICAN PARTY OF WISCONSIN

CERTIFICATION

I, Joseph Fadness, being first duly sworn upon oath, state that I 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.

Joseph Fadness

State of Wisconsin)
) ss
County of Dane)

Sworn to before me this 5th day of June 2014.

Notary Public or Person Authorized
to Administer Oaths

LINDA J GOUGH FLOOD
NOTARY PUBLIC
STATE OF WISCONSIN

My commission expires 4/14/18
Or, ___ is permanent.

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

ie of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

Exhibit A

: 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 :iple 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 'e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
[illegible]	Booker Redmond	4055 Nantucket Pl	☐ Town ☐ Village ☐ City 5-25-2014	
Johnny Simpson	Johnny Simpson	3140 Taylor Ave	☐ Town ☐ Village ☐ City 5-25-2014	5-26-2014
Leslie Jennings	Leslie Jennings	3525 Sherwood St Racine, WI	☐ Town ☐ Village ☐ City	5-26-14
Sherlean Jennings	Sherlean Jennings	3525 Sherwood St RACINE, WI	☐ Town ☐ Village ☐ City	5-26-14
Dora L Simpson	Dora L Simpson	1231 Geneva St.	☐ Town ☐ Village ☐ City Racine	5-27-14
Selethia Gunn	Selethia Gunn	1514 Holmes	☐ Town ☐ Village ☐ City Racine	5-27-14
Jazmin Thomas	Jazmin Thomas	1024 Main St Apt 410	☐ Town ☐ Village ☐ City Racine	5-27-14
Charlean White	Charlean White	1417 Grand Ave	☐ Town ☐ Village ☐ City Racine	5-27-14
Regina Grandberry	Regina Grandberry	1040 Birch St	☐ Town ☐ Village ☐ City Racine	5-27-14
Cornelius Gordon	Cornelius Gordon	2309 W. High St	☐ Town ☐ Village ☐ City Racine	6-2-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave Mt Pleasant (Circulator's residence - Include number, street, and municipality.)

her 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 nation 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 witl ledge 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. 13(3)(a).

6-2-14 (Date) (Signature of circulator)

Page No. 2

NOMINATION PAPER FOR PARTISAN OFFICE

andidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

ame of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

tle of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

Exhibit B

he 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 nciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

he 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.

ignatures 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
Stacey Calder	Stacey Calder	4000 Maryland Ave Racine WI 53405	☐ Town ☐ Village ☒ City Racine	5/25/2014
Lawanda Martinez	Lawanda Martinez	2600 Douglas Ave Racine, WI	☐ Town ☐ Village ☒ City	5/25/2014
Diana Baker	Diana Baker	4540 Indian Hills Dr Racine Wis. 53406	☐ Town ☐ Village ☒ City	5/25/2014
Susan Blackwell	SuSAN Blackwell	5102 County line Rd Racine wi. 53403	☐ Town ☐ Village ☒ City	5/25/2014
Jemmie Blackwell	Jimmie Blackwell	RACINE WI 53403 5102 COUNTY LINE RD	☐ Town ☐ Village ☒ City	5/25/2014
Yanessa McCoy	Yanessa McCoy	1661 ECHO LN Racine WI 53406	☐ Town ☐ Village ☒ City	5/25/2014
Mary Gordon	Mary Gordon	2369 W. High St Racine, WI 53404	☐ Town ☐ Village ☒ City	5/25/2014
Vickie Doss	Vickie Doss	990 Bedford Racine Wis 53406	☐ Town ☐ Village ☒ City	5/25/2014
Salena Doss	Salena Doss	3610 21st Street Racine, WI 53405	☐ Town ☐ Village ☒ City	5/25/2014
.0.		2[illegible] Douglas Avenue	☒ Town ☐ Village ☒ City	
[illegible]	YVETTE M STEWART	Racine WI 53404		5/25/2014

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North western ave Mt Pleasant 53405 (Circulator's residence - include number, street, and municipality.)

irther 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 mination 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 witl owledge 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. .2.13(3)(a).

6-2-14 (Date) (Signature of circulator)

Page No. 3

EXHIBIT C

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (If rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

le of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

ıe 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 ıciple 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 ıve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

ıe 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.

gnatures 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
[illegible]	Jettie Lee Cornett	7400 Forty Acre Road Franksville Wis	☐ Town ☐ Village ☐ City Franksville	5/25/14
Diane Olivier	Diane Olivier	1709 Kenosha St	☐ Town ☐ Village ☐City Racine	5/25/14
[illegible]	ANGELA Murray	12719 Spring St MT Pleasant	☐ Town ☐ Village ☐ City	5-25-14
Rosemary Crosdwin	Rosemary Crosdwin	560 N McMillan Dr 04	☐ Town ☐ Village ☐City Racine	5-25-14
[illegible]	Keith Murray	12719 Spring St MT. Pleasant	☐ Town ☐ Village ☐City RACINE	53177
[illegible]	Jeffery Stewart	2819 Donna Ave Racin Wi.	☐ Town ☐ Village ☐City Rani	53406
[illegible]	Benjamin Doss	930 Bedford Court Racine WI 53406	☐ Town ☐ Village ☐City Racine	53406
[illegible]	Larry Fondrer	2644 Franklin St	☐ Town ☐ Village ☐City	
[illegible]	Larry An		☐ Town ☐ Village ☐ City	
[illegible]	Jimmice Blackwell	5702 County Line Rd	☐ Town ☐ Village ☐ City RACIN	53403

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave 53405. MT Pleasant (Circulator's residence - Include number, street, and municipality.)

ther 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 nination 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 witl wledge 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. 2.13(3)(a).

6-2-14 (Date) (Signature of circulator)

Page No. 4

EXHIBIT D

NOMINATION PAPER FOR PARTISAN OFFICE

andidate's name; no titles may be used. Bill Thompkins	Street, fire, or rural route number; box number (if rural route); and name of street or road: 4414 Mount Pleasant Wi. 53405				Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of Mount Pleasant
ame of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405	State: WI	Zip code: 53405	Type of election: ■ general ☐ special	Election date: November 4 2014	Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility
tle of office: State Senator	District or Jurisdiction: ☐ District number 21 ☐ Jurisdiction (county) Racine				Name of jurisdiction or district in which candidate seeks office: 21st senate district

he 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 nciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

he 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
.	JOE BOLOZ	8150 GRAINGS RD MT PLEASANT, WI	☐ Town ☐ Village ☐ City MT PLEASANT	5-25-14
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
.			☐ Town ☐ Village ☐ City	
0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North wester ave (Circulator's residence - Include number, street, and municipality.).

rther 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 nination 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 witl owledge 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. 2.13(3)(a).

5/25/2014 (Date)

(Signature of circulator)

Page No. 5

EXHIBIT E

6

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.: Bill Thompkins

Street, fire, or rural route number; box number (if rural route); and name of street or road: 4414 Mount Pleasant Wi. 53405

Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of: Mount Pleasant

ie of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405

State: WI

Zip code: 53405

Type of election: ■ general ☐ special

Election date: November 4 2014

Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility

of office: State Senator

District or Jurisdiction: ☐ District number 21 ☐ Jurisdiction (county) Racine

Name of jurisdiction or district in which candidate seeks office: 21st senate district

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 iple 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 e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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.

natures 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
Janet Musselman	Janet Musselman	15941 Durand Ave #68 Union Grove, WI 53182	☐ Town ☐ Village ☐ City Racine Co.	5-25-14
Marjorie Korokian	Marjorie Korokian	5838 Tahoe Dr Racine WI 53406	☐ Town ☐ Village ☐ City Mt Pleasant	5/26/14
Pete Musselman	PETE MUSSELMAN	15941 DRAND AV 68C UNION GROVE WIS 53182	☐ Town ☐ Village ☐ City UNION GROVE RACINE COUNTY	5-26-14
[illegible]	Jonathan M. Aiello	1238 Melvin Ave Racine WI	☐ Town ☐ Village ☐ City Racine	5-26-14
Katherine Burrows	Katherine Burrows	3768 St. Andrews Blvd Racine, WI 53405	☐ Town ☐ Village ☐ City Racine	5-25-14
Jane Aiello	Jane Aiello	1238 Melvin Ave Racine, Wi 53402	☐ Town ☐ Village ☐ City Racine	5-25-14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	See reverse

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North Western Ave (Circulator's residence - include number, street, and municipality.)

ner 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 nation 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 witl ledge 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. 13(3)(a).

5/28/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 6

EXHIBIT F

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used. Bill Thompkins	Street, fire, or rural route number; ~~box number (if rural route)~~; and name of street or road: 4414 Mount Pleasant Wi. 53405	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of Mount Pleasant	
me of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405	State: WI	Zip code: 53405	Type of election: ■ general ☐ special
Election date: November 4 2014	Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility		
le of office: State Senator	District or Jurisdiction: ☐ District number 21 ☐ Jurisdiction (county) Racine	Name of jurisdiction or district in which candidate seeks office: 21st senate district	

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gnatures 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
Carrie Poling	Carrie Poling	1421 Lawndale Ave	☐ Town ☐ Village ☐ City mt Pleasant	6-1-14
Monica Beere	Monica Beere	5812 Mt. Vernon Way	☐ Town ☐ Village ☐ City mt Pleasant	6-1-14
[illegible]	Christian Beere	5812 Mt Vernon Way	☐ Town ☐ Village ☐ City Mt Pleasant	6-1-14
Natalie Czechowicz	Natalie Czechowicz	503 Wolff St.	☐ Town ☐ Village ☐ City Racine	6-1-14
[illegible]	KYLE CZECHOWICZ	503 WOLFF ST	☐ Town ☐ Village ☐ City RACINE	6/1/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North weston ave (Circulator's residence - Include number, street, and municipality.) see reverse

ther 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 nination 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 wledge 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. .13(3)(a).

6/1/2014 (Date)

[signature] (Signature of circulator)

Page No. 7

EXHIBIT G

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☒ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

le of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

ıe 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 ıciple 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 ıve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

ıe 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.

gnatures 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
Jacqueline Brown	JACQUELINE BROWN	3408 SHERIDAN RD RACINE 53403	☐ Town ☒ Village ☐ City	6-1-14
Oscar Hunter	Oscar Hunter	1513 Summit Racine, WI	☐ Town ☐ Village ☐ City	01 June 14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
.0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Wi 53405 (Circulator's residence - Include number, street, and municipality.).

ırther 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 mination 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 witl owledge 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. .2.13(3)(a).

