

State of Wisconsin
Government Accountability Board

Joel Gratz, Executive Director
Assembly Democratic Campaign Committee
Complainant.

Against

Michael D LaForest,
Respondent,

VERIFIED COMPLAINT

I, Joel Gratz, based on information and belief, hereby allege as follows:

1. This complaint is brought against Michael D LaForest pursuant to Wisconsin Statutes 8.15(3) and GAB 2.07, Wisconsin Administrative Code.
2. I am a qualified elector in and resident of the State of Wisconsin. I am Executive Director of the Assembly Democratic Campaign Committee with offices at 15 N. Pinckney Street, Suite 200, Madison, WI 53703.
3. Respondent is Michael D. LaForest. Respondent maintains an address at 4102 Alvarez Avenue, Madison, WI 53714.
4. On or about May 9, 2014, Respondent filed nomination papers with the Government Accountability Board (GAB) to be placed on the November 4, 2014 ballot for State Representative in the 47th Assembly District. The Respondent's nomination papers contained approximately 284 valid signatures as determined by initial review of GAB staff.
5. Respondent's nomination papers contained a total of 284 signatures with insufficiencies pursuant to GAB Chapters 2.05 and 2.07, Wisconsin Administrative Code and Sec. 8.15, Wis. Stats., bringing the total number of valid signatures to zero.
6. Respondent's candidate registration, attached as Exhibit "A", lists that Respondent is an "Independent" candidate for the 47th Assembly District and Respondent will appear on the ballot as such. However, Respondent's entire Nomination Papers list "Green Party" as the Respondent's Political Party and the signers of these papers signed said papers believing Respondent would be listed on the ballot as a representative of the Green Party not an Independent. Additionally, Respondent's Certification of Circulator on all Nomination papers

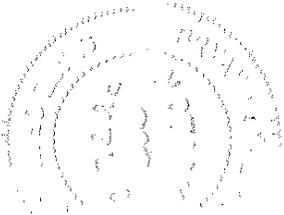
incorrectly lists Respondent's residence as Madison when in fact Respondent is a resident of the Town of Blooming Grove.

7. In addition to the insufficiencies noted above, Respondent's nomination papers contained a total of 122 signatures with insufficiencies pursuant to GAB Chapters 2.05 and 2.07, Wisconsin Administrative Code and Sec. 8.15, Wis. Stats., bring the total number of signatures substantially below the threshold of 200 signatures required to be placed on the ballot for State Assembly.
8. To be valid nomination signatures, signers must be informed they are signing a "Nomination Paper for Partisan Office" as evidenced by the title on the top of the page and papers must have a complete statement of Certification of Circulator. 100 signatures contained on attached pages 6, 13-17 and 19-22 (Exhibit B) should not be included due to electors not being aware that they were signing papers for a partisan office and incomplete Certification of Circulator.
9. To be a valid nomination signature, the individual signer must affix his or her own signature. The signature on line 10, page 3 (Exhibit C) should not be counted due to the writing being identical to the signer in line 9 who resides at the same address.
10. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signatures on lines 8 and 10 of page 1 (Exhibit D) are from individuals who do not reside in the 47th Assembly District.
11. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signatures on lines 1,3 and 4 of page 4 (Exhibit E) are from individuals who do not reside in the 47th Assembly District, but the 48th Assembly District.
12. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signature on lines 10 of page 11 (Exhibit F) is in the City of Madison according to the Access Dane website maintained by Dane County. This portion of the City of Madison is not in the 47th Assembly District.
13. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signature on lines 3 of page 12 (Exhibit G) is in the City of Madison according to the Access Dane website maintained by Dane County. This portion of the City of Madison is not in the 47th Assembly District, but the 76th Assembly District.
14. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signatures on lines 1 and 2 of page 15 (Exhibit H) are in the City of Madison. This portion of the City of Madison is not in the 47th Assembly District, but the 76th Assembly District.
15. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signatures on line 7 of page 29 (Exhibit I) is identified by the signer as being in the Village of Cottage Grove. There is no portion of the Village of Cottage Grove within the borders of the 47th Assembly District.

16. To be valid nomination paper signatures, the individual signer must reside within the Assembly District. The signatures on line 7 of page 29 (Exhibit J) is identified by the signer as being in the Village of Cottage Grove. There is no portion of the Village of Cottage Grove within the borders of the 47th Assembly District.
17. To be valid nomination paper signatures, the circulator must list their municipality of residence in the Certification of Circulator. The signatures on lines 1-10 of page 9 (Exhibit K) should not be counted due to the Certificate of Circulator having not been completed.

I, Joel Gratz, being dually sworn upon oath, state that I personally read the above complaint and that the above listed allegations are true and correct based upon my personal knowledge and my review of the nomination papers and other public records, and as to those allegations stated on my information and belief, I believe them to be true.

Dated this 5th Day of June, 2014.



