

Wisconsin Government Accountability Board
Nomination Paper Sufficiency Form

Receipt No. : 2013SPAS69-003
Candidate ID # : 104458
Candidate Name : TIMOTHY FRANCIS SWIGGUM
Address 1 : 739 E 7Th St
Address 2 :
City, State, Zip : Owen, WI 54460-9549
Phone :

Election Date : 11/19/2013 Type : Special Election
Office : ASSEMBLY - DISTRICT 69
Party : Independent

Date Filed Campaign Registration Statement September 24th, 2013
Date Filed Declaration of Candidacy : September 24th, 2013
Date Filed Nomination Papers : September 24th, 2013
Approximate Number of Pages : 23
Approximate Number of Signatures : 220

Papers Received from : Candidate
 Mail
 Other : _____ Phone : _____

Receptionist : DB _____

WECF : _____ DOC : 9/24/13 Ethics : _____

Agency Staff : DB _____

Sufficiency Determined by : JF _____

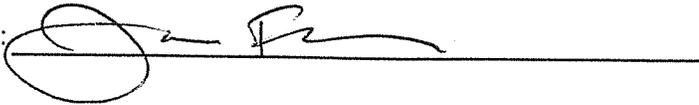
Number of Valid Signatures : 209 _____

If number of signatures is insufficient, indicate problem below :

Date Candidate Contacted : / /

Contacted by : _____

Date of Final Approval : 09/24/13 - Letter - verification sent.

Signature of Election Specialist : 

104458

DECLARATION OF CANDIDACY

(See instructions for preparation on back)

Is this an amendment? Yes No

I, Tim Swiggum, being duly sworn, state that
(Candidate's name)

I am a candidate for the office of 69th Assembly District Representative
(Official name of office - Include district, branch or seat number)

representing Putting People Ahead of Politics
(Name of political party or statement of principle - five words or less)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned.¹

My present municipality of residence for voting purposes is:

739 E. 7th St., Owen Wisconsin
(Candidate's address for voting purposes - Include the number, street, and municipality where the candidate resides.)

My name as I wish it to appear on the official ballot is as follows:

Tim Swiggum
(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

Timothy F. Swiggum
(Signature of candidate)

STATE OF WISCONSIN
County of Clark } ss.
(County of notarization)

Subscribed and sworn to before me this 20th day of Sept., 2013
Sheri Ernst
(Signature of person authorized to administer oaths)

NOTARY SEAL
NOT REQUIRED

My commission expires _____ or is permanent.

Notary Public or City Clerk/Treasurer
(Official title if not a notary)

GAB-162 (Rev. 7/2009) The information on this form is required by §8.21, Stats., Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. §§8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b), Wis. Stats.

This form is prescribed by the GOVERNMENT ACCOUNTABILITY BOARD, 212 East Washington Avenue, 3rd Floor, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, <http://gab.wi.gov> Email: gab@wi.gov

GOVERNMENT ACCOUNTABILITY BOARD
RECEIVED
2013 SEP 24 PM 2:30

¹ A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

Tally Sheet

Petition: Swiggum

Stack: _____

1st Review 2nd Review

of Flagged (*) Signatures _____

(hash marks) (# of hash) = (# of signatures)

10x |||| |||| ||| 13 = 130

9x |||| 1 6 = 54

8x || 2 = 16

7x 1 1 = 7

6x _____ = _____

5x _____ = _____

4x _____ = _____

3x _____ = _____

2x , 1 = 2

1x _____ = _____

0x _____ = _____

Total Signatures: 209

Initials JF

Tally Sheet AD 69

Petition: Swiggum

Stack: _____

1st Review 2nd Review

of Flagged (*) Signatures _____

(hash marks) (# of hash) = (# of signatures)

10x _____ 16 = 160

9x _____ 3 = 27

8x _____ 2 = 16

7x _____ 1 = 7

6x _____ = _____

5x _____ = _____

4x _____ = _____

3x _____ = _____

2x _____ 1 = 2

1x _____ = _____

0x _____ = _____

Total Signatures: 212

Initials DB

WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
MICHAEL HAAS, ELECTIONS DIVISION ADMINISTRATOR
212 E WASHINGTON AVE
PO BOX 7984
MADISON, WI 53703-2855
(608) 261-2028