6/1/2014 (Date) — William Thompkins (Signature of circulator)

Page No. 8

EXHIBIT H

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility 2

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
John Hardin	John Hardin	2115 Williams Racine Wi	☐ Town ☐ Village ☒ City	6-1-14
Jeremiah Golden	Jeremiah Golden	1631 Douglas Ave Racine Wi	☐ Town ☐ Village ☒ City	6-1-14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North western ave (Circulator's residence - Include number, street, and municipality.) Racine.

rther 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 nination 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 witl wledge 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. 2.13(3)(a).

6/1/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 9

EXHIBIT I

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Arthur Riley	1010 Park Ave		☐ Town ☐ Village ☒ City 53403	5/25/2014
Mary E Moore	Mary E Moore	1819 Woodland Ave	☐ Town ☐ Village ☒ City 53403	5/25/2014
Maxine Shannon	MAXINE SHANNON	2514 OREGON ST.	☐ Town ☐ Village ☒ City 53405	5/25/2014
Edna M. Flitty	Edna Flitty 1822 Woodland		☐ Town ☐ Village ☐ City 53403	5/25/2014
Shamska Johnson	Shamska Johnson	1425 Villa	☐ Town ☐ Village ☒ City 53404	5/25/2014
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
.0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompson (Name of circulator), certify: I reside at 4414 North western ave (Circulator's residence - Include number, street, and municipality.) Racine

urther 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 mination 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 owledge 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).

5/25/2014 (Date)

William C Thompson (Signature of Circulator)

Page No. 10

EXHIBIT 5

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

ne of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility 2

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
Waymond Stinson	WAYMOND STINSON	4506 Pleasant LN. MT Pleasant Wis	☐ Town ☐ Village ☐ City	6/1/14
David Bedford	DAVID BEDFORD	5226 Marboro Dr Racine WI 53406	☐ Town ☐ Village ☐ City	6/1/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave 53405. Mt Pleasan (Circulator's residence - include number, street, and municipality.)

ther 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 ination 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 witl wledge 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. .13(3)(a).

6/1/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 11

EXHIBIT K

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 iciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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.W. Booker	T.W. Booker	209 Ohio St Racine WI 53403	☐ Town ☐ Village ☐ City	6/1/2014
Paris Cotton	Paris Cotton	2016 Kinzie Ave Racine WI 53403	☐ Town ☐ Village ☑ City	6-1-14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave (Circulator's residence - Include number, street, and municipality.)

rther 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 mination 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 owledge 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. 2.13(3)(a).

6/1/2014 (Date)

(Signature of circulator)

Page No. 12

EXHIBIT L

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant 2

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Robert Mayfield	Robert Mayfield	1814 Grist St. Racine, WI 53403	☐ Town ☐ Village ☐ City Racine	6-1-14
~~Melvin D. Hargrove~~			☐ Town ☐ Village ☐ City	
~~[illegible]~~	Melvin D. Hargrove	4144 LaSalle Street Racine, WI 53402	☐ Town ☐ Village ☐ City Racine	6-1-14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

Jonathan Gholston Jr (Name of circulator), certify: I reside at 4410 Kennedy Dr #101 Racine, WI. 53404 (Circulator's residence - Include number, street, and municipality.)

ther 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 nination 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 witl wledge 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. 2.13(3)(a).

6/1/2014 (Date)

Jonathan Gholston Jr (Signature of circulator)

Page No. 13

EXHIBIT M

5

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; ~~box number (if rural route)~~; and name of street or road	Name and type of municipality for voting purposes. ☐ Town ☐ Village ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Ned Cooper	Ned Cooper	1100 Fountain Hills Racine Wi. 53404	☐ Town ☐ Village ☒ City	6/1/2014
Sheila Urquhart	Sheila Urquhart	4646 Chicory Rd Mt. Pleasant WI 53403	☐ Town ☒ Village ☐ City	6/1/2014
[illegible]	JEFF Urquhart	4646 Chicory Rd Mt Pleasant 53403	☐ Town ☒ Village ☐ City	6/1/2014
Sean Cornelius	Sandra Cornelius	1108 Birch St. Racine WI 53403	☐ Town ☐ Village ☒ City	6/1/2014
John Kidd	John Kidd	1221 Osborne St Racine, WI 53404	☐ Town ☐ Village ☒ City	6/1/2014
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave See Reverse (Circulator's residence - Include number, street, and municipality.)

ther 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 ination 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 wledge 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. .13(3)(a).

6/1/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 14

EXHIBIT N

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Taurean Pierce	Taurean Pierce	5409 Byrd Ave Racine WI 53406	☐ Town ☐ Village ☐ City	6-2-14
[illegible]	Gregory Jefferson	2521 Douglas Ave Racine, WI 53404	☐ Town ☐ Village ☐ City	6-2-14
Calvin Simmons	Calvin Simmons	1437 Grand St Racine WI 53402	☐ Town ☐ Village ☐ City	6-2-14
Ray Robinson	Ray Robinson	2714 Douglas Blvd Racine WI	☐ Town ☐ Village ☐ City	6-2-14
Mike Winston	Mike Winston	Racine WI	☐ Town ☐ Village ☐ City	6-2-14
[illegible]	[illegible]	1019 Mead St Racine WI 53404	☐ Town ☐ Village ☐ City	6-2-14
Zavier Ezell	Zavier Ezell	1506 Grand Ave Racine 53403	☐ Town ☐ Village ☐ City	6-2-14
Bart Trussell	Bart Trussell	3715 Burr Oak Dr Racine WI 53406	☐ Town ☐ Village ☐ City	6-2-14
[illegible]	Arik Dyess	2052 Center St Racine, WI 53403	☐ Town ☐ Village ☐ City	6-2-14
10. [illegible]	Deontrae Harris	Racine, WI 53403	☐ Town ☐ Village ☐ City	6-2-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave Mt Pleasant 53405 (Circulator's residence - include number, street, and municipality.)

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 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).

6/2/2014 (Date) (Signature of circulator)

Page No. 15

EXHIBIT O

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.: Bill Thompkins

Street, fire, or rural route number; box number (if rural route); and name of street or road: 4414 Mount Pleasant Wi. 53405

Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of: Mount Pleasant

ie of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405

State: WI

Zip code: 53405

Type of election: ■ general ☐ special

Election date: November 4 2014

Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility

of office: State Senator

District or Jurisdiction ☐ District number 21 ☐ Jurisdiction (county) Racine

Name of jurisdiction or district in which candidate seeks office: 21st senate district

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 iple 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 e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

: 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.

natures 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
[illegible]	Cheree Morgan	619 Echo Lane Racine, WI 53406	☐ Town ☐ Village ☐ City Racine	5/31/14
Beverly D Hicks	Beverly D. Hicks	138 PERRY AV RACINE WIS 53406	☐ Town ☐ Village ☐ City Mt Pleasant	6/1/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North Westonave 53405 Mt Pleasant (Circulator's residence - Include number, street, and municipality.)

ier 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 ination 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 witl edge 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. 3(3)(a).

6/1/2014 (Date)

William Thompkins (Signature of circulator)

Page No. 16

EXHIBIT P

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☒ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 Racine ☐ Jurisdiction (county)	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Marvin Smith	Marvin Smith	1548 Grange Ave Racine WI 53405	☐ Town ☐ Village ☒ City	6-1-14
Kendra Smith	Kendra Smith	1548 Grange Ave Racine WI 53405	☐ Town ☐ Village ☒ City	6-1-14
Curtis Bogan	Curtis Bogan	1832 Taylor Ave Lower Racine, WI 53403	☐ Town ☐ Village ☒ City	6-2-14
Richard DeRuyter	Richard DeRuyter	5212 State 31 Racine WI 53402	☐ Town ☐ Village ☒ City	6-2-14
Charlene Leffler	Charlene Leffler	5212 State Road 31 Racine, WI 53402	☐ Town ☐ Village ☒ City	6-2-14
Sandra M. Rachfal	Sandra M Rachfal	806 Main St. 53402 Racine, WI.	☐ Town ☐ Village ☒ City	
Suzanne DeRuyter	Suzanne DeRuyter	5212 State Road 31 Racine WI 53402	☐ Town ☐ Village ☒ City	6-2-14
Karla Burks	Karla Burks	1236 Grand Ave Racine WIS 53403	☐ Town ☐ Village ☒ City	6-2-14
Tonny Griffin	Tonny Griffin	2414 Racine WIS 53402	☐ Town ☐ Village ☒ City	6-2-14
Mary Hargrove	Mary Hargrove	Racine, WIS, 53403 1948 Linden	☐ Town ☐ Village ☒ City	6-2-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave 5345 Mt Pleasant (Circulator's residence - include number, street, and municipality.)

rther 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 nination 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 wledge 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. 2.13(3)(a).

6/2/2014 (Date)

(Signature of circulator)

Page No. 17

EXHIBIT Q

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant 6

ie of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 Racine ☐ Jurisdiction (county)	21st senate district

e 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 :iple 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 e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
Eugene Manning	Eugene Manning	922 center street Racine wi. 53403	☐ Town ☐ Village ☐ City	6-2-14
Darius Cooper	Darius Cooper	1206 Grand Ave Racine, wi 53403	☐ Town ☐ Village ☐ City	6-2-14
William Walne	William Walne	1441 Center st. Racine wi 53405	☐ Town ☐ Village ☐ City	6-2-14
Eriko Adams	Eriko ADAMS Eriko Adams	2008 Harriet st 53404 wi Racine	☐ Town ☐ Village ☐ City	6-2-14
Paul Price	Paul Price	1745 State St 53404	☐ Town ☐ Village ☐ City	6-2-14
Justin Robinson	JUSTIN ROBINSON	2518 NORTHWESTERN #16 53404 Racine, WI	☐ Town ☐ Village ☐ City	6-2-14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave Mt Pleasant 53405 (Circulator's residence - include number, street, and municipality.)

ther 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 nination 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 wit wledge 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. 2.13(3)(a).

6/2/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 18

EXHIBIT K

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Sheila Egerson	SHEILA EGERSON	1807 52ND ST #20 Sturtevant, WI 53177	☐ Town ☐ Village ☒ City Sturtevant	6/1/14
Derrick D. Jones	Derrick D. Jones	3424 Kentucky St Racine WI 53405	☐ Town ☐ Village ☒ City Racine	6/01/14
Olivia Bolton	Olivia Bolton	1100 Fountain, ~~53402~~ 53228 Racine WI	☐ Town ☐ Village ☐ City Racine	6/1/14
Jacqueline Morgan Jackson	Jacqueline Morgan Jackson	1130 David St Racine, WI 53404	☒ Town ☐ Village ☒ City Racine	06/01/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave 53405 Mt Pleasant (Circulator's residence - include number, street, and municipality.)

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 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. 13(3)(a).