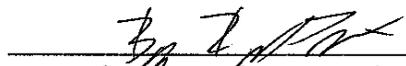
Respectfully submitted



 Joel Gratz

Subscribed and sworn to before me

this ~~2nd~~^{5th} day of June, 2014.



 (signature of person authorized to administer oaths)

My commission expires 1/31/2016 or is permanent.

Notary Public, or _____

CERTIFICATE OF SERVICE

I, Joel Gratz, hereby certify that on this 5 day of June, 2014, a true and correct copy of this complaint was forwarded via electronic email to the email address on file with GAB to Michael LaForest.



 Joel Gratz

Exhibit "A"

**CAMPAIGN REGISTRATION STATEMENT
STATE OF WISCONSIN
GAB-1**

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.
NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

GAB ID: 0104484

Name of the Candidate:	Party Affiliation:	Office Sought (Include Branch Number):	
LaForest, Michael D.	Independent, Independent	State Assembly, State Assembly, District No. 47	
Residence Address (Number and Street):		Candidate Telephone Number (Residence):	
4102 Alvarez Ave.		(414) 412-0397	
City, State and Zip:	Election Date:	Candidate Email:	
Madison, WI 53714	11/04/2014	mdl303@yahoo.com	
Committee Name:	Acronym:	Committee Type:	Committee Sub-Type:
Committee to Elect Michael LaForest	LAForest	State Candidate	Personal Campaign Committee
Committee Address (Number and Street):	4102 Alvarez Ave., Madison, WI 53714	Committee Email:	mdl303@yahoo.com
Phone:	(414) 412-0397		

COMMITTEE TREASURER INFORMATION

Treasurer Name:	LaForest, Michael D.	Phone:	(414) 412-0397
Address (Number and Street):	4102 Alvarez Ave.		
City, State and Zip:	Madison, WI 53714		
Email:	mdl303@yahoo.com		

DEPOSITORY INFORMATION

Name of Financial Institution:	Summit Credit Union	Account Number:	*****
Address (Number and Street):	4800 American Parkway, PO Box 8046		
City, State and Zip:	Madison, WI 53718-8046		

Exhibit B

COMMUNIST PARTY NATIONAL OFFICE

Candidate's name; no titles may be used.
Michael D. LaForest

Street, fire, or rural route number; box number (if rural route); and name of street or road
4102 Alvarez Ave.

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

10

Name of municipality for mailing purposes
Madison

State **WI**

Zip code **53714**

District or Jurisdiction
 District number **47**
 Jurisdiction (county)

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

Title of office
State Assembly

Name of Jurisdiction or district in which candidate seeks office
Assembly District 47

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Joel W. Harsse</i>	JOEL W. HARSSE	4154 ALVAREZ AVE MADISON WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-18-14
<i>Alvarez Harsse</i>	ALVAREZ HARSSE	MADISON WI 4154 ALVAREZ AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-18-14
<i>Ronald C. Renkoski</i>	Ronald C. Renkoski	4142 ALVAREZ AVE Madison, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-18-14
<i>Kathleen A. Renkoski</i>	Kathleen A. Renkoski	4142 ALVAREZ AVE Madison, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-18-14
<i>Scott Schwartz</i>	Scott Schwartz	4187 Browns Ave. Madison, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-18-14
<i>T.R. Berg-Copeland</i>	T.R. Berg-Copeland	4126 Alvarez Ave MADISON, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-18-14
<i>Nick Philander</i>	Nick Philander	4127 Browns Ave Madison, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-19-14
<i>Charney Beck</i>	Charney Beck	1306 Linda Vista Rd Madison, WI 53716	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	4-19-14
<i>Shirley Smith</i>	Shirley Smith	4195 Browns Ave 4187 Browns Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-19-14
<i>Julie Kelley</i>	Julie Kelley		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	4-19-14

CERTIFICATION OF CIRCULATOR

I, **MICHAEL LAFOREST** (Name of circulator)
 certify: I reside at **4102 ALVAREZ AVE, MADISON** (Circulator's residence - include number, street, and municipality).

Other certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. 2.13(3)(a).

4-19-14 (Date)

Michael D. LaForest (Signature of circulator)

Indicate name, no titles may be used.
Michael D. LaForest

Street, fire, or rural route number, box number (if rural route), and name of street or road
4102 Alvarez Avenue

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

Name of municipality for mailing purposes
Madison

State **WI**
 Zip code **53714**

District or Jurisdiction
 District number **47**
 Jurisdiction (county)

Name of jurisdiction or district in which candidates seeks office
Wisconsin Assembly District 47