Candidate ID #: 104458
TIM SWIGGUM
739 E 7TH ST
OWEN, WI 54460-9549

This is to acknowledge receipt for the nomination papers of
TIM SWIGGUM
FOR THE OFFICE OF ASSEMBLY - DISTRICT 69
Special Election to be held November 19th, 2013

Party Affiliation: Independent

Nomination Papers filed September 24th, 2013

Declaration of Candidacy filed September 24th, 2013

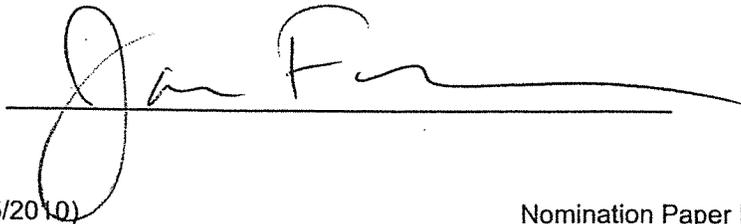
Statement of Economic Interest filed (Not Filed)

Due 4:30 pm Friday
September
27, 2013

Number of Valid Signatures: 209

This is number of valid signatures determined by the Government Accountability Board staff. This number is subject to challenge within 3 calendar days following the deadline for filing nomination papers.

Verified By



Date: September 24th, 2013

10 ✓

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Constance M Felton</i>	<i>125 Altenberg Owen, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen, WI</i>	<i>9/18/13</i>
2. <i>Karen Swiggum</i>	<i>739 E 7th St Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9-18-13</i>
3. <i>Marylyn Knick</i>	<i>507 B St Owen, WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen, WI</i>	<i>9/19/13</i>
4. <i>Carol Duni</i>	<i>5 mi ct Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Owen WI</i>	<i>9-19-13</i>
5. <i>Peter Eisel</i>	<i>W936 City Rd N Colby WI 54421</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Colby WI</i>	<i>9-19-13</i>
6. <i>John L</i>	<i>W936 City Rd N Colby WI 54421</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Colby WI</i>	<i>9-19-13</i>
7. <i>Allene Feiten</i>	<i>101 W. 7th St. Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby WI</i>	<i>9-19-13</i>
8. <i>Jarvis Brantner</i>	<i>203 W. Dolf St Apt 2 Colby, WI 54421</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
9. <i>Mildred Hamers</i>	<i>203 W Dolf Colby, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
10. <i>Brian Jimm</i>	<i>203 W. Dolf St Colby</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>

I, *Timothy F. Swiggum* *Timothy F. Swiggum*, certify:
(Name of circulator)
I reside at *739 E. 7th St. Owen WI 54460*
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 19, 13 (Date)
Timothy F. Swiggum (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10 ✓

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Nathan Kubitz</i>	<i>203 W. Dolf St Colby WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9-16-13</i>
2. <i>Patty L. ...</i>	<i>203 W. Dolf St Colby WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9-16-13</i>
3. <i>Jennifer May</i>	<i>203 W. Dolf #9 Colby, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
4. <i>Kathy ...</i>	<i>203 W. Dolf St #10 Colby WI - 54422</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
5. <i>Syrene ...</i>	<i>203 W. Dolf #211 Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
6. <i>Ann Meyer</i>	<i>203 W. Dolf #113 Colby, WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
7. <i>Andrea ...</i>	<i>203 W. Dolf #215 Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
8. <i>Cynthia ...</i>	<i>609 N 2nd St. Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
9. <i>Paul ...</i>	<i>530 N 2nd St Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9-19-13</i>
10. <i>...</i>	<i>522 N. 2nd St Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9-19-13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 19, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Shyba Dorse</i>	522 N 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
2. <i>Jennifer Schmidt</i>	512 North 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
3. <i>Robert Wolfe</i>	504 N 2nd Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
4. <i>Jessie Vlayke</i>	309 N 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
5. <i>Charletina Schilling</i>	116 S 4th St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
6. <i>Joe K... (signature)</i>	509 N 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
7. <i>Tim O'Neal</i>	513 N 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
8. <i>Chelsea Schick</i>	513 N 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
9. <i>Shane F... (signature)</i>	512 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13
10. <i>Tim Swiggum</i>	512 N 2nd Colby WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/19/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)