6/1/2014 (Date)

William C Thompkins (Signature of circulator)

EXHIBIT S

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name: no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility 2

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 iciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Mildred Spann	Mildred Spann	2317 Webster Street Racine, WI 53403	☐ Town ☐ Village ☒ City Racine	6-1-14
Rosie Lawson	Rosie Lawson	14 Main St #216	☐ Town ☐ Village ☒ City Racine	6-1-14
D Pridgen	Danielle Pridgen	1863 Roosevelt Ave apt 6	☐ Town ☐ Village ☒ City Racine	6-1-14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
.0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North wester Ave (Circulator's residence - Include number, street, and municipality.)

urther 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 mination 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 witl owledge 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).

6/1/2014 (Date)

(Signature of circulator)

Page No. 20

EXHIBIT T

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.: Bill Thompkins

Street, fire, or rural route number; box number (if rural route); and name of street or road: 4414 Mount Pleasant Wi. 53405

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

ne of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405

State: WI

Zip code: 53405

Type of election: ☒ general ☐ special

Election date: November 4 2014

Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility

of office: State Senator

District or Jurisdiction: ☐ District number 21 ☐ Jurisdiction (county) Racine

Name of jurisdiction or district in which candidate seeks office: 21st senate district

: 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 :iple 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 'e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
Emily L. Jeffries	Emily L. Jeffries	3647 Green St. Racine, WI. 53402	☐ Town ☐ Village ☒ City	6/1/14
Lottie B. McCarty	Lottie B. McCarty	1902 Franklin St Racine Wi 53403	☐ Town ☐ Village ☐ City	6/1/2014
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North wester ave (Circulator's residence - include number, street, and municipality.).

ther 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 ination 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 witl wledge 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. .13(3)(a).

6/1/2014 (Date)

William C Thompkins (Signature of Circulator)

Page No. 21

EXHIBIT U

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

ne of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
Daisy Williams	Daisy Williams	4011 19th St Racine Wi	☐ Town ☐ Village ☒ City	6-1-14
Zettie Martin	Zettie Martin	6848 Griffin Ct Racine, Wi	☐ Town ☐ Village ☒ City	6-1-14
Margaret Gill	Margaret Gill	3201 Drexel Ave	☐ Town ☐ Village ☒ City	6-1-14
Florence Rudy	Florence	P.O. Box 45219 Racine, WI 53404	☐ Town ☐ Village ☒ City	6/1/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave (Circulator's residence - include number, street, and municipality) Racine.

ther 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 ination 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 wledge 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. .13(3)(a).

6/1/2014 (Date)

William Thompkins (Signature of circulator)

Page No. 22

EXHIBIT V

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Kendra Napue	Kendra Napue	4248 - Taylor Ave Racine, WI 53405	☐ Town ☐ Village ☑ City Racine	6.1.14
Donta Napue	Donta Napue	248 - Taylor Ave Racine, WI 53405	☐ Town ☐ Village ☑ City Racine	6-1-14
Tracy Hopkins	Tracey Hopkins	1831 Blake Racine, WI	☐ Town ☐ Village ☑ City Racine	6/1/14
Eric Hopkins	Eric Hopkins	1831 Blake Racine, WI	☐ Town ☐ Village ☑ City Racine	6/1/14
Susan Zahnow	Susan Zahnow	7025 - Hazelcrest Dr Racine, WI 53402	☐ Town ☐ Village ☑ City Racine	6.1.14
Genesis Jordan	Genesis Jordan	2530 Riverside Dr Racine, WI	☐ Town ☐ Village ☑ City Racine	6.1.14
Norris Johnson	Norris Johnson	3818 - Saratoga Ct Racine, WI 53405	☐ Town ☐ Village ☑ City Racine	6/1/14
Michelle Johnson	Michelle Johnson	398 - Saratoga Ct Racine, WI 53405	☐ Town ☐ Village ☑ City Racine	6/1/2014
Norris Johnson II	Norris Johnson II	3818 - Saratoga Ct Racine, WI 53405	☐ Town ☐ Village ☑ City Racine	6/1/2014
Norrville Johnson	Norrville Johnson	3818 Saratoga Ct Racine, WI 53405	☐ Town ☐ Village ☑ City Racine	6/1/2014

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator) certify: I reside at 4414 Northwestern Ave 53405 Mt Pleasant (Circulator's residence - include number, street, and municipality.)

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 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. § 13(3)(a).

6/1/2014 (Date)

(Signature of circulator)

Page No. 25

EXHIBIT W

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Breyona Jenkins	Breyona Jenkins	5321 16th Street #7 Racine, WI 53406	☐ Town ☐ Village ☑ City Racine	5/26/14
Fatima Wakefield	Fatima Wakefield	713 - Wolff St Racine, WI 53402	☐ Town ☐ Village ☑ City Racine	5/31/14
Charles Wakefield Sr.	Charles Wakefield	713 - Wolff St Racine, WI 53402	☐ Town ☐ Village ☑ City Racine	5/31/14
Kim Phillips	Kimberly Phillips	713 - Wolff St Racine, WI 53402	☐ Town ☐ Village ☑ City Racine	5/31/14
Petrice Jenkins	Petrice Jenkins	5321 16th St #17 Racine, WI 53406	☐ Town ☐ Village ☑ City Racine	5/31/14
Paula Coleman	Paula Coleman	2709 - Gillen St Racine, WI	☐ Town ☐ Village ☑ City Racine	5-31-14
Dylan Gill	Dylan Gill	5513 - Byrd Ave Racine, WI 53406	☐ Town ☐ Village ☑ City Racine	5/31/14
Stephanie Jones	Stephanie Jones	5513 - Byrd Ave Racine, WI 53406	☐ Town ☐ Village ☑ City Racine	5/31/14
Ocie Peet	Ocie Peet	1713 Howe St Racine, WI	☐ Town ☐ Village ☑ City Racine	5-31-14
April Hopkins	April Hopkins	1100 Oaks Rd #207 Mt Pleasant, WI 53406	☐ Town ☐ Village ☑ City Racine	5-31-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave Mt Pleasant 53405 (Circulator's residence - Include number, street, and municipality.)

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 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. 8.13(3)(a).

5/31/2014 (Date)

(Signature of circulator)

Page No. 26

EXHIBIT X

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☒ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	☒ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Pastor Leon Brown Sr.	Pastor Leon Brown Sr.	2707 Rapids Dr Racine, WI 53404	☐ Town ☐ Village ☒ City	5/27/14
Alyssia Brown	Alyssia Brown	2707 Rapids Dr Racine WI 53404	☐ Town ☐ Village ☒ City	5/28/14
Stanley McKenzie	Stanley McKenzie		☐ Town ☐ Village ☐ City	5/28/2014
Alicia McKenzie	Alicia McKenzie		☐ Town ☐ Village ☐ City	5/25/2014
Martha McKenzie	Martha McKenzie		☐ Town ☐ Village ☐ City	5/28/14
Pamela Plenck	Pamela Plenck	2707 Rapids Dr. Racine, WI 53404	☐ Town ☐ Village ☐ City	5/28/14
Nikkie Venzant	Nikkie Venzant		☐ Town ☐ Village ☒ City	5/31/14
Richard A. Pennick	Richard A. Pennick		☐ Town ☐ Village ☒ City	5/31/14
9.			☐ Town ☐ Village ☐ City	5/31/2014
10.			☐ Town ☐ Village ☐ City	5/31/2014

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North western ave (Circulator's residence - include number, street, and municipality.) See reverse

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 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).

6/1/2014 (Date)

William Thompkins (Signature of circulator)

Page No. 27

EXHIBIT Y

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Tina Hemer	Tina Hemer	2935-97TH St. Sturtevant,	☐ Town ☐ Village ☐ City Sturtevant	5-24-14
Jean Meteyard	JEAN METEYARD	7140 Marina Dr. #104 Mt. Pleasant WI 53406	☐ Town ☐ Village ☐ City Mt Pleasant	5-24-14
Fan Russell	FAN RUSSELL	732 STUART RD MT. PLEASANT WI 53406	☐ Town ☐ Village ☐ City MT PLEASANT	5-24-14
Joseph Herling	JOSEPH HERLING	732 STUART DR MT PLEASANT WI. 53406	☐ Town ☐ Village ☐ City MT PLEASANT	5-24-14
Debra Cano	Debra Cano	3545 Douglas Ave Racine, Wi 53402	☐ Town ☐ Village ☐ City Racine	5-25-14
Lillian Y. Noack	LILLIAN Y. NOACK	1250 ORCHARD ST. RACINE, WI 53405	☐ Town ☐ Village ☐ City RACINE	5-25-14
Roberta Noack	ROBERTA A. NOACK	1606 LIBERTY RACINE, WI 53402	☐ Town ☐ Village ☐ City RACINE	5-25-14
Sally Caldoza	SALLY CALDOZA	11575 1st St. #90 STURTEVANT WI 53177	☐ Town ☐ Village ☐ City STURTEVANT	5-25-14
Kristoffer Caldoza	KRISTOFFER CALDOZA	11575 1st St. #90 STURTEVANT WI 53177	☐ Town ☐ Village ☐ City STURTEVANT	5-25-14
Cindy Johnson	Cindy Johnson	747 9th Ave Union Grove WI 53182	☐ Town ☐ Village ☐ City Union Grove	5/25/14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave 53405 Mt Pleasant (Circulator's residence - include number, street, and municipality.)

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 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).

5/25/2014 (Date)

(Signature of circulator)

Page No. 28

EXHIBIT 2

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

, 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
1. Shirley Stephens	SHIRLEY STEPHENS	1149 Kennyplace	☐ Town ☐ Village ☐ City	6/1/2014
2. Vicki Wall	Vicki Wall	3407 84th 204 Sturtevant WI	☐ Town ☐ Village ☐ City	6/1/2014
3. Devin Singh	DEVIN SINGH	712 WILLIAM ST.	☐ Town ☐ Village ☐ City RACINE	6/1/2014
4. Todd Jensen	Todd Jensen	221 Harrison St	☐ Town ☐ Village ☐ City	6/1/2014
5.	Mike Yrouncio	2401 HANSEN AVE	☐ Town ☐ Village ☐ City	6/1/2014
6. Raquel Villarreal	Raquel Villarreal	1540 ~~[illegible]~~ Blaine AVE	☐ Town ☐ Village ☐ City	6/1/2014
7. Shanta B. Harris	SHANTA HARRIS	1540 BLAINE AVE	☐ Town ☐ Village ☐ City	6/1/2014
8. Shelly Schuster	Shelly Schuster	4915 Schoen Rd #17 U.G. WI. 53182	☐ Town ☐ Village ☐ City U.G.	6/1/2014
9. [illegible]	Ann Small	6652 NICHOLSON FRANKSVILLE	☐ Town ☐ Village ☐ City RACINE	6/1/2014
10. [illegible]	Rebecca Small	1224 Augusta St. Racine WI 53402	☐ Town ☐ Village ☐ City Racine	6/1/2014

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 44/14 Northwestern ave 53405 mt Pleasant (Circulator's residence - include number, street, and municipality.)

