

**Case No: EL 18-19**

**Morgan v. Wachs**

**Final 2018 Ballot Access Challenges Memorandum**

**Exhibits**

2018 GENERAL ELECTION  
CHALLENGE WORK SHEET

Case Number: EL 18-19

1. NAME OF CHALLENGER: Mark Morgan
2. NAME OF CANDIDATE CHALLENGED: Dana Wachs
3. OFFICE SOUGHT BY CANDIDATE: Governor
4. NUMBER SIGNATURES REQUIRED FOR OFFICE SOUGHT: 2,000
5. GROSS NUMBER OF SIGNATURES SUBMITTED BY CANDIDATE: 2,500
6. NUMBER OF SIGNATURES ORIGINALLY VERIFIED BY STAFF: 2,254
7. NUMBER OF PAGES CHALLENGED: 120
8. CANDIDATE HAS SUPPLEMENTAL PAPERS: Yes (60 approx. sigs.)
9. CANDIDATE HAS CORRECTING AFFIDAVITS ON FILE: No
10. REASONS FOR CHALLENGE TO ENTIRE PAGES: Circulator did not fully indicate their municipality of residence
11. TOTAL NUMBER INDIVIDUAL SIGNATURES ON PAGES CHALLENGED: 369

A. CERTIFICATION OF CIRCULATOR INCOMPLETE/INVALIDLY DATED

- a. Page 33 Lines 1-10: Reject challenge. Muni listed as Chippewa Falls
- b. Page 119 Lines 1-10: Reject challenge. Muni (Eau Claire) abbreviated to "EC". Muni abbreviations allowed

NUMBER OF SIGNATURES REPAIRED BY CORRECTING AFFIDAVITS: 0

**Deduct 0 signatures based on this challenge.**

12. REASONS FOR CHALLENGE TO INDIVIDUAL SIGNATURES: Printed name illegible, Missing signature, Circulator cert. dated prior to some signatures on a page

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A. SIGNATORY ADDRESS BLANK, ILLEGIBLE, OR MISSING MUNICIPALITY

- a. Page   1   Lines   8,10  : Reject challenge. Address and muni both listed
- b. Page   1   Line   5  : Accept challenge. Address indecipherable.
- c. Page   4   Lines   7,8  : Reject challenge. Address and muni both listed
- d. Page   7   Line   3  : Reject challenge. Address and muni both listed
- e. Page   8   Lines   2,4,5,6,7  : Reject challenge. “ ”
- f. Page   9   Line   9  : Reject challenge. Address and muni both listed
- g. Page  14   Line   7  : Reject challenge. Address and muni both listed
- h. Page  19   Lines   4,9,10  : Reject challenge. Address and muni listed
- i. Page  19   Line   7  : Reject challenge. Ditto marks ok per 2.05(13)
- j. Page  22   Line   5  : Reject challenge. Address and muni both listed
- k. Page  24   Lines   2,3,4,5,7,9,10  : Reject challenge. Muni abbreviations accepted. Ditto marks ok per 2.05(13)
- l. Page  25   Line   4  : Reject challenge. Address and muni listed
- m. Page  26   Lines   2,3,4,5,6,7,8,9,10  : Reject challenge. Muni abbreviations allowed. Address and muni listed.
- n. Page  27   Line   9  : Reject challenge. Address and muni listed. Not checking t/v/c box still substantial compliance
- o. Page  28   Lines   2,5,6,7,8,9,10  : Reject challenge. Address and muni listed. Not checking t/v/c box still substantial compliance. Muni abbreviations acceptable