I reside at 739 E 7th St Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept. 19, 2013
(Date)

Timothy F. Swiggum
(Signature of circulator)

WV

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Amber Vaetken</i>	<i>523 N. 2nd St. Colby, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
2. <i>Chivall</i>	<i>523 N 2nd St Colby, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
3. <i>Becca Berman</i>	<i>302 West Adams Colby WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>
4. <i>Darnell Schaefer</i>	<i>N12486 meidian</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Colby</i>	<i>9/19-13</i>
5. <i>Lay Von</i>	<i>318 N 5th Street</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Abbotsford</i>	<i>9/13-13</i>
6. <i>[Signature]</i>	<i>204 E Monroe St. Colby</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9-19-13</i>
7. <i>Grace Dietel</i>	<i>327 S 4th St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Dorchester</i>	<i>9-19-13</i>
8. <i>Eloise Fochling</i>	<i>W14257 Cntz</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Castles</i>	<i>9-19-13</i>
9. <i>Deann Roder</i>	<i>209 N 2nd St Abbotsford WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Abbotsford</i>	<i>9/19/13</i>
10. <i>Opal C. Gehlke</i>	<i>104 W Spruce Colby WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/19/13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI 54460

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).

Sept 19, 2013
(Date)

Timothy F. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10 ✓

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Owen <input type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Dale Homan</i>	116 W Oak St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
2. <i>Robert Werner</i>	115 W Lutz St	<input type="checkbox"/> Town <input type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13
3. <i>Todd Copeland</i>	116 W Lutz St	<input type="checkbox"/> Town <input type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13
4. <i>Bob Markowski</i>	116 Pine St Edgar, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13
5. <i>Bob Markowski</i>	116 Pine St Edgar, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13
6. <i>Kelly Vanderlust</i>	820 W 4th Ave Edgar, WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
7. <i>Richard Walker</i>	777 W 4th Ave Edgar, WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
8. <i>D. M. M... ..</i>	207 W. Oak St Edgar, WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
9. <i>Joel Zwerberg</i>	403 N. 4th Ave Edgar, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
10. <i>Susan Zwerberg</i>	403 N. 4th Ave Edgar, WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 239 E 7th St. Owen WI. 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 24, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Julie Frank</i>	584 LeRoy St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
2. <i>Eric Mark</i>	200 Madge St, Lot 4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21/13
3. <i>Mary D. Taylor</i>	700 Madge Ave Lot #22	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
4. <i>Alan Schilling</i>	700 Madge St Lot #16	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
5. <i>John DeWitt</i>	203 Brooklyn	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
6. <i>Kenneth R. Kuhlend</i>	302 N 3rd Ave Edgar	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13
7. <i>[Signature]</i>	211 Brooklyn Ave Edgar	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
8. <i>Cassie Inland</i>	211 Brooklyn Ave Edgar	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
9. <i>Sue Wresman</i>	302 Brooklyn Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9. 21. 13
10. <i>Shirley Zitter</i>	309 Broadway Ave #12	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 21, 2013
(Date)

Timothy F. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10 ✓

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Owen <input type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Jon F. Helms</i>	<i>319 N 4th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village EDGAR <input type="checkbox"/> City	<i>9/21/13</i>
2. <i>Paul Johnson</i>	<i>319 N 4th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
3. <i>Deirdre Hefel</i>	<i>310 N 4th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
4. <i>Christina Andruschak</i>	<i>P.O. 213</i> <small>ok</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
5. <i>Greg R. O.</i>	<i>204 N 4th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
6. <i>Kim Reif</i>	<i>204 N 4th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
7. <i>Annette Augustus</i>	<i>212 N 4th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
8. <i>Don W. Inger</i>	<i>120 Quana Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
9. <i>Ryan A. Bergander</i>	<i>603 S 3rd Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	<i>9/21/13</i>
10. <i>Bonnie Bergander</i>	<i>F1836 Elderberry</i> Edgar	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FRANKFORT	<i>9-21-13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI. 54460

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

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).