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 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).

6/1/2014 (Date) (Signature of circulator)

Page No. 29

EXHIBIT A4

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

, 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
1. Alicia Dobner	Bill Thompkins	415 high street	☐ Town ☐ Village ☒ City racine	5/25/14
2. [illegible]	Karen M. Blair	3819 Spruce St.	☐ Town ☐ Village ☒ City Racine	5/25/14
3. [illegible]	Melissa SOTO	427 WEST BLVD.	☐ Town ☐ Village ☒ City Racine	5/25/14
4. [illegible]	Vivian Soto	1111 Russet St. Racine WI	☐ Town ☐ Village ☒ City Racine	05/25/14
5. [illegible]	Amanda Richie	4307 Wright Ave Racine, WI	☐ Town ☐ Village ☒ City Racine	5/25/14
6. [illegible]	Kizzie Dorsey	2308 Airline Rd	☐ Town ☐ Village ☐ City Racine	5/25/14
7. [illegible]	Jermaine Spears	1418 Jerome Blvd	☐ Town ☐ Village ☐ City	5/25/14
8. Jordan Sweeti	JORDAN Sweeti	2430 Hayes Ave.	☐ Town ☐ Village ☐ City Racine	5/25/14
9. Chelsea Frederick	chelsea Frederick	8905 Rodney Lane	☐ Town ☐ Village ☒ City Racine	5/25/2014
10. William Hansen	William HANSEN	39 S. Fanchon Rd Racine, WI	☐ Town ☐ Village ☐ City	5/25/2014

CERTIFICATION OF CIRCULATOR

I, William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave Mt Pleasant 53405 (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 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).

5/25/2014 (Date)

[illegible] (Signature of circulator)

Page No. 30

NOMINATION PAPER FOR PARTISAN OFFICE

EXHIBIT BB

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
1. Leah Demet	Leah Demet	2808 Oregon St Racine, WI 53405	☐ Town ☐ Village ☒ City	5/25/14
2. Justine Boerger	Justine Boerger	4300 Lighthouse Dr. Racine WI 53402	☐ Town ☐ Village ☒ City	5/25/14
3. Melanie Perez	Melanie Perez	6014 Margery Dr. Apt #204 racine WI	☐ Town ☐ Village ☒ City Racine	5/25/14
4. Lanice McDonald	LaNICE McDonald	1831 Green Street Racine WI ~~53402~~	☐ Town ☐ Village ☒ City	5/25/14
5. Kathy Hansen	Kathy Hansen	395 Franklin Blvd	☐ Town ☐ Village ☐ City	5/25/2014
6. Sarah McLean	Sarah McLean	5329 Hwy. 38 Franksville, WI 53126	☒ Town ☐ Village ☐ City Franksville	5/25/14
7. Joseph McLean	Joseph McLean	5329 Hwy. 38 Franksville, WI 53126	☒ Town ☐ Village ☐ City Franksville	5/25/14
8. Catherine Polaski	Catherine Polaski	5329 Hwy. 38 Franksville, WI 53126	☒ Town ☐ Village ☐ City Franksville	5/25/14
9. David Zavala	David Zavala	1432 Grange ave Racine Wisc 53405	☐ Town ☐ Village ☒ City Racine	5-25-14
10. Camille Pace	Camille Pace	9009 Hulda Dr Sturtevant, WI	☐ Town ☐ Village ☒ City S	5/25/14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator) certify: I reside at 4414 Northwestern ave Mt Pleasant 53405 (Circulator's residence - include number, street, and municipality.)

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 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).

5/25/2014 (Date) (Signature of circulator)

Page No. 31

EXHIBIT CC

NOMINATION PAPER FOR PARTISAN OFFICE

andidate's name; no titles may be used. Bill Thompkins	Street, fire, or rural route number; box number (if rural route); and name of street or road: 4414 Mount Pleasant Wi. 53405			Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of Mount Pleasant
ame of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405	State: WI	Zip code: 53405	Type of election: ■ general ☐ special	Election date: November 4 2014
Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility				
le of office: State Senator	District or Jurisdiction: ☐ District number 21 ☐ Jurisdiction (county) Racine			Name of jurisdiction or district in which candidate seeks office: 21st senate district

10

ne 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 nciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

ne 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.

gnatures 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
Margaret Beckett	MARGARET BECKETT	1239 KENTUCKY ST. RACINE, WI. 53405	☐ Town ☐ Village ☒ City	5/25/14
Donna Maki	1660 96th St DONNA MAKI	1660 96th ST Sturtevant, wi 53177	☐ Town ☒ Village ☐ City	5/25/14
Lorenzo D Vega	~~420 Carlton Dr.~~ Lorenzo Venegas	420 Carlton Dr. Racine WI 53402	☐ Town ☐ Village ☒ City	5/25/14
Chanty Butler	Chantyl Butler	8150 Gittings Rd Mt. Pleasant WI 53406	☒ Town ☐ Village ☐ City	5/25/14
Ashly Cruz	Ashly Cruz	2616 Cottonwood Ct. Racine, WI 53402	☐ Town ☐ Village ☒ City	5/25/14
Laura Muzid	Laura Muzid	2745 Red Maple Ct. Racine, WI 53402	☒ Town ☐ Village ☐ City	5/25/14
Ana Zavala	Ana Zavala	1446 Carlisle Ave. Racine, WI 53404	☐ Town ☐ Village ☐ City	5/25/2014
Tamara L Butler	Tamara L Butler	8150 GITTINGS RD Racine, WI 53406	☐ Town ☐ Village ☐ City	5/25/14
Luis Cruz	Luis Cruz	2616 cottonwood ct Racine, WI 53402	☐ Town ☐ Village ☐ City	5/25/2014
Patrick L. Draves	PATRICK L. DRAVES	15941 DURAND AVE LOT 190 UNION GROVE, WI. 53182	☐ Town ☒ Village ☐ City	5-25-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave (Circulator's residence - include number, street, and municipality.) See reverse

ther 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 ination 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 witl vledge 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. .13(3)(a).

5/25/2014 (Date) (Signature of circulator)

Page No. 32

EXHIBIT DD

NOMINATION PAPER FOR PARTISAN OFFICE

andidate's name; no titles may be used. Bill Thompkins	Street, fire, or rural route number; box number (if rural route); and name of street or road 4414 Mount Pleasant Wi. 53405	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of Mount Pleasant	
ame of municipality for mailing purposes 4414 Mount Pleasant Wi. 53405	State WI	Zip code 53405	Type of election ■ general ☐ special; Election date November 4 2014
Name of Party or Statement of Principle (5 words or less) Restoring Power and Responsibility			
le of office State Senator	District or Jurisdiction ☐ District number 21 ☐ Jurisdiction (county) Racine	Name of Jurisdiction or district in which candidate seeks office 21st senate district	

ne 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 nciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

ne 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.

gnatures 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
[signature]	Jennifer Boerger	4300 Lighthouse Dr Racine WI 53402	☐ Town ☐ Village ☒ City	5/25/14
[signature]	James Boerger	4300 Lighthouse Dr Racine, WI 53402	☐ Town ☐ Village ☒ City	5/25/14
[signature]	Charity Perez	2910 Four Mile Rd Racine WI 53402	☐ Town ☒ Village ☐ City Caledonia	5/25/14
[signature]	Jeff Demet	2808 Oregon St Racine WI 53405	☐ Town ☐ Village ☒ City Racine	5/25/14
[signature]	Tylee Butler	987 Hastings CT Racine, WI 53406	☐ Town ☐ Village ☐ City Mt. Pleasant	5/25/14
[signature]	Amanda Williams	2060 Douglas Ave Upper Racine WI 53402	☐ Town ☐ Village ☒ City Racine	5-25-14
[signature]	Brandon Williams	2060 Douglas Ave Upper Racine WI 53402	☐ Town ☐ Village ☒ City Racine	5-25-14
[signature]	Jessica Johnson	747 9th Ave Union Grove WI 53182	☐ Town ☒ Village ☐ City Union Grove	5-25-14
[signature]	Christopher T Johnson	747 9th Ave Union Grove 53182	☐ Town ☒ Village ☐ City Union Grove	5/25/14
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave Mt Pleasant 5345 (Circulator's residence - include number, street, and municipality.)

ther 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 ination 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 vledge 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. 13(3)(a).

6/1/2014 (Date)

[signature] (Signature of circulator)

Page No. 33

EXHIBIT EE

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 iciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Mary L Jeffries	Mary L. Jeffries	1111 Prairie Dr #5 Mt Pleasant, WI	☐ Town ☐ Village ☐ City	6/1/14
Maybelle Easley	Maybelle Easley	1722 Summit Dr. Racine, WI 53404	☐ Town ☐ Village ☐ City	6/1/14
Frances Jones	FRANCES JONES	811 Grand Ave Racine, WI	☐ Town ☐ Village ☐ City	6/1/14
Debra Girley	Debra Girley	811 Grand Ave Racine, WI 53403	☐ Town ☐ Village ☐ City	6/1/14
Blanche Bookes	Blanche Booker	1718 Franklin St. Racine, WI 53403	☐ Town ☐ Village ☐ City	6/1/14
Mary Jones	MARY JONES	Racine Wi 53403 5101 WRIGHT #B1	☐ Town ☐ Village ☐ City	6/1/14
Sarah C. Lowney	Sarah C. Lowney	1128 La Salle St. Racine, Wi 53404	☐ Town ☐ Village ☐ City	6/1/14
Bessie Thurman	Bessie Thurman	512 Park View Dr Racine WI 53403	☐ Town ☐ Village ☐ City	6/1/14
Calvin E Simmons	Calvin E. Simmons	1487 Geneva St Racine Wis 53404	☐ Town ☐ Village ☐ City	6/1/14
Anne Sabbage	ANNE SABBAGE	3207 Indiana St Apt 7 Racine Wis 53405	☐ Town ☐ Village ☐ City	6/1/14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North western ave (Circulator's residence - include number, street, and municipality.) See reverse

urther 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 mination 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 witl owledge 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).