Name of office
State Assembly

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Arthur Li</i>	Samuel Li	41 Lakewood Gardens Ln	Madison	5/2/14
<i>Amber Singer</i>	Amber Singer	82 Lakewood Gardens Ln	Madison	5/2/14
<i>Dorothy Thompson</i>	Dorothy Thompson	83 Lakewood Gdn.	Madison	5/2/14
<i>Tamila Khan</i>	Tamila Khan	77 Lake Wood Circle	Madison	5/2/14
<i>Larry Hill</i>	Larry Hill	88 Lakewood Gardens Ln	Madison	5/2/14
<i>Leslie Taylor Suthers</i>	Leslie Taylor Suthers	74 Lakewood Gardens Ln	Madison	5/2/14
<i>Michael Hodges</i>	Michael Hodges	49 N. Lakewood Gardens Ln	Madison	5/2/14
<i>Jessica Coggins</i>	Jessica Coggins	316 Fordem Ct	Madison	5/2/14
<i>Mary K. Hopkins</i>	Mary K. Hopkins	23 Fordem Ct	Madison	5/2/14
<i>Tammy Martell Woods</i>	Tammy Martell Woods	177 Fordem Ct.	Madison	5/2/14

CERTIFICATION OF CIRCULATOR

(Name of circulator)

certify: I reside at

4102 ALVAREZ AVE MADISON 53714

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 231.31(a).

(Date)
5-2-14

(Signature of circulator)
Michael D. LaForest

Indicate name, no titles may be used.
Michael D. LaForest
 Street, fire, or rural route number, box number (if rural route), and name
4102 Alvarez Avenue
 Name and type of municipality for voting purposes.
 Town of Bloomington Grove
 Village of
 City of

Name of municipality for mailing purposes
Madison
 State WI Zip code 53714
 District or Jurisdiction
 District number 47
 Jurisdiction (county)

Name of Party or Statement of Principle (5 words or less)
Green Party
 Name of jurisdiction or district in which candidate seeks office
Wisconsin Assembly District 47

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<u>Jennifer Dagner</u>	<u>Jennifer Dagner</u>	<u>2802 Milwaukee St Madison WI 53704</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u>	<u>5-3-14</u>
<u>R Wenzl and</u>	<u>Rebecca Wenzl</u>	<u>2802 Milwaukee St Madison WI 53704</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u>	<u>5/3/14</u>
<u>Jay Scherer</u>	<u>Jay Scherer</u>	<u>224 Powers Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>5/24/14</u>
<u>Kathy Ditrach</u>	<u>Kathy Ditrach</u>	<u>224 Powers Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>5/7/14</u>
<u>Dawn Sands</u>	<u>Dawn Sands</u>	<u>118 Memphis Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>5/4/14</u>
<u>John A. Herdick</u>	<u>John A. Herdick</u>	<u>210 Memphis Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>5-4-14</u>
<u>Eric Steger</u>	<u>Eric Steger</u>	<u>208 Memphis Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>5-4-14</u>
<u>David Herdick</u>	<u>David Herdick</u>	<u>210 Memphis Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>05/04/2014</u>
<u>Justin Becker</u>	<u>Justin Becker</u>	<u>223 Memphis Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>05/04/2014</u>
<u>Grant D. Johnson</u>	<u>Grant D. Johnson</u>	<u>2938 Northington Ave Madison WI 53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington Grove</u>	<u>05/01/2014</u>

CERTIFICATION OF CIRCULATOR
 I certify: I reside at 4102 Alvarez Ave Madison WI 53714
 Circulator's residence - Include number, street, and municipality.

Other certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 2.33(3)(a).
5-4-14
 (Date)
Michael D. LaForest
 (Signature of circulator)

Indicate name, no titles may be used.
 Michael D. LaForest

Street, fire, or rural route number, box number (if rural route); and name of street or road
 4102 Alvarez Avenue

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

Name of municipality for mailing purposes
 Madison

State
 WI

Zip code
 53714

District or Jurisdiction
 District number 47
 Jurisdiction (county)

Type of election
 general
 special

Election date
 11/04/14

Name of Party or Statement of Principle (5 words or less)
 Wisconsin Assembly District 47

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of residence must always be listed. Provide name of municipality	Date of Signing
<i>[Signature]</i>	Gary Meabock	3231 Wab Kingdon Ave Madison WI 53714	Town of Blooming Grove	05-04-14
<i>[Signature]</i>	Lisa Udells	303 Memphis Ave Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	DASON Huberty	303 Memphis Ave Madison WI 53714	Town of Blooming Grove	5/4/14
<i>[Signature]</i>	Lacey Euenle	309 Memphis Ave Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Rob Condit	316 Memphis Ave #1 Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Kenneth Frost	400 Memphis Ave Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Kevin Segun	408 Memphis Ave Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Sophia Barabas	428 Memphis Ave Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Phillip Torres	5168 Wab Kingdon Ave Madison WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Einy Kifoy	53714	Town of Blooming Grove	5/4/14

CERTIFICATION OF CIRCULATOR
 I certify: I reside at 4102 Alvarez Ave, Madison WI 53714.
 (Name of circulator)
 Michael LaForest

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 13(3)(a).

