

**STATE OF WISCONSIN
ELECTIONS COMMISSION**

COMPLAINT FORM

Please provide the following information about yourself:

Name Steven Steinke
 Address N 8546 US Highway 45 Birnamwood WI 54414
 Telephone Number 715-571-7498
 E-mail Stelsteinke@hotmail.com

State of Wisconsin
Before the Elections Commission

The Complaint of violating rules of election officials by being a poll worker at the same time as being a candidate for office to be voted for at an election at which she served, Complainant(s) against

Deb Kessen, Respondent, whose

address is N 9246 Trout Lane Birnamwood WI 54414

This complaint is under chapter 7 - 7.30 2a (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)

I, Steven Steinke, allege that:

this named respondent violated the standards of appointed election officials in chapter 7 Subchapter 1 7.30 (2)(a) of the state statutes by participating in the election, on April 6th 2021 at the Town of Birnamwood Town Hall, as a poll worker at the same time as being a candidate for office to be voted for at the election at which she served.

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: April 20 2021

Steve Steinke
Complainant's Signature

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

Steve Steinke
Complainant's Signature

STATE OF WISCONSIN

County of Shawano,
(county of notarization)

Sworn to before me this 20 day of
April, 20 21.

Julie D. Olson
(Signature of person authorized to administer oaths)

My commission expires July 30, 2021, or is permanent.

Notary Public or _____
(official title if not notary)



Please send this completed form to:

Mail: Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984
Fax: (608) 267-0500
Email: elections@wi.gov