6/1/2014 (Date)

(Signature of circulator)

Page No. 34

EXHIBIT F

NOMINATION PAPER FOR A PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

e of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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 iple 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 e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
Jacqueline Fason	JACQUELINE FASON	141 main st #117 RACINE WI 53403	☐ Town ☐ Village ☐ City	6-1-14
Rebekah McGravey	Rebekah McGravey	424 lake Ave Apt. 305 Racine, WI 53404	☐ Town ☐ Village ☐ City	6-1-14
Robin Shaw	Robin Shaw	1304 marquette St Racine, WI 53404	☐ Town ☐ Village ☐ City	6-1-14
Tomeka Brockman	Tomeka Brockman	1709 Geneva Str.	☐ Town ☐ Village ☐ City	6-1-14
Rhonda Houston	Rhonda Houston	2214 William St. Racine, WI 53404	☐ Town ☐ Village ☐ City	6-1-14
Rosie Hicks	Rosie Hicks	823 Forest St #3 04	☐ Town ☐ Village ☐ City	6-1-14
Zsa Zsa Driver	ZSA ZSA DRIVER	1621 West street	☐ Town ☐ Village ☐ City	6-1-14
F. Shaw	Frank Shaw	121 Meadowlawn	☐ Town ☐ Village ☐ City	6-1-14
Tiffany Hollimon	Tiffany Hollimon	1344 S. Memorial Dr. Racine, WI	☐ Town ☐ Village ☐ City	6-1-14
Laurie McIntosh	Laurie McIntosh	2319 Yout St 53404	☐ Town ☐ Village ☐ City	6-1-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave (Circulator's residence - Include number, street, and municipality.) see number

ther 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 ination 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 witl wledge 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. .13(3)(a).

6/1/2014 (Date)

(Signature of circulator)

Page No. 35

EXHIBIT 66

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☒ City of Mount Pleasant

ıme of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility 5

le of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 Racine ☐ Jurisdiction (county)	21st senate district

ıe 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 ıciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

ıe 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.

gnatures 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
Betty Brown	BETTY BROWN	Racine WI	☐ Town ☐ Village ☒ City	6-1-14
Winnetta Jackson	Winnetta Jackson	Racine WI 1938 Cleveland Ave	☐ Town ☐ Village ☒ City	6-1-14
Pamela Wray	Pamela Wray	Racine WI	☐ Town ☐ Village ☒ City	6-1-14
Alnita Johnson	Alnita Johnson	2809 Lincolnwood dr Racine, WI	☐ Town ☐ Village ☒ City	6-1-14
Tammie Bumpus	Tammie Bumpus	1619 Mia St Racine Wis 53402	☐ Town ☐ Village ☒ City	6-1-14
Bryan Rogers	Bryan Rogers	3318 Hamlin St. Racine Wis. 53403	☐ Town ☐ Village ☐ City	6/1/14
Cynthia Jenkins	Cynthia Jenkins	1610 Charles ST Racine, WIS 53404	☐ Town ☐ Village ☐ City	6-1-14
Melanie Morgan	Melanie Morgan	RACINE WI 53402	☐ Town ☐ Village ☐ City	6-1-14
Donna Gardner	Donna Gardner	Racine, WISC	☐ Town ☐ Village ☒ City	6-1-14
Keyanna Gardner	Keyanna Gardner	Racine WI	☐ Town ☐ Village ☒ City	6-1-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwesten ave 53405 MT Pleasant (Circulator's residence - include number, street, and municipality.)

rther 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 mination 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 witl owledge 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. 2.13(3)(a).

6/1/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 36

EXHIBIT HH

NOMINATION PAPER FOR PARTISAN OFFICE

andidate's name; no titles may be used. Bill Thompkins	Street, fire, or rural route number; box number (if rural route); and name of street or road: 4414 Mount Pleasant Wi. 53405	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of Mount Pleasant	
ame of municipality for mailing purposes: 4414 Mount Pleasant Wi. 53405	State: WI	Zip code: 53405	Type of election: ■ general ☐ special
Election date: November 4 2014	Name of Party or Statement of Principle (5 words or less): Restoring Power and Responsibility		
tle of office: State Senator	District or Jurisdiction: ☐ District number 21 ☐ Jurisdiction (county) Racine	Name of jurisdiction or district in which candidate seeks office: 21st senate district	

he 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 nciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

he 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.

ignatures 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
	JANIE RAMOS	2115 Hamilton Ave	☐ Town ☐ Village ☐ City	
M. McJesse Ramos	JESSE RAMOS	Racine WI 53403		5-25-14
Rubin Jackson	Rubin Jackson	2138 Neptune Cir Racine WI 53404	☐ Town ☐ Village ■ City	5-25-14
Janet Ruffolo	Janet Ruffolo	19029 2 mile Rd Franksville, WI 53126	■ Town ☐ Village ☐ City Yorkville	5/25/14
Deliya Jack	Deliya Jackson	2138 Neptune circle Racine, WI 53404	☐ Town ☐ Village ■ City Racine	5/25/14
Mario Villarreal	Mario Villarreal	2917 Mitchell st Racine, WI 53403	☐ Town ☐ Village ■ City Racine	5/25/14
[illegible]	Martina Villarreal	2917 Mitchell St Racine WI 53403	☐ Town ☐ Village ■ City Racine	5-25-14
Nancy Villarreal	Nancy L. Villarreal	2917 Mitchell St Racine WI 53403	☐ Town ☐ Village ■ City Racine	5-25-14
Betty Jones	Betty L Jones	3515 Phillips Ave Racine WI 53403	☐ Town ☐ Village ■ City Racine	5-25-14
Sandy Aviles	Sandy Aviles	4455 Nicholson Rd Franksville, WI 53126	☐ Town ☐ Village ■ City Racine	5-25-14
0.	Gabriel Ruffolo	19029 2 mile Rd Franksville, WI 53126	■ Town ☐ Village ☐ City Yorkville	5-25-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave Mt Pleasant 53405 (Circulator's residence - Include number, street, and municipality.)

ther 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 ination 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 wledge 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. 2.13(3)(a).

5/25/2014 (Date)

William Thompkins (Signature of circulator)

Page No. 37

EXHIBIT II

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Tonya Hall	Tonya Hall	2823 Carpenter Ave Racine WI 53406	☐ Town ☐ Village ☐ City Racine	6-1-14
Antwon Edwards	Antwon Edwards	WI 53406 2024 Northwestern Ave	☐ Town ☐ Village ☐ City Racine	6-1-14
Shemka Ham	Shemeka Hamilton	3901 16th St. WI 53405	☐ Town ☐ Village ☐ City Racine	6-1-14
[illegible]	Mael Monroe Jr	WI 53402 3504 Chicago Rd.	☐ Town ☐ Village ☐ City Racine	6-1-14
Shana Edwards	Sherana Edwards	2420 Northwester #19 WI 53402	☐ Town ☐ Village ☐ City Racine	6-1-14
Annie Taylor	Annie Taylor	Racine WI 53404 2037 Center St	☐ Town ☐ Village ☐ City Racine	6/1/14
Cassandra Sloans-Light	Cassandra Sloans-Light	1825 Grand Ave WI 53402	☐ Town ☐ Village ☐ City Racine	6/1/14
Edella Hargrove	Edella Hargrove	Racine WI 53403 141 Main St apt 213	☐ Town ☐ Village ☐ City	6-1-14
Lela E Moore	Lela E Moore	2306 Durand Ave Racine, WI 53403	☐ Town ☐ Village ☐ City	6-1-14
[illegible]	Michael Hickman	2750 87th St 53177 Kenosha WI	☐ Town ☐ Village ☐ City	6-1-14

CERTIFICATION OF CIRCULATOR

Jonathan Gholston Jr (Name of circulator) certify: I reside at 4410 Kennedy Dr #101 Racine, Wi. 53404 (Circulator's residence - Include number, street, and municipality.)

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 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).

6/1/2014 (Date)

Jonathan Gholston Jr (Signature of circulator)

Page No. 38

EXHIBIT JJ

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Lois Johnson	Lois Johnson	1012 Douglas St Racine WI	☐ Town ☐ Village ☒ City Racine	5/25-14
Halena Jennings	Halena A. Jennings	134 Main St. #134 Racine WI. 53403	☐ Town ☐ Village ☒ City Racine	5/25/2014
Kathleen Brown	Kathleen Brown	3051 Drexel Ave Racine WI 53403	☐ Town ☐ Village ☐ City Racine	5/25-2014
Mary Jane Bowman	Mary Jane Bowman	1520 Indiana St. Racine WI 53403	☐ Town ☐ Village ☒ City Racine	5/25/2014
Mildred E. Adams	Mildred E. Adams	5900 Pilgrim way Mt Pleasant, WI 53406	☐ Town ☒ Village ☐ City	5/25/2014
Curtis Crump	Curtis Crump	3819 N. Main St. 53402	☐ Town ☐ Village ☒ City Racine	05/25/14
Orlen Brown	Orlen Brown	3251 Drexel Av Racine WI. 53403	☐ Town ☐ Village ☒ City Racine	5/25/14
Wendy Brown	Wendy Brown	1713 Racine WI → Rapids Dr	☐ Town ☐ Village ☒ City Racine	5/25/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Mt Pleasant 53405 (Circulator's residence - Include number, street, and municipality.)

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 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. 8.13(3)(a).

5/25/2014 (Date)

(Signature of circulator)

EXHIBIT KK

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

ne of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Stacy L. Turner	STACY TURNER	1937 Racine St. Racine, 53403	☐ Town ☐ Village ☒ City Racine	5/25/14
Edward Bowman	Edward Bowman	2520 Indiana St 53405 Racine WI	☐ Town ☐ Village ☒ City Racine	5/25/14
Thelma L Biles	Thelma L Biles	1625 Otto ST 53405	☐ Town ☐ Village ☐ City Racine	5-25-14
Rufus Perry	RUFUS PERRY	1640 96th St Unit 88 Sturtevant, W. 53177	☐ Town ☐ Village ☐ City Sturtevant	5/25/14
Robert Perry	Robert Perry	53405 2718 Lokai Ln	☐ Town ☐ Village ☐ City Racine	5/25/14
Tanisha Kirkwood	Tanisha Kirkwood	5748 Finch Lane Racine, WI 53402	☐ Town ☒ Village ☐ City Caledonia	5/25/14
James Houston	James ~~Hauston~~ Houston	2214 William St. Racine WI 53404	☐ Town ☐ Village ☐ City Racine	5/25/14
			☐ Town ☐ Village ☐ City	
			☐ Town ☐ Village ☐ City	
).			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave (Circulator's residence - include number, street, and municipality.) See reverse.

ther 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 ination 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 wledge 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. .13(3)(a).