(Date) 5-4-14
 (Signature of circulator) *[Signature]*
 Page No. 16

Candidate's name, no titles may be used:
 Michael D. LaForest

Street, fire, or rural route number, box number (if rural route), and name of street or road:
 4102 Alvarez Avenue

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

Name of municipality for mailing purposes:
 Madison

State: WI

Zip code: 53714

District or Jurisdiction:
 District number 47
 Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office:
 Wisconsin Assembly District 47

Name of office:
 State Assembly

Type of election:
 general
 special

Election date:
 11/04/14

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

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

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Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	Terrence Boland	501 Powers Ave	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	PETE NONDRAL	508 MEMPHIS AVE MADISON, WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Arden Nelson	525 Memphis MADISON, WI 53714	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Nichole Osa	607 Oakwood MADISON, WI	Town of Blooming Grove	5-4-14
<i>[Signature]</i>	Dawn E. Butler	513 Powers Ave Madison WI 53714	Town of Blooming Grove	May 4, 2014
<i>[Signature]</i>	Kathlynn Sliks	513 Powers Ave Madison WI 53714	Town of Blooming Grove	5/4/2014
<i>[Signature]</i>	Rob Matsushita	513 Powers Ave Madison WI 53714	Town of Blooming Grove	5/4/2014
<i>[Signature]</i>	Randy Miller	511 Powers Ave Madison, WI 53714	Town of Blooming Grove	5/4/14
<i>[Signature]</i>	Marianne Sless	511 Powers Ave Madison, WI 53714	Town of Blooming Grove	5/4/14
<i>[Signature]</i>	Culley Smith	511 Powers Ave Madison WI 53714	Town of Blooming Grove	5/4/14

CERTIFICATION OF CIRCULATOR

Name of circulator:
 MICHAEL LAFOREST

Circulator's residence - Include number, street, and municipality:
 4102 ALVAREZ AVE, MADISON, WI 53714

I reside at: 4102 ALVAREZ AVE, MADISON, WI 53714

I hereby certify, I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 13(3)(a).

Date: 5-4-14

Signature of circulator: *[Signature]*

Indicate's name; no titles may be used.
Michael D. LaForest

Street, fire, or rural route number; box number (if rural route); and name of street or road
4102 Alvarez Avenue

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

Name of municipality for mailing purposes
Madison

State
WI
 Zip code
53714

District or Jurisdiction
 District number **47**
 Jurisdiction (county) _____

Name of office
State Assembly

Name of Party or Statement of Principle (5 words or less)
Wisconsin Assembly District 47

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Louise Jennings</i>	Connie Finney	601 ROTHKO AVE MADISON WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5/5/14
<i>Tim Eckert</i>	Tim Eckert	617 Rethke Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5/5/14
<i>Debraa Keap</i>	Debraa Keap	600 Gannon Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5/5/14
<i>Rich Powell</i>	Rich Powell	9317 FAKEY AV MADISON WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5-5-14
<i>Mary Harold</i>	Mary Harold	529 Gannon Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5-5-14
<i>Jordan Meador</i>	Jordan Meador	547 Gannon Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5/5/14
<i>John Kelly</i>	John Kelly	513 ANNOR AVE MADISON WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5/5/14
<i>Mary Karls</i>	Mary Karls	508 Gannon Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5-5-14
<i>Thomas G. Karls</i>	THOMAS G. KARLS	508 Gannon Ave Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5-5-14
<i>Derek S. Nowy</i>	Derek S. Nowy	509 Gannon Ave. Madison WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	5/5/14

CERTIFICATION OF CIRCULATOR

certify: I reside at 4102 ALVAREZ AVE MADISON WI 53714
 (Circulator's residence / include number, street, and municipality.)

I hereby certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 133(3)(a).

(Date)
5-5-14

(Signature of circulator)
Michael D. LaForest

Candidate's name; no titles may be used
 Michael D. LaForest

Street, fire, or rural route number; box number (if rural route); and name
 4102 Alvarez Avenue

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

Name of municipality for mailing purposes
 Madison

State
 WI

Zip code
 53714

District or Jurisdiction
 District number 47
 Jurisdiction (county)

Type of election
 general
 special

Election date
 11/04/14

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

Title of office
 State Assembly

Name of jurisdiction or district in which candidate seeks office
 Wisconsin Assembly District 47

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
Helen Schneider	Helen Schneider	428 DANNON AV MADISON WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Blooming Grove	5/5/14
Katrina Mustard	Katrina Mustard	424 GANNON AVE MADISON WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5/5/14
Gary Bern	Tony DeRosa	475 GANNON AVE MADISON WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5-5-14
Robert Heckler	Robert Heckler	491 GANNON AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5-5-14
Monika Knipon	Monika Knipon	416 GANNON AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5-5-14
JASON REICK	JASON REICK	3057 TURBEE AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5-5-14
Lance Brocures	Lance Brocures	SAL GANNON MADISON WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5-5-14
Lorraine Holt	Lorraine Holt	3328 KUDRY MADISON WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5-6-14
Jesse Lovvall	Jesse Lovvall	3302 FURY AVE MADISON WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Blooming Grove	5/6/14

CERTIFICATION OF CIRCULATOR
 certify: I reside at 4102 ALVAREZ AVE. MADISON WI 53714
 (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 213(3)(a).