Sept 21, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10 ✓

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Anthony Z...</i>	304 Brockford #17	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
2. <i>Joseph...</i>	712 West Street	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
3. <i>Misty...</i>	615 Gumaer St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
4. <i>...</i>	615 Gumaer St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
5. <i>...</i>	216 Quaw Ave. Edgar, WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
6. <i>...</i>	216 Quaw Ave Edgar, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
7. <i>Lisa Lynn...</i>	211 Quaw Ave Edgar	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
8. <i>David J....</i>	207 Quaw Ave Edgar	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9/21/13
9. <i>...</i>	315 E Oak St Apt #2 Edgar WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13
10. <i>Brenna...</i>	315 E Oak St apt #4 Edgar WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgar <input type="checkbox"/> City	9-21-13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)
 I reside at 739 E. 7th St. Owen WI. 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 21, 2013 (Date) Timothy F. Swiggum (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>[Signature]</i>	207 NORTH CENTRAL ST. OWEN, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OWEN	9/21/13
2. <i>[Signature]</i>	207 North Central St. Owen, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/21/13
3. <i>[Signature]</i>	312 E 5th ST OWEN WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OWEN	9/21/13
4. <i>[Signature]</i>	312 E 5th ST Owen WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OWEN	9/21/13
5. <i>[Signature]</i>	313 E. 5th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
6. <i>[Signature]</i>	319 5th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Owen	9-22/13
7. <i>[Signature]</i>	325 E. 5th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
8. <i>[Signature]</i>	325 E 5th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
9. <i>[Signature]</i>	642 E 6th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Owen	9-22-13
10. <i>[Signature]</i>	418 E 5th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OWEN	9/22/13

I, Timothy F. Swiggum, certify:
(Name of circulator)
 I reside at 739 E. 7th St. Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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Sept 22, 2013 (Date) Timothy F. Swiggum (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Gregory Johnson</i>	418 E 5th Street Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
2. <i>Jeff Swiggum</i>	421 E 5th Street Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
3. <i>Ed Zepke</i>	434 E. 5th St Owen, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
4. <i>James Kalepp</i>	442 E 5th St Owen WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
5. <i>Thom O'Brien</i>	506 E 5th St Owen WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
6. <i>Nancy Krohn</i>	506 E 5th St OWEN WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
7. <i>Dennis Potemik</i>	524 E 5th St Owen WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/27/13
8. <i>Bret Masie</i>	524 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Owen	9/22/13
9. <i>Paul Wagner</i>	530 E. 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
10. <i>Tim Swiggum</i>	530 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

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

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Sept. 22, 2013
(Date)

Timothy F. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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1.	418 E Third St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
2.	418 E 3rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
3.	212 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
4.	219 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
5.	225 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
6.	225 E 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
7.	718 E 6th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
8.	709 E 6th St Apt 10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
9.	709 E 6th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
10.	709 E 6th St Apt 13	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)
 I reside at 739 E. 7th St. Owen WI. 54460
(Circulator's residence - Include number, street, and municipality.)

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Sept 22, 2013
(Date) (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
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1. <i>John McKel</i>	<i>709 E 6th St Apt 9</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>
2. <i>Earl Hubbard</i>	<i>709 E. 6th St #12</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
3. <i>Doris Wolf</i>	<i>709 E. 6th St Apt 18</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>
4. <i>Joe Straka</i>	<i>709 E 6th St Apt 21</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>
5. <i>John E. Kalpanen</i>	<i>709 E. 6th St. Apt 2</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
6. <i>Lucy Ermer</i>	<i>517 E. 2nd St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/24/13</i>
7. <i>James B. Long</i>	<i>733 E. 7th St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
8. <i>Margaret Kirby</i>	<i>733 E. 7th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
9. <i>Hardine Moore</i>	<i>618 E. 3rd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
10. <i>Virginia S. Miller</i>	<i>335 N Central Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI. 54460

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

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).