5/25/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 40

EXHIBIT LL

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
1. [signature]	Barbara J Lange	11025 Spring St Sturtevant WI 53177	☐ Town ☒ Village ☐ City Mt Pleasant	5/28/14
2. [signature]	Susan Dreyer	3500 Wright Ave Racine WI 53405	☐ Town ☐ Village ☒ City Racine	5/28/14
3. [signature]	Judith T. Adamowicz	1332 Michigan Bl Racine WI 53402	☐ Town ☐ Village ☒ City Racine	5/28/14
4. [signature]	Ed Guzon	14 Redwing Lane Racine, WI 53402	☐ Town ☒ Village ☐ City Windpoint	5/28/14
5. [signature]	Michael Graceffa	3026½ Gilson St 53403 Racine, WI	☐ Town ☐ Village ☒ City Racine	5/28/14
6. [signature]	Amy Biddle-Miller	1517 Oakdale Ave 53406	☐ Town ☐ Village ☒ City Racine	5/28/14
7. [signature]	Misty Olwalka	2200 Durand Ave Racine, WI 53403	☐ Town ☐ Village ☒ City Racine	5/28/14
8. [signature]	Jamie Kierch	3710 13th St 53405	☐ Town ☐ Village ☒ City Racine	5/28/14
9. [signature]	Larry Lange	11025 Spring St Sturtevant Wi	☐ Town ☐ Village ☐ City Mt Pleasant	5/28/14
10. [signature]	Christian Dreyer	3500 Wright Ave Racine WI 53405	☐ Town ☐ Village ☒ City Racine	5/28/14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave (Circulator's residence - Include number, street, and municipality.) See reverse

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 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).

5/28/2014 (Date) [signature] (Signature of circulator)

Page No. 41

EXHIBIT MM

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☒ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
Adrien Turner	Adrien Turner	1908 Dearne Blvd Racine WI 53405	☐ Town ☐ Village ☒ City	May 28, 2014
Steve Michorter	Steve Michorter	1752 Lathrop Ave Racine WI 53405	☐ Town ☐ Village ☒ City	5-28-14
Ronald J. Wiley	Ronald J. Wiley	1130 Carlisle Ave Racine WI 53405	☐ Town ☐ Village ☒ City	
[illegible]	Timothy J Rehse	1916 Wisconsin Ave #38 Racine 53403	☐ Town ☐ Village ☒ City	5-28-14
[illegible]	Jim Monfeli	3 Pinewood Ct Racine, WI 53402	☐ Town ☒ Village ☐ City Wind Point	5/29/14
Roxetta Carter	Roxetta Carter	2004 Howe St Racine WI 53403	☐ Town ☐ Village ☒ City Racine	5-29-14
Sara Grzyb	Sara Grzyb	2328 Weber Street Racine, WI 53403	☐ Town ☐ Village ☒ City Racine	5/30/14
Robert Hess	Robert Hess	2131 Hamilton Ave Racine, WI 53403	☐ Town ☐ Village ☒ City Racine	5-30-14
Phyllis Long	Phyllis Long	3919 Ruby Ave #323 Racine, WI 53402	☐ Town ☐ Village ☒ City Racine	5-30-14
0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins, certify: I reside at 4414 Northwestern Ave (See reverse)
(Name of circulator) (Circulator's residence - Include number, street, and municipality.)

ther 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 nination 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 witl wledge 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. 2.13(3)(a).

5/30/2014 (Date) [signature] (Signature of circulator)

Page No. 42

EXHIBIT NIV

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 ciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
William E Harris	William L Harris	1348 Marin St Racine, Wi. 53404	☐ Town ☐ Village ☒ City Racine	6-1-2014
James B Kincheen	James B Kincheen Jr	8424 Ivanhoe Pl Sturtevant Wi 53177	☐ Town ☒ Village ☐ City Sturtevant	6/1/14
Geraldine Gomez	Geraldine Gomez	2009 Ohio St 53405	☐ Town ☐ Village ☒ City Racine Wi	6/1/14
Wilma Rogers	Wilma Rogers	2206 Monat Ave	☐ Town ☐ Village ☒ City Racine	6.1.2014
Michelle Hudson	Michelle Hudson	2321 Dwight St Racine, WI 53403	☐ Town ☐ Village ☒ City Racine	6.1.2014
Maydell Williams	Maydell Williams	2540 Donegal Rd. Racine, WI 53405	☐ Town ☒ Village ☐ City	6-1-2014
Kyle M Griffin	Kyle M Griffin	1108 N Meadowlark Racine WI 5340 4	☐ Town ☐ Village ☒ City	6-1-2014
Crystal Brumby	Crystal Brumby	5 Elmwood Dr Racine WI 53400	☐ Town ☐ Village ☒ City	6-1-2014
Bettye Kidd	Bettye Kidd	1401 Jefferson St Racine WI 5340 4	☐ Town ☐ Village ☒ City	6-1-14
Robbin Rogers	Robbin Rogers	1400 Mt Vernon Way Racine WI 53406	☐ Town ☒ Village ☐ City Mt. Pleasant	6/1/14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator) certify: I reside at 4414 Northwestern Ave Mt Pleasant 53405 (Circulator's residence - Include number, street, and municipality.)

urther 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 mination 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 witl owledge 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).

6/1/2014 (Date)

(Signature of circulator)

Page No. 44

EXHIBIT OO

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
1. Bias	Jaime Bias	4622 Westway WI 53405	☐ Town ☐ Village ☑ City Racine	6/1
2. Wydell McKnight	Wydell McKnight	2036 Center St WI 53404	☐ Town ☐ Village ☑ City Racine	6/1
3. Beechem	Judith Beechem	WI 53404 1727 Grand Ave	☐ Town ☐ Village ☑ City Racine	6/1
4. Shalane Smith	Shalane Smith	410 7th St #8 WI 53404	☐ Town ☐ Village ☑ City Racine	6/1
5. Herbert W Hamilton	Herbert W Hamilton	2733 Y½ Mile RD WI 53406	☐ Town ☑ Village ☐ City CALEDONIA	6/1/14
6. Jazzmen Lambert	Jazzmen Lambert	3004 Chilory Rd WI 53406	☐ Town ☐ Village ☑ City Racine	6-1-14
7. Ann Hanson	Ann Hanson	509 Wolff St. WI 53402	☐ Town ☐ Village ☑ City Racine	6-1-14
8. Perry Davis	Perry Davis	~~Racine~~ Mt Pleasant 3721 Sovereign Dr	☐ Town ☑ Village ☐ City Racine	6-1-14
9. Torrie Lewis	Torrie Lewis	1634 Mead St. WI 53404	☐ Town ☐ Village ☑ City Racine	6-1-14
10. Dennis Berry	Dennis Berry	1634 Mead St. WI 53404	☐ Town ☐ Village ☑ City Racine	6-1-14

CERTIFICATION OF CIRCULATOR

Jonathan Gholston Jr (Name of circulator), certify: I reside at 4410 Kennedy Dr #101 Racine WI 53404 (Circulator's residence - Include number, street, and municipality.)

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 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).

6/1/2014 (Date)

Jonathan Gholston Jr (Signature of circulator)

Page No. 45

EXHIBIT TP

8

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
1. Patricia Bland	Patricia Bland	2820 Glendale Ave Racine, WI. 53403	☐ Town ☐ Village ☒ City	6-1-14
2. Earlie Bruce	Earlie Bruce	2034 Russet ST Racine, WIS 53405	☐ Town ☐ Village ☒ City	6-1-14
3. Wilma Roger	Wilma Rogers	3702 Oakwood Dr. Racine, WI 53402	☐ Town ☐ Village ☒ City	6-1-14
4. Daisy Ellis	Daisy Ellis	4111 Nantucket Place Racine, WI 53405	☐ Town ☒ Village ☐ City	6-1-14
5. Lorenzo Daniel	James Daniel	1613 Thurstan Racine WI 53405	☐ Town ☐ Village ☐ City 53405	6-1-14
6. Antoinette Hicks	Antoinette Hicks	3540 Cty H Rd. Franksville, WI 53126	☐ Town ☐ Village ☐ City	6-1-14
7. Mittie Mayfield	Mittie Mayfield	4817 Mary Jane Ave	☐ Town ☐ Village ☒ City Racine WI	6-1-14
8. Randy Rogers	Randy Rogers	6100 Mt Vernon Ave Racine WI 53406	☐ Town ☒ Village ☐ City Mt Pleasant	6/1/14
9.			☐ Town ☐ Village ☐ City	
10.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

I, William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave Mt Pleasan 5345 (Circulator's residence - include number, street, and municipality.)

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 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).

6/1/2014 WCT (Date)

(Signature of circulator)

Page No. 46

EXHIBIT QQ

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Tammi J. McCright	Tammi J. McCright	1242 S. Main St. Racine, WI 53403	☐ Town ☐ Village ☒ City Racine	6/1/2014
Linda Lattimore	Linda Lattimore	3320 Daisy Lane #7 Racine Wisconsin 53405	☐ Town ☐ Village ☒ City Racine	6/1/2014
Vallie Rogers	VALLIE ROGERS	713 Kentwood Dr Racine, WI 53402	☐ Town ☐ Village ☐ City	6/1/2014
Janet Mitchell	JANET MITCHELL	2411 Mt. Pleasant St. Racine, WI 53404	☐ Town ☐ Village ☒ City Racine	6/01/14
Annie Hicks	Annie Hicks	5921 Taylor Ave Mt. Pleasant, WI 53403	☐ Town ☒ Village ☐ City Mt. Pleasant	6/01/14
	Sanford McLaughlin	5451 Constan Hills Rd Mt Pleasant, WI 53406	☐ Town ☒ Village ☐ City Mt Pleasant	6/01/14
Jeanette McMillian	Jeanette McMillian	5600 Castle Cir #108 Racine, Wisc. 53420	☐ Town ☐ Village ☒ City	6/1/14
Valeria Scott	Valeria Scott	2037 Jay Eye See Ave Racine, WI 53403	☐ Town ☐ Village ☒ City	6/1/14
Laura Lowe			☐ Town ☐ Village ☐ City	
Susie Mott		1325 Mott	☐ Town ☐ Village ☐ City	6-1-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern A-e (Circulator's residence - include number, street, and municipality.) See header

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 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. § 13(3)(a).