5-6-14 (Date)
Michael LaForest (Signature of circulator)

Indicate name, no titles may be used.
 Michael D. LaForest

Street, fire, or rural route number, box number (if rural route), and name
 of street or road
 4102 Alvarez Avenue

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

Name of jurisdiction or district in which candidate seeks office
 Wisconsin Assembly District 47

Name of municipality for mailing purposes
 Madison

State **WI**

Zip code **53714**

District or jurisdiction
 District number **47**
 Jurisdiction (county)

Type of election
 general
 special

Election date **11/04/14**

Name of Party or Statement of Principle (3 words or less)
Green Party

Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of residence must always be listed. Provide name of municipality	Date of Signing
<i>Tina Sawyer</i>	524 N. Fair Oaks Ave MADISON 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5/6/14
<i>Andy Hegner</i>	514 N. Fair Oaks MADISON 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5-6-14
<i>Michael Ward</i>	529 N. Fair Oaks MADISON 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5-6-14
<i>Rosemary Kerson</i>	615 N. FAIR OAKS MADISON, 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5-6-14
<i>Gene A. Campbell</i>	604 Christensen Ave Medison 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5-6-14
<i>Corinne K. Drioff</i>	525 CHRISTINSON MADISON	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5/6/14
<i>Laurie Orloff</i>	585 ANGELOSON AVE MADISON	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5/6/14
<i>Eduard Simon</i>	3419 WEBER AVE MADISON	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5/6/14
<i>Shirley B. Cline</i>	350 W. Webb Ave Madison	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5/6/14
<i>Shirley B. Cline</i>	350 WEBER RD 14 MADISON, 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomington Grove	5-6-14

CERTIFICATION OF CIRCULATOR

Name of circulator: MICHAEL LAFOREST
 certifies: I reside at 4102 ALVAREZ AVE MADISON WI 53714
 (Circulator's residence - include number, street, and municipality.)

Other certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 9A.33(3)(a).

5-6-14 (Date)

Michael D. LaForest (Signature of circulator)

Candidate's name; no titles may be used.
Michael D. LaForest

Street, fire, or rural route number, box number (if rural route), and name of street or road
4102 Alvarez Avenue

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

Name of jurisdiction or district in which candidate seeks office
Wisconsin Assembly District 47

Name of office
State Assembly

Name of jurisdiction
WI

Zip code
53714

District or jurisdiction
 District number **47**
 Jurisdiction (county)

Type of election
 general
 special

Election date
11/04/14

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route	Municipality of Residence	Date of Signing
<i>[Signature]</i>	Barley D. Wobal	3500 Welch Ave Madison WI 53714	Town of Blooming Grove	5-6-14
<i>[Signature]</i>	Tom Nassef	608 Jacobson Ave Madison WI 53714	Town of Blooming Grove	5-6-14
<i>[Signature]</i>	Erica Keane	3916 Everett Ave. Mad. WI 53714	Town of Blooming Grove	5/6/14
<i>[Signature]</i>	Ben Keane	3016 Fuley Ave Madison WI 53714	Town of Blooming Grove	5-6-14
<i>[Signature]</i>	Michael Miller	3509 Parkway Ave Madison WI 53714	Town of Blooming Grove	5-6-14
<i>[Signature]</i>	Ann Annun	3508 Fanny St Madison WI 53714	Town of Blooming Grove	5-6-14
<i>[Signature]</i>	John W. Pyle	5506 E. 9th Ave Madison WI 53714	Town of Blooming Grove	5-6-14
<i>[Signature]</i>	Laura Spurgeon	505 Clifton Ave Madison WI 53714	Town of Blooming Grove	5/16/14
<i>[Signature]</i>	Kirsten Boholz	3409 Webb Ave Madison WI 53714	Town of Blooming Grove	5/6/14
<i>[Signature]</i>	Taylor Swanson	41/2 Alvarez Ave Madison WI 53714	Town of Blooming Grove	5/6/14

CERTIFICATION OF CIRCULATOR

I certify: I reside at **4102 Alvarez Ave, Madison WI 53714**
 I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 13.13(a).