Sept 23, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Jay Burk</i>	<i>443 Altenberg Ave Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/20/13</i>
2. <i>Krista Falls</i>	<i>4 Meadowview Ct. Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/21/13</i>
3. <i>Redid Peters</i>	<i>3 Meadowview Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/21/13</i>
4. <i>Tim Devine</i>	<i>5 Meadowview Ct Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>9/21/13</i>
5. <i>Craig Devine</i>	<i>5 Meadow Ct Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/21/13</i>
6. <i>Peter Devine</i>	<i>2 Meadowview Ct Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/22/13</i>
7. <i>Rachel Devine</i>	<i>2 Meadowview Ct. Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/22/13</i>
8. <i>Ashley Hauere</i>	<i>613 E. 6th St. Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>9/23/13</i>
9. <i>Gwen Peterson</i>	<i>3 Meadowview Ct Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>9/23/13</i>
10. <i>Cheryl Devine</i>	<i>412 S Altenburg Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>9/23/13</i>

CERTIFICATION OF CIRCULATOR

I, *Carol Devine*, certify:
(Name of circulator)
 I reside at *5 Meadowview Ct Owen WI 54460*
(Circulator's residence - Include number, street, and municipality.)

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).

9/23/13 (Date) *Carol Devine* (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Thomas H. Jaggli</i>	112 E. 5th St Owen WI 54460	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-19-13
2. <i>Carla O'Connell</i>	330 E. 8th St Owen WI 54460	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Owen	9-19-2013
3. <i>Joceli Ernst</i>	813 E 4th St Owen WI 54460	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-20-13
4. <i>Joel Gudeman</i>	1578 N. Koch Ave Apt 218 Marshfield, WI 54449	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marshfield	9-20-13
5. <i>Lisa Shrada</i>	W750 Rosewood Dr. Chili WI 54420	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Freeman	9/20/13
X 6. <i>Tammy Offer</i>	5021 City Rd H Acklandale, WI 54412	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Acklandale	9/20/13 ✓
7. <i>Chris K</i>	1419 S. Schmidt Ave Marshfield, WI 54449	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Marshfield	9/20/13
8. <i>Angie Koehler</i>	328 N. H. Ave Edgar WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Edgar	9/20/13
9. <i>Roy Volm</i>	412 W. 1st Ave Edgar WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Edgar	9-21-13
10. <i>Ginger Ahrens</i>	116 W. Oak St Edgar, WI 54426	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Edgar	9/21/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E 7th St, Owen WI, 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 21, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

4

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Karen Bitttrich</i>	<i>215 W 4th St Marshfield WI 54449</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Marshfield</i>	<i>9/20/13</i>
2. <i>Ashron Weigel</i>	<i>1300 E Doerge St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MFLD</i>	<i>9/24/13</i>
3. <i>Chris Weigel</i>	<i>Marshfield WI 54449 1300 E. Doerge St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Marshfield</i>	<i>9-20-13</i>
4. <i>Robert Schuler</i>	<i>301 S. 2180 Cty Rd C SPRINGFIELD, WI 54484</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SPRINGFIELD</i>	<i>9/22/13</i>
5. <i>[Signature]</i>	<i>246 CENTRAL AVE OWEN WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>
6. <i>Brenda Jenness</i>	<i>246 CENTRAL AVE OWEN WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>
X 7. <i>MIKE'S (Arneson)</i>	<i>P.O. BOX 4 234 W. Central OWEN WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>
X 8. <i>L. Kenney</i>	<i>W9342 Countyline Rd Owen WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Holway</i>	<i>9/22/13</i>
9. <i>Jeanne Schmidt</i>	<i>P.O. BOX 105 ³²⁴ E. Hill St Owen WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9-22-13</i>
10. <i>Rene Gulloff</i>	<i>P.O. Box 183, 212 E. 4th St Owen WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/22/13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)

I reside at 739 E 7th St, Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 22, 2013 (Date) Timothy F. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Gelen Galsorensz</i>	<i>3197 East St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23</i>
2. <i>Shirley A. Schube</i>	<i>421 S. 5th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
3. <i>Agnes v. Boyer</i>	<i>613 W 3rd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
4. <i>Nancy Garrett</i>	<i>636 E. 3rd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
5. <i>Patty Orth</i>	<i>W 5291 Willow Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
6. <i>Deanna Fulliff</i>	<i>825 W 3rd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/23/13</i>
7. <i>Willed Haasch</i>	<i>213 E 3rd Owen 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9-23-13</i>
8. <i>Brenda Brunner</i>	<i>W 4781 Center Owen WI 54460</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Howard</i>	<i>9-23-13</i>
9. <i>Lyn M. Riff</i>	<i>712 E 4th St Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9-23-13</i>
10. <i>Crescent Kemp</i>	<i>510 E 6th Owen, WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9-23-13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)