6/1/2014 (Date) William C Thompkins (Signature of circulator)

Page No. 47

EXHIBIT KK

NOMINATION PAPER FOR PARTISAN OFFICE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

e of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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 iple 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 e seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

natures 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
Jodie L Reams Sr.	JODIE L. REAMS SR	6035 FAYETTE DR RACINE WI	☐ Town ☐ Village ☐ City CALEDONIA	6-1-14
[illegible]	DARYL PRIDSON	2102 PARKWAY DR CALDONIA, WI	☐ Town ☐ Village ■ City Racine	6/1/14
LEGRETHA JEFFRIES	LEGRETHA JEFFRIES	3647 GREEN Street RACINE, WI	☐ Town ☐ Village ☒ City RACINE	6-1-14
Patricia A. Billups	PATRICIA A. BILLUPS	1616 Woodrow Ave RACINE, WI 53404	☐ Town ☐ Village ☒ City Racine	6-1-14
Vivian F. James	Vivian F. James	1729 Blake Ave. Racine WI. 53404	☐ Town ☐ Village ☒ City Racine	6-1-14
Penny Colley	Penny Colley	P.O. Box 85115 Racine WI 53408	☐ Town ☐ Village ☒ City	6.1.14
Mr. Stacey Bland	Stacey Bland	1418 Virginia St Racine, WI	☐ Town ☐ Village ☒ City	6.1.14
Eleanor Forte	Eleanor Forte	1731 Grand ave Racine wi 53403	☐ Town ☐ Village ☐ City	61-14
[illegible]	Derrick Joseph Jones	2424 Kentucky Street Racine, WI 53405	☐ Town ☐ Village ☒ City	6/1/14
0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator) certify: I reside at 4414 Northwestern ave (Circulator's residence - include number, street, and municipality.) See reverse

rther 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 nination 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 witl wledge 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. 2.13(3)(a).

6/1/2014 (Date)

[signature] (Signature of circulator)

Page No. 48

EXHIBIT SS

NOMINATION PAPER FOR PARTISAN OFFICE

andidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

ame of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

tle of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

he 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 nciple 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 ove seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

he 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.

ignatures 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
Samora Nakitare	Samora Nakitare	6720 Marine Dr #101 Racine WI 53405	☐ Town ☐ Village ☒ City	6-1-14
Angel Rivera	Angel Rivera	Racine WI 53405 1835 Blake Ave	☐ Town ☐ Village ☐ City	6/14
Debra Rivera	Debra Rivera	RACINE WI 53405 1835 Blake ave	☐ Town ☐ Village ☒ City	6-1-14
[illegible]	[illegible]	714 Walton Ave Racine WI 53402	☐ Town ☐ Village ☒ City	6/1/14
Felecia Hubbard	Felecia Hubbard	1020 Carlisle Ave Racine, WI. 53404	☐ Town ☐ Village ☒ City	6/1/14
Hope Johnson	Hope Johnson	Racine WI 53405 2120 Gilson St	☐ Town ☐ Village ☒ City	6/1/14
Sheila R Smith	Sheila R Smith	50 Mertens Ave Unit 3 Racine 53405	☐ Town ☐ Village ☒ City	6/1/14
Shirley A. Scott	Shirley A. Scott	1938 Prospect St Racine, WI 53404	☐ Town ☐ Village ☒ City	6-1-14
Tamara R. Hanna	Tamara R. Hanna	1923 63rd St Apt 311 Kenosha, WI 53143	☐ Town ☐ Village ☒ City	6-1-14
Christa V. Scott	Christa V. Scott	1556 Kearney Ave Racine WI 53405	☐ Town ☐ Village ☒ City	6-1-14

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 North western Ave 53405, Mt Pleasant (Circulator's residence - Include number, street, and municipality.)

urther 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 ·mination 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 witl owledge 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).

6/1/2014 (Date)

William C Thompkins (Signature of circulator)

Page No 49

EXHIBIT TT

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
[illegible]	DANNY BUTLER	4420 17th ST RACINE WI 53405	☐ Town ☐ Village ☒ City	6/1/14
[illegible]	Tammy Wells	4325 Kennedy Dr #202 Racine Wi. 53402	☐ Town ☐ Village ☒ City	6/1/14
[illegible]	Michele L. Woods	1700 Erben Street Racine, WI 53402	☐ Town ☐ Village ☒ City	6/1/14
[illegible]	Christina Dollinger	4515 - 17th St RACINE, WI 53405	☐ Town ☐ Village ☒ City	6/1/14
[illegible]	Jacob Dollinger	4515 17 St. Racine, Wi. 53405	☐ Town ☐ Village ☒ City	6/1/14
[illegible]	Maria Butler	4420-17th St Racine WI 53403	☐ Town ☐ Village ☒ City	6/1/14
[illegible]	Melinda Hartley	4305 Erie St Racine, WI 53404	☐ Town ☐ Village ☒ City	6/01/14
[illegible]	VERA CRAFT	3240 91st Sturtevant, WI	☐ Town ☐ Village ☒ City	6-1-14
[illegible]	Racheal Woods	714 Walton Ave Racine, WI 53402	☐ Town ☐ Village ☒ City	6-14
10.			☐ Town ☐ Village ☒ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave 53405. MT Pleasant (Circulator's residence - include number, street, and municipality.)

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 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).

6/1/2014 (Date)

[illegible] (Signature of circulator)

Page No. 50

EXHIBIT UU

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road.	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

e 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 iciple 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 ve seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

e 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.

gnatures 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
	Dennis Thompson	1753 Park Ave 53403 WI	☐ Town ☐ Village ☐ City Racine	5/26/14
	Kelvin Weatherspoon	8512 Gettings Rd Racine WI 53406	☐ Town ☐ Village ☐ City Mt Pleasant	5/31/14
	Rodney McLain	2617 5 mile RD 53402	☐ Town ☐ Village ☐ City Cal.	5/31/14
	Ruby D. Barkley	912 Lockwood Ave Racine 53403	☐ Town ☐ Village ☐ City	5/31/14
Ozell Taylor	Ozell Taylor	1835 Center Racine WI 53403	☐ Town ☐ Village ☐ City Racine	5-31-14
Melinda Billups	Melinda Billups	1621 Linden Ave 03	☐ Town ☐ Village ☐ City Racine	6-1-14
Jinnette Barkly	Jinnette Barkly	912 Lockwood Ave	☐ Town ☐ Village ☐ City Racine	6/1/2014
Kareem McLain	Kareem McLain	2617 5 mile rd	☐ Town ☐ Village ☐ City Racine	6/1/14
Mary Weatherspoon	Mary Weatherspoon	Racine WI 53406 ~~2210 Sawyer Racine~~	☐ Town ☐ Village ☐ City	6/1/14
0.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern Ave 53405 Mt Pleasant (Circulator's residence - include number, street, and municipality.)

rther 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 mination 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 witl owledge 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. .2.13(3)(a).

6/12/014 (Date)

(Signature of circulator)

Page No. 51

EXHIBIT VV

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

10

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
1. Daryl Hawkins	DARYL HAWKINS	3800 Monarch DR. #1 WI 53406	☐ Town ☐ Village ☒ City Racine	June 1, 2014
2. Lucy Hawkins	LUCY HAWKINS	3800 Monarch DR. #1 WI 53406	☐ Town ☐ Village ☒ City Racine	June 1, 2014
3. Robert Jackson	ROBERT JACKSON	2819 LINCOLNWOOD DR RACINE WIS 53402	☐ Town ☐ Village ☒ City RACINE	JUNE 1, 2014
4. Jacqueline Biss	Jacqueline Biss	4622 WEST WAY Ave Racine Wi 53405	☐ Town ☐ Village ☒ City Racine	6/1/14
5. Selena Taylor	[illegible]	720 Florence Ave Racine WI 53402	☐ Town ☐ Village ☒ City Racine	6/1/14
6. Felicia Howell	Felicia Howell	2513 Olive Street Racine 53403	☐ Town ☐ Village ☒ City Racine	6/1/14
7. Jerry Howell	Terry Howell	2513 Olive St Racine Wi 53403	☐ Town ☐ Village ☐ City Racine	6/1/14
8. Nanon White	NANON WHITE	1657 - LINTHROP AV WI 53404	☐ Town ☐ Village ☒ City Racine	6-1-14
9. Kittra Hargrove	Kittra Hargrove	1746 9 St Racine WI 53403	☐ Town ☐ Village ☒ City Racine	6/1/14
10. Michael Balderas	Michael BALDERAS	1957 Linden Ave Racine WI 53403	☐ Town ☐ Village ☒ City Racine	6-1-14

CERTIFICATION OF CIRCULATOR

Jonathan Gholston Jr (Name of circulator), certify: I reside at 4410 Kennedy DR #101 Racine, WI. 53404 (Circulator's residence - Include number, street, and municipality.)

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 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).

6/1/2014 (Date)

[signature] (Signature of circulator)

Page No. 32

EXHIBIT W W

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

10

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 inciple 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 ove 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
1.	Davigon Hartzog	1308 Center St WI 53404	☐ Town ☐ Village ☒ City Racine	6-1-14
2.	Velvetta Hargrove	1235 Lathrop Ave WI 53404	☐ Town ☐ Village ☒ City Racine	6-1-14
3.	Anthony Askew	2127 Carlisle Ave WI 53404	☐ Town ☐ Village ☒ City Racine	6-1-14
4.	Jacqueline D. Reynolds	1543 Douglas Av. Apt 1 WI 53402	☐ Town ☐ Village ☒ City Racine	6-1-14
5.	Angela Crane	4030 Erie St #2 Racine WI 53404	☐ Town ☐ Village ☒ City Racine	6/1/14
6.	Twyla Sturm	1948 Linden Ave Racine WI 53405	☐ Town ☐ Village ☒ City Racine	6/1/14
7.	Belinda Askew	2127 carlisle ave Racine WI	☐ Town ☐ Village ☒ City 53405	6/1/14
8.	Kimberly McCree	2018 15th St. Racine WI 53403	☐ Town ☐ Village ☒ City Racine	6/1/14
9.	Marshalli Hamilton	3103 21st St #4 53405 WI	☐ Town ☐ Village ☒ City Racine	6/1/14
10.	Willie Hargrove	1235 Lathrop Ave 53405	☐ Town ☐ Village ☒ City Racine	6/1/14

CERTIFICATION OF CIRCULATOR

Jonathan Gholston Jr, certify: I reside at 4410 Kennedy Dr #101 Racine, Wi 53404.
(Name of circulator) (Circulator's residence - Include number, street, and municipality.)

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 omination 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 witl nowledge 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).