[Signature]
 (Date) **5-6-14**

Exhibit C

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used.
Michael D. LaForest
 Street, fire, or rural route number; box number (if rural route); and name of street or road
4102 Alvarez Ave.
 Name and type of municipality for voting purposes.
Blooming Grove
 Name of municipality for mailing purposes
Madison
 State
WI
 Zip code
53714
 Type of election
 general
 special
 Election date
11/04/14
 Name of Party or Statement of Principle (5 words or less)
Green Party
 Title of office
State Assembly
 District or Jurisdiction
 District number **47**
 Jurisdiction (county)
 Name of jurisdiction or district in which candidate seeks office
Assembly District 47

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Dan Erickson</i>	Dan Erickson	4118 Alvarez Ave Mad. WI 53714	Blooming Grove	4-16-14
<i>Christine K. Kerner</i>	CANSTANCE J KERNER	426 BRUNN'S AVE MADISON WI 53714	Blooming Grove	4-16-14
<i>Lisa Bird</i>	Lisa Bird	4137 BRUNS AVE MADISON WI 53714	Blooming Grove	4/16/14
<i>Erica Otgen</i>	ERICA OTGEN	78 N WALKBRIDGE MADISON WI 53714	Blooming Grove	4/16/2014
<i>Gertrude M Hall</i>	GERTRUDE M HALL	707 WALBRIDGE AVE MADISON WI 53714	Blooming Grove	4-17-14
<i>Brian Pollar</i>	Brian Pollar	4191 BRUNS AVE 53714 Madison WI	Blooming Grove	4-17-14
<i>John Disselhoff</i>	John Disselhoff	5900 Exchange St McFarland WI	McFarland	4-17-14
<i>Cody Devick</i>	Cody Devick	6207 HALSCHUTZ RD MCFARLAND WI	McFarland	4-17-14
<i>Randy George</i>	Randy George	412 ALVAREZ AVE. MADISON, WI	Blooming Grove	4-17-14
<i>TR George</i>	TR George	412 ALVAREZ AVE MADISON WI	Blooming Grove	4-17-14

CERTIFICATION OF CIRCULATOR
 I, MICHAEL LAFOREST certify: I reside at 4102 ALVAREZ AVE, MADISON, WI
 (Name of circulator) (Circulator's residence - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 13.13(1a).
4-17-14
 (Date) *Michael D. LaForest*
 (Signature of circulator)

Exhibit D

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name: no titles may be used. **Michael D. LaForest**

Street, fire, or rural route number, box number (if rural route), and name of street or road: **4102 Alvarez Ave.**

Name and type of municipality for voting purposes: **Blooming Grove**

Name of municipality for mailing purposes: **Madison**

State: **WI** Zip code: **53714**

District or Jurisdiction: District number **47** Jurisdiction (county) _____

Title of office: **State Assembly**

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

Name of Jurisdiction or district in which candidate seeks office: **Assembly District 47**

Type of election: general special

Election date: **11/04/14**

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Lois R. Kvammen</i>	Lois R. Kvammen	4022 ALVAREZ AVE MADISON, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	4-15-14
<i>Norman V. Kvammen</i>	Norman V. Kvammen	4022 ALVAREZ AVE MADISON, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	4-15-14
<i>Fatherly N. Nankkera</i>	KATHERYN NANKKERA	MADISON, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	4-15-14
<i>Bright Johnson</i>	Bright Johnson	3378 Kuehling Dr McFarland, WI 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	4-15-14
<i>Michael I. Wolfe</i>	Michael I. Wolfe	5858 Autumn Dr MONONA WI 53716	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONONA	4-15-14
<i>DAVE YOUNG</i>	DAVE YOUNG	3325 PUEHLER DR McFARLAND, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	4-15-14
<i>Dean Larson</i>	Dean Larson	3502 FURRY AVE 77 Madison, WI 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	4-15-14
<i>Karla Schmidt</i>	Karla Schmidt	802 PIN HILL Verna, WI 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	4/15/14
<i>RONALD P. BRISTOL</i>	RONALD P. BRISTOL	3603 BETTINGER LN McFARLAND, WI 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	4/15/14
<i>Cory Buste</i>	Cory Buste	4102 Alvarez Ave. Madison WI 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BLOOMING GROVE	4-15-14

CERTIFICATION OF CIRCULATOR

I certify: I reside at MADISON, WI

(Name of circulator) MICHAEL LAFOREST

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(1a).

Date: 4-15-14

(Date)

Signature of circulator: *Michael D. LaForest*

(Signature of circulator)

EXHIBIT E

10

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name: no titles may be used.
Michael D. LaForest
 Street, fire, or rural route number, box number (if rural route), and name of street or road
4102 Alvarez Ave.
 Name and type of municipality for voting purposes.
 Town of **Blooming Grove**
 Village of
 City of
 Name of municipality for mailing purposes
Madison
 State **WI** Zip code **53714**
 District or Jurisdiction
 District number **47**
 Jurisdiction (county)
 Title of office
State Assembly
 Name of jurisdiction or district in which candidate seeks office
Assembly District 47
 Type of election
 general
 special
 Election date
11/04/14
 Name of Party or Statement of Principle (5 words or less)
Green Party