I reside at 739 E. 7th St. Owen WI. 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 23, 2013 (Date)

Timothy F. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

(9) 10

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for <u>voting</u> purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for <u>mailing</u> purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Bernall A. Lehn</i>	516 12 9th St Owen, WI 54460	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
2. <i>Shirley Lake</i>	518 E. 4th St Owen, WI 54460	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
3. <i>Richard Gale</i>	806 E 4th St. Owen WI 54460	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9-22-13
4. <i>Chris Beckwith</i>	518 E 4th St. OWEN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
5. <i>Scott Edgar</i>	OWEN E H ST 4 ?	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OWEN	9/22/13
6. <i>Betty Ladner</i>	506 E 4th St Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
7. <i>Bonnie Plum</i>	507 E 4th St Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/23/13
8. <i>Rose Wynn</i>	507 E 4th Street Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
9. <i>Charles Scott</i>	442 E 4th St Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13
10. <i>Ben D. ...</i>	531 east 4th St. Owen	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	9/22/13

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)
 I reside at 739 E. 7th St. Owen WI. 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 22, 2013 (Date) Timothy F. Swiggum (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

(9) ~~10~~

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Ronno Ballman</i>	<i>316 oak St Edgar, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9-21-13</i>
2. <i>Karen Ballman</i>	<i>316 oak St Edgar, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9-21-13</i>
3. <i>Paul Knuth</i>	<i>714 B.N. 2nd Ave EDGAR, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
4. <i>Julie Laaty</i>	<i>714 2nd Ave Edgar, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
5. <i>Heather Korman</i>	<i>720 N. 2nd Ave Edgar, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
6. <i>Denny Larsen</i>	<i>720 N 2nd Ave Apt 4 Edgar, WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
7. <i>Susan Wilmish</i>	<i>720 N. 3rd Ave #5 Edgar, Wis</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
8. <i>Jennifer Bulewicz</i>	<i>720 N 2nd Ave #11 Edgar WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
9. <i>Harold Smith</i>	<i>720 N 2nd Ave Apt 9 Edgar WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
10. <i>Veronica Pfeiffer</i>	<i>312 E 5th St OWEN WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>OWEN</i>	<i>9/21/13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)
 I reside at 739 E. 7th St. Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 21, 2013 (Date) Timothy F. Swiggum (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

(4) 18

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Lawrence Gehrs</i>	<i>500 W. Washington St Colby WI 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/18/13</i>
2. <i>Scendahl, Jack</i>	<i>W3266 Co. Hwy N. Owen, WI 54460</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Owen</i>	<i>9/18/13</i>
3. <i>Jacoda Kniff</i>	<i>Box 202 610 W. 5444</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Colby</i>	<i>9/18/13</i>
4. <i>Cindy Knight</i>	<i>612 E 4th Owen, WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9-18-13</i>
5. <i>[Signature]</i>	<i>105 S Division Colby WI. 54421</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/18/13</i>
6. <i>Clyde Schuty</i>	<i>Owen WI 749 G St apt 6</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Owen</i>	<i>9-18-13</i>
7. <i>Jerry Morrison</i>	<i>Owen WI 219 E North St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/18/13</i>
8. <i>[Signature]</i>	<i>1004 W. 5th PO Box 117 Colby WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Colby</i>	<i>9/18/13</i>
9. <i>[Signature]</i>	<i>1104 New St.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Curtis</i>	<i>9/19/13</i>
10. <i>David T. Miller</i>	<i>235 - N. Central Ave Owen, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Owen</i>	<i>9/19/13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:
(Name of circulator)
 I reside at 739 E. 7th St. Owen WI 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 19, 2013 (Date) Timothy F. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