6/1/2014 (Date)

(Signature of circulator)

Page No. 53

EXHIBIT XX

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town ☐ Village ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
Ashley Morris	Ashley Morris	2886 Chicory Road Racine WI 53406	☐ Town ☐ Village ☐ City Racine	6-1-14
Raquel White	Raquel White	3108 Kearney Ave Upper Racine WI 53405	☐ Town ☐ Village ☐ City Racine	6-1-14
Cember White	Cember White	3108 Kearney Ave Upper Racine WI 53405	☐ Town ☐ Village ☐ City Racine	6-1-14
Karen Hawkins	Karen Hawkins	1633 Villa St Racine WI 53404	☐ Town ☐ Village ☐ City Racine	6-1-14
Elvira Bumpus	Elvira Bumpus	3105 Kearney Ave Racine WI 53405	☐ Town ☐ Village ☐ City Racine	6/1/14
Charnetta Hickman	CHARNETTA HICKMAN	7238 Linzie Ave Mt. Pleasant WI 53406	☐ Town ☐ Village ☐ City RACINE	6-1-14
LaTasha M. Riley-Turner	LaTasha Riley-Turner	3204 Wood Rd Unit 6 Mt. Pleasant, WI 53406	☐ Town ☐ Village ☐ City Racine	6/1/14
Ajiya McMillian	Ajiya McMillian	1957 Linden Ave Racine WI 53403	☐ Town ☐ Village ☐ City	
Tamma Balderas	Tamma Balderas	Racine, WI 53403 1957 Linden Ave	☐ Town ☐ Village ☐ City Racine	6/1/14
Freida Johnson	Freida Johnson	1308 Center St Racine, WI 53403	☐ Town ☐ Village ☐ City Racine	6-1-14

CERTIFICATION OF CIRCULATOR

Frank Thomas Gholston Jr (Name of circulator), certify: I reside at 4410 Kennedy Dr #101 Racine Wi 53406 (Circulator's residence - include number, street, and municipality.)

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 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).

6/1/2014 (Date) (Signature of circulator)

Page No. 54

EXHIBIT YY

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

Name of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	☒ general ☐ special	November 4 2014	Restoring Power and Responsibility

Title of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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
1. Juanita C Tyler	Juanita C Tyler	1027 Perry Ave 53404	☐ Town ☐ Village ☒ City Racine	5-25-14
2. [illegible]	Julian Jones	5747 W. Roosevelt	☐ Town ☐ Village ☒ City Milwaukee	5-25-14
3. Agatha A. Doss	Agatha A. Doss	1923 Arlington Ave Racine, 53403	☐ Town ☐ Village ☒ City Racine	5/25/14
4. Frank E. Rowe	Frank E. Rowe	1701 Douglas Blvd Racine 53405	☐ Town ☐ Village ☒ City Racine	5-25-14
5. Michael Smith	Michael Smith	3368 6th Ave Racine 53403	☐ Town ☐ Village ☐ City	5-25-14
6. Callie Adams	Callie Adams	5900 Pilgrim Way Racine WI 53406	☐ Town ☐ Village ☐ City	5/25/14
7. Ann Kirkwood	W. Ann Kirkwood	3118 Five Mile Rd Racine 53406	☒ Town ☐ Village ☐ City Caledonia	5/25/14
8. Virginia Perry	Virginia Perry		☐ Town ☐ Village ☒ City Racine	5/25/14
9. Gloria Cotton	GLORIA COTTON	2322 Grove Ave 05 Racine 53405	☐ Town ☐ Village ☐ City	5/25/14
10. Charlie Tyler	Charlie Tyler	1627 Perry Ave Racine WI. 53405	☐ Town ☐ Village ☒ City	5-25-14

CERTIFICATION OF CIRCULATOR

I, William Thompkins (Name of circulator), certify: I reside at 4414 Northwestern ave (Circulator's residence - Include number, street, and municipality.) See reverse

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 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).

5/25/2014 (Date)

William C Thompkins (Signature of circulator)

Page No. 56

EXHIBIT EE

didate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes.
Bill Thompkins	4414 Mount Pleasant Wi. 53405	☐ Town of ☐ Village of ☐ City of Mount Pleasant

e of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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: 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.

natures 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
Elaine Cruz	ELAINE CRUZ	3919 Ruby Ave. 324 Racine Wi. 53402	☐ Town ☐ Village ☒ City	5-31-14
Marlene Wilson	MARLENE WILSON	3919 Ruby Ave Racine Wi. 53402	☐ Town ☐ Village ☒ City	5-31-14
Shirley Romeo	Shirley Romeo	3919 Ruby ave 323 Racine Wisc. 53402	☐ Town ☐ Village ☒ City	5-31-14
[illegible]	Arthur R. Feron	3919 Ruby Ave 222 Racine, WI 53402	☐ Town ☐ Village ☒ City	5/31/14
Ralph Catapano	RALPH Catapano	3919 RUBY AVE 524 RACINE Wis 53402	☐ Town ☐ Village ☒ City	5/31/14
Oscar Walker	Oscar Walker	3919 Ruby Apt #102	☐ Town ☐ Village ☒ City	5-31-14
[illegible]	3919 RUBY [illegible]	" "	☐ Town ☐ Village ☐ City	5-31-14
Christy Johnson	Christine Johnson	" "	☐ Town ☐ Village ☒ City	5-31-14
Virginia Klus	VIRGINIA KLUS	3919 Ruby Ave #103 Racine WI 53402	☐ Town ☐ Village ☒ City	5-31-14
Mike Orzechowski	MIKE ORZECHOWSKI	3919 RUBY AVE 319 RACINE WI. 53402	☐ Town ☐ Village ☒ City	5-31-14

CERTIFICATION OF CIRCULATOR

PHYLLIS LONG (Name of circulator), certify: I reside at 3919 RUBY AVE #323; Racine (Circulator's residence - include number, street, and municipality.).

her 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 ination 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 witl wledge 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. 13(3)(a).

6/01/14 (Date)

Phyllis Long (Signature of circulator)

Page No. 58

EXHIBIT AAA

NOMINATION PAPER FOR PARTISAN OFFICE

ndidate's name; no titles may be used.	Street, fire, or rural route number; box number (if rural route); and name of street or road	Name and type of municipality for voting purposes. ☐ Town of ☐ Village of ☐ City of
Bill Thompkins	4414 Mount Pleasant Wi. 53405	Mount Pleasant

me of municipality for mailing purposes	State	Zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
4414 Mount Pleasant Wi. 53405	WI	53405	■ general ☐ special	November 4 2014	Restoring Power and Responsibility

e of office	District or Jurisdiction	Name of jurisdiction or district in which candidate seeks office
State Senator	☐ District number 21 ☐ Jurisdiction (county) Racine	21st senate district

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ne 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.

gnatures 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
Joyce Rohner	Joyce Rohner	3919 Ruby Ave #707	☐ Town ☐ Village ☒ City	5-31-14
Julie Larson	Julie Larson	3919 Ruby Ave #113	☐ Town ☐ Village ☒ City	5-31-14
David Hudy	David Hudy	3919 Ruby #220	☐ Town ☐ Village ☒ City	5-31-14
[illegible]			☐ Town ☐ Village ☐ City	
[illegible]			☐ Town ☐ Village ☐ City	
Dianne Jacobsen	Dianne Jacobsen	3919 Ruby #310	☐ Town ☐ Village ☒ City	6-01-14
Frank Jenkins	FRANK Jenkins	3919 Ruby Ave #104 53402	☐ Town ☐ Village ☒ City	6-01-14
Margo Gerber	Margo Gerber	3919 Ruby Ave.	☐ Town ☐ Village ☒ City	6-01-14
Patricia Barker	Patricia Barker	2700 Mount Pleasant St #7	☐ Town ☐ Village ☒ City	6/1/14
0. Sandra Jacob	Sandra Jacob	2700 Mount Pleasant St Racine WI 53402	☐ Town ☐ Village ☒ City	6/1/14

CERTIFICATION OF CIRCULATOR

PHYLLIS LONG (Name of circulator), certify: I reside at 3919 RUBY AVENUE #323 ; RACINE (Circulator's residence - Include number, street, and municipality.)

rther 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 mination 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 witl owledge 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. 2.13(3)(a).

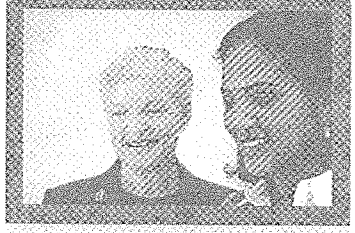
6/01/2014 (Date)

Phyllis Long (Signature of circulator)

Page No 39

My Vote Wisconsin

Regular Voter



Please select an option:

- Home
  - Voter Search
  - Address Search
  - Search Provisional Ballot Status
  - Information About Voting
  - Contact Us

Address Search

* = Required

EXHIBIT BBB

House Number *	2700
Street Name *	MOUNT PLEASANT ST
Unit Type	
Unit Number	
City *	RACINE
Zip Code	53404

Search Clear

Voting jurisdiction:

Municipality	CITY OF RACINE
Ward	City of Racine - Ward 15

Where Do I Vote?

Polling Place Location:
2012 15-07 CESAR CHAVEZ COMMUNITY CENTER
2221 DOUGLAS AVE
RACINE
534024507

Hours:
7:00 AM - 8:00 PM

Accessibility Information:
2012 15-07 CESAR CHAVEZ COMMUNITY CENTER

Note: Polling Place Locations can change from election to election.

My Clerk And Elected Officials

Municipal Clerk Contact Information

Office Holders And Voting Districts Based On The 2010 Census Redistricting

JUSTICE OF THE SUPREME COURT - 2008-2018	MIKE GABLEMAN	Wisconsin	Statewide
JUSTICE OF THE SUPREME COURT - 2009-2019	SHIRLEY ABRAHAMSON	Wisconsin	Statewide
JUSTICE OF THE SUPREME COURT - 2011-2021	DAVID PROSSER	Wisconsin	Statewide
JUSTICE OF THE SUPREME COURT - 2013-2023	PAT ROGGENSACK	Wisconsin	Statewide
JUSTICE OF THE SUPREME COURT - 2005-2015	ANN BRADLEY	Wisconsin	Statewide
US SENATOR - CLASS 1	TAMMY BALDWIN	Wisconsin	Statewide
STATE SENATE - DISTRICT 22	ROBERT WIRCH	State Senate - District 22	State Senate District
District Attorney - Racine County	W CHIARPETE	District Attorney - Racine County	District Attorney
CONGRESSIONAL - DISTRICT 1	PAUL RYAN	Congressional - District 1	Congressional District
RACINE COUNTY CIRCUIT COURT JUDGE, BRANCH 1	GERALD PTACEK	Circuit Court - Racine County	Circuit Court District
RACINE COUNTY CIRCUIT COURT JUDGE, BRANCH 2	EUGENE GASIORKIEWICZ	Circuit Court - Racine County	Circuit Court District
RACINE COUNTY CIRCUIT	EMILY MUELLER	Circuit Court -	Circuit Court

Office Holders And Voting Districts Based On The 2000 Census Redistricting