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>Jim Rosga</i>	Jim Rosga	11213 Brynwood Dr. Madison WI 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-17-14
<i>Jerome Ashre</i>	Jerome Ashre	6209 RIVERFOREST MCFARLAND WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	4-17-14
<i>Kell Balderaus</i>	Kell Balderaus	3870 Tulane Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-17-14
<i>Al Davis</i>	Al Davis	5011 RUSTIC WAY McFarland, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	4-17-14
<i>Mike Boyd</i>	Mike Boyd	5325 VICTOR LN MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	4-17-14
<i>Gary Kennedy</i>	Gary Kennedy	4122 ALVAREZ AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BLOOMING GROVE	4-17-14
<i>Lonnie Strait</i>	Lonnie Strait	88 S ALVAREZ AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BLOOMING GROVE	4-17-14
<i>Jeanette Strait</i>	Jeanette Strait	58 S ALVAREZ AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BLOOMING GROVE	4-17-14
<i>Carla Olson</i>	Carla Olson	602 McLEATHERIDGE AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BLOOMING GROVE	4-17-14
<i>Ana Toolino</i>	Ana Toolino	24 N WALBRIDGE AVE MADISON WI 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BLOOMING GROVE	4-17-14

CERTIFICATION OF CIRCULATOR
 I certify: I reside at 4102 ALVAREZ AVE MADISON, WI
 (Name of circulator)
 (Circulator's residence - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).
 Date: 4-17-14
 Signature of circulator: *Michael D. LaForest*
 (Signature of circulator)

EXHIBIT F

NOMINATION PAPER FOR PARTISAN OFFICE

12

Candidate's name; no titles may be used.
Michael D. LaForest
 Street, fire, or rural route number; box number (if rural route); and name of street or road
4102 Alvarez Avenue
 Name and type of municipality for voting purposes.
 Town of **Blooming Grove**
 Village of
 City of
 Name of municipality for mailing purposes
Madison
 State **WI** Zip code **53714**
 District or Jurisdiction
 District number **47**
 Jurisdiction (county) _____
 Name of jurisdiction or district in which candidate seeks office
Wisconsin Assembly District 47
 Title of office
State Assembly
 Election date
11/04/14
 Name of Party or Statement of Principle (5 words or less)
Green Party
 Type of election
 general
 special

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
	Hytham Alhassan	131 Lakewood Gardens Ln	Town of Madison	5/2/14
	Bruce Peckens	94 Lakewood Gardens	Town of Madison	5-2-14
	KATHRYN KINGSBURY	121 Lakewood Gardens	Town of Madison	5-2-14
	Yeshu Leung	95 Lakewood Gardens	Town of Madison	5/2/14
	Linda Carlson	106 Lakewood Gardens	Town of Madison	5-2-14
	Marie Van Someren	112 Lakewood Gardens Lane	Town of Madison	5-2-14
	JAN VAN SOMEREN	118 Lakewood Gardens Ln	Town of Madison	5-2-14
	Jessica Collins	121 Lakewood Gardens Ln	Town of Madison	5/2/14
	Olga Smith	132 Lakewood Gardens	Town of Madison	5/2/14
	Paul N. Van Patten	1009 Sherman Ave.	Town of Madison	5/2/14

CERTIFICATION OF CIRCULATOR
 I, Michael LaForest, certify: I reside at 4102 Alvarez Ave Madison 53714.
 (Name of circulator) (Circulator's residence - include number, street, and municipality)

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

5-2-14 (Date)
Michael D. LaForest (Signature of circulator)
 Page No. 11

Exhibit 5

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used: **Michael D. LaForest**

Street, fire, or rural route number; box number (if rural route); and name of street or road: **4102 Alvarez Avenue**

Name and type of municipality for voting purposes: Town of **Blooming Grove**

Name of municipality for mailing purposes: **Madison**

State: **WI** Zip code: **53714**

Type of election: general special

Election date: **11/04/14**

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

Title of office: **State Assembly**

District or Jurisdiction: District number **47** Jurisdiction (county)

Name of jurisdiction or district in which candidate seeks office: **Wisconsin Assembly District 47**

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

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

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
<i>[Signature]</i>	Genya Evlins	26 Lakewood Gardens Ln Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-2-14
<i>[Signature]</i>	Ronald L. Pock	2415 Lakewood Gardens Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-2-14
<i>[Signature]</i>	Erik Marquess	417 N. Seventh St. Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/2/2014
<i>[Signature]</i>	Cassandra Gould	16 Lakewood Gardens Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/2/2014
<i>[Signature]</i>	Ahmadou Ndiaye	11 Lakewood Gardens Ln Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/2/2014
<i>[Signature]</i>	Ryan Halton	7 South Lakewood Gardens Madison WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/2/2014
<i>[Signature]</i>	EMILY DELC	31 AKEDUOUB (THYRON) MATHYSON 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/2/14
<i>[Signature]</i>	MARK R. MEYER	29 LAKEWOOD GARDENS MADISON WI 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/2/14
<i>[Signature]</i>	LINDA NOVINGER	38 Lakewood Garden Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/3/04
<i>[Signature]</i>	Gabe Fife	37 Lakewood Gardens Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/2/14

CERTIFICATION OF CIRCULATOR

I, Michael LaForest, certify: I reside at 4102 Alvarez Ave. Madison 53714.