8

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Diana Ibo</i>	<i>536 N. Paul Ave Owen, WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9-22-13</i>
2. <i>Donna Nelson</i>	<i>525 N. Paul Ave Owen, WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9-22-13</i>
X 3. <i>James Sweda</i>	<i>900 Court St Withee 54498</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Withee <input type="checkbox"/> City	<i>9-22-13</i>
X 4. <i>Jeffy + Mella</i>	<i>W 5372 County Road H Withee WI 54498</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Withee	<i>9/22/13</i>
5. <i>Kay Grant</i>	<i>200 Altamberg Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9/22/13</i>
6. <i>Sharon</i>	<i>200 Altenberg Ave Owen WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9/22/13</i>
7. <i>David Ayala/Slo</i>	<i>W4033 Hwy N Owen WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Greenbosc	<i>9-22-13</i>
8. <i>Theresa</i>	<i>612 W 3RD OWEN WI 54460</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9/23/13</i>
9. <i>Bruce</i>	<i>525 W North St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9/23/13</i>
10. <i>Patricia</i>	<i>740 E 7th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Owen	<i>9-23-13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy R. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI. 54460
(Circulator's residence - Include number, street, and municipality.)

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).

Sept 23, 2013
(Date)

Timothy R. Swiggum
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

8

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office 69th Assembly 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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Daniello Rea</i>	301 S 2nd St. Colby, WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City of Colby	9-19-13
2. <i>[Signature]</i>	301 S 2nd St Colby WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9-19-13
3. <i>Catherine Knecht</i>	11821 City Rd C Stratford WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Day	9-20-13
4. <i>[Signature]</i>	W 976 Col Rd N Colby WI 54421	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Colby	9/20/13
5. <i>James Schmidt</i>	201 S 6th St Colby, WI 54421	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Colby	9/23/13
6. <i>[Signature]</i>	304 SWE ST. NEILSVILLE, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEILSVILLE	9/23/13
7. <i>[Signature]</i>	403 S. WEST ST. LOYAL, WI 54446	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LOYAL	9/23/13
8. <i>Ronald J. Wright</i>	N14215 Oak Grove Ave Curtiss, WI 54422	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Green Grove	9/24/13
9. <i>Londa M. Nyeth</i>	N14215 Oak Grove Ave Curtiss, WI 54422	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Green Grove	9/24/13
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

I reside at 739 E. 7th St. Owen WI 54460

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

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Sept 24, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

7

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Mark Bergander</i>	<i>E 1836 Elderberry Rd Edgar, WI 54426</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Frankfort</i>	<i>9/21/13</i>
2. <i>Mark Rinaldi</i>	<i>123 Quail Ave Edgar, WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
3. <i>Richard L. Guenther</i>	<i>611 Madge St. Edgar WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
4. <i>Angela Guenther</i>	<i>611 Madge St. Edgar WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
5. <i>Randy Paak</i>	<i>46 Madge St Edgar, Wis.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Edgar</i>	<i>9/21/13</i>
X 6. <i>Scott Blitt</i>	<i>2008 City Rd # Edgar WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Emmet</i>	<i>9-21-13</i>
X 7. <i>Dee Borchardt</i>	<i>2008 CTH-H Edgar, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Emmet</i>	<i>9-21-13</i>
8. <i>Scott Blitt</i>	<i>700 MADGE ST LOT EDGAR WI 54426</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>EDGAR</i>	<i>9/21</i>
9. <i>Arthur Mousk</i>	<i>584 LEROY</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>EDGAR</i>	<i>9/21/13</i>
X 10. <i>Scott Blitt</i>	<i>1910 3rd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wausau</i>	<i>9/21/13</i>

CERTIFICATION OF CIRCULATOR

I, Timothy F. Swiggum, certify:

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Sept. 21, 2013
(Date)

Timothy F. Swiggum
(Signature of circulator)

2

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Tim Swiggum		Street, fire, or rural route number; box number (if rural route); and name of street or road 739 E. 7th St.		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Owen	State WI	Zip code 54460	Type of election <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date Nov. 19, 2013	Name of Party or Statement of Principle (5 words or less) Putting People Ahead of Politics
Title of office State Assembly Representative		District or Jurisdiction <input checked="" type="checkbox"/> District number 69 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 69th Assembly District	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Stephen M. Heggeman</i>	<i>519 Bjornstad Owen WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village Owen <input checked="" type="checkbox"/> City	<i>9-23-13</i>
2. <i>Walter Brown</i>	<i>740 E. 7TH ST.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OWEN	<i>9-23-13</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

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I reside at 739 E. 7th St. Owen WI. 54460

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

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Sept 24, 2013

(Date)

Timothy F. Swiggum

(Signature of circulator)