(Name of circulator)

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

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(1a).

5-2-14 (Date)

[Signature] (Signature of circulator)

Page No. 12

EXHIBIT D NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name, no titles may be used: **Michael D. LaForest**

Street, fire, or rural route number, box number (if rural route), and name of street or road: **4102 Alvarez Avenue**

Name and type of municipality for voting purposes: Town of **Blooming Grove**

Name of municipality for mailing purposes: **Madison**

State: **WI** Zip code: **53714**

Election date: **11/04/14** Name of Party or Statement of Principle (5 words or less): **Green Party**

Title of office: **State Assembly**

District or Jurisdiction: District number **47** Name of jurisdiction or district in which candidate seeks office: **Wisconsin Assembly District 47**

Jurisdiction (county): _____

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.	<i>Kenneth A. Smith</i>	<i>Kenneth A. Smith</i>			<i>4020 Spencer Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
2.	<i>Charles Biv</i>	<i>Charles Biv</i>			<i>5008 Spawven</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
3.	<i>Ashly Erickson</i>	<i>Ashly Erickson</i>			<i>4925 Spawven Av.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
4.	<i>Karen Erickson</i>	<i>Karen Erickson</i>			<i>4920 Spawven</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
5.	<i>Bake Torg</i>	<i>Bake Torg</i>			<i>4900 Spawven</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
6.	<i>Nora M</i>	<i>Nora M</i>			<i>4818 Spawven</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
7.	<i>Fred Moe</i>	<i>Fred Moe</i>			<i>300 Spawven</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
8.	<i>Mrs. A. Knudsen</i>	<i>Mrs. A. Knudsen</i>			<i>4300 Spawven</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>
9.	<i>Diane Delkowski</i>	<i>Diane Delkowski</i>			<i>4016 Alvarez Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Blooming Grove</i>	<i>5-8-14</i>
10.	<i>Mario Muever</i>	<i>Mario Muever</i>			<i>4020 Alvarez Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Madison</i>	<i>5-8-14</i>

CERTIFICATION OF CIRCULATOR

I, MICHAEL LAFOREST (Name of circulator) certify: I reside at 4102 ALVAREZ AVE. MADISON WI 53714 (Circulator's residence - include number, street, and municipality).

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

5-8-14 (Date)

Michael D. LaForest (Signature of circulator)

Exhibit K

10

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used
Michael D. LaForest
 Name of municipality for mailing purposes
Madison
 State **WI** Zip code **53714**
 District or Jurisdiction
 District number 47
 Jurisdiction (county) **Wisconsin**
 Street, fire, or rural route number; box number (if rural route); and name
4102 Alvarez Avenue
 Name and type of municipality for voting purposes.
 Town of **Blooming Grove**
 Village of
 City of
 Name of Party or Statement of Principle (5 words or less)
Green Party
 Title of office
State Assembly
 Name of jurisdiction or district in which candidate seeks office
Wisconsin Assembly District 47

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
Michael D. LaForest	Michael LaForest	4102 ALVAREZ AVE. MADISON WI 53714	Town of Blooming Grove	4-25-14
Antonio Fischer	Antonio Fischer	4102 ALVAREZ AVE. MADISON, WI	Town of Blooming Grove	4-25-14
Steve Le	STEVE LE	4161 BRUNS AV. MADISON, WI 53714	Town of Blooming Grove	4-25-14
John Miller	JOHN MILLER	4163 BRUNS AVE MADISON, WI	Town of Blooming Grove	4-25-14
Patrick Downs	Patrick Downs	4197 BRUNS AVE Madison WI 53714	Town of Blooming Grove	4-25-14
Janine N. Schneider	Janine N. Schneider	4199 BRUNS AVE Madison WI 53714	Town of Blooming Grove	4-25-14
Bonnie Nutt	Bonnie Nutt	4144 BRUNS AVE Madison WI 53714	Town of Blooming Grove	4-25-14
Rachet Wilcox	RACHET WILCOX	5090 N. WALBRIDGE MADISON, WI 53714	Town of Blooming Grove	4-25-14
Kamberly Olson	Kamberly Olson	5106 WALBRIDGE AVE MADISON, WI	Town of Blooming Grove	4-25-14
John Magnuson	John Magnuson	50 North Walbridge Ave Madison, WI	Town of Blooming Grove	4/25/14

CERTIFICATION OF CIRCULATOR
 I, Michael LaForest (Name of circulator)
 certify: I reside at 4102 ALVAREZ AVE. (Circulator's residence - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).
4-26-14 (Date)
Michael D. LaForest (Signature of circulator)