- p. Page \_28\_ Line \_4\_: Accept challenge. Address info missing.  
Signature struck in staff review
- q. Page \_29\_ Lines \_3,5,6,7,8,9\_: Reject challenge. Address and muni listed
- r. Page \_30\_ Line \_10\_: Reject challenge. Address and muni listed
- s. Page \_31\_ Line \_7\_: Reject challenge. Address and muni listed. Not checking t/v/c box still substantial compliance
- t. Page \_32\_ Line \_10\_: Reject challenge. Address and muni listed. Not checking t/v/c box still substantial compliance
- u. Page \_34\_ Line \_2\_: Reject challenge. Ditto marks allowed per 2.05(13)
- v. Page \_35\_ Line \_6\_: Reject challenge. Address and muni listed. Not checking t/v/c box still substantial compliance
- w. Page \_36\_ Lines \_6,7\_: Reject challenge. Address and muni listed.  
Not checking t/v/c box still substantial compliance
- x. Page \_37\_ Lines \_4,7,8\_: Reject challenge. Address and muni listed.  
Abbreviations acceptable
- y. Page \_38\_ Lines \_2,4\_: Reject challenge. Ditto marks ok per 2.05(13)
- z. Page \_39\_ Line \_8\_: Reject challenge. Address and muni listed.  
Muni abbreviations acceptable.
- aa. Page \_60\_ Lines \_6,7\_: Reject challenge. Address and muni listed.  
Ditto marks allowed per 2.05(13). Not checking t/v/c box still substantial compliance

- bb. Page \_61\_ Lines \_6,8\_: Reject challenge. Address and muni listed.  
Not checking t/v/c box still substantial compliance
- cc. Page \_62\_ Line \_8\_: Reject challenge. Address and muni listed. Not  
checking t/v/c box still substantial compliance
- dd. Page \_63\_ Lines \_2,3,7,8,10\_: Reject challenge. Address and muni  
listed. Muni abbreviations allowed
- ee. Page \_68\_ Line \_10\_: Reject challenge. Address and muni listed. Not  
checking t/v/c box still substantial compliance
- ff. Page \_70\_ Lines \_5,8,9\_: Reject challenge. Address and muni listed.  
Not checking t/v/c box still substantial compliance
- gg. Page \_75\_ Lines \_2,6\_: Reject challenge. Address and muni listed
- hh. Page \_79\_ Lines 1,2,3,4,5,6,7: Reject challenge. Address and muni  
listed. Muni abbreviations allowed. Ditto marks ok per 2.05(13)
- ii. Page \_80\_ Lines 3,4,5,6,7,8,9,10: Reject challenge. Address and muni  
listed. Abbreviations allowed. Ditto marks ok per 2.05(13)
- jj. Page \_82\_ Lines \_7,8,10\_: Reject challenge. Address and muni listed.  
Abbreviations allowed. Ditto marks ok per 2.05(13). Not checking  
t/v/c box still substantial compliance.
- kk. Page \_83\_ Lines \_1,2,3: Accept challenge. Muni missing. Signatures  
struck during staff review of papers.
- ll. Page \_83\_ Lines \_4,9: Reject challenge. Address and muni listed.  
Line 4, date bracketed. Line 9, not checking t/v/c box still substantial  
compliance

- mm. Page \_84\_ Lines \_2-8: Reject challenge. Not checking t/v/c box  
still substantial compliance
- nn. Page \_85\_ Lines \_5,9,10: Reject challenge. Address and muni listed.  
Muni abbreviations allowed.
- oo. Page \_87\_ Lines \_1,2,3,8,9: Reject challenge. Address and muni  
listed. Muni abbreviations allowed.
- pp. Page \_88\_ Line \_9\_: Reject challenge. Not checking t/v/c box still  
substantial compliance.
- qq. Page \_89\_ Lines \_5,6\_: Reject challenge. Address and muni listed.  
Not checking t/v/c box still substantial compliance.
- rr. Page \_90\_ Line \_4: Reject challenge. Muni abbreviations accepted
- ss. Page \_91\_ Lines \_3-10: Reject challenge. Muni abbreviations accepted
- tt. Page \_92\_ Lines \_6,7,10: Reject challenge. Muni abbreviations  
allowed. Address and muni listed
- uu. Page \_93\_ Lines \_2-4, 6-9\_: Reject challenge. Muni abbreviations  
allowed.
- vv. Page \_94\_ Lines \_1,2,3,6,7,10: Reject challenge. Muni abbreviations  
allowed.
- ww. Page \_97\_ Lines \_1,6,10: Reject challenge. Line 1, muni pulled  
from res. Address to muni field. Line 6, muni and address listed. Line  
10, muni abbreviations allowed
- xx. Page \_98\_ Lines \_1,2: Reject challenge. Muni abbreviations allowed.  
Address and muni listed

- yy. Page \_102\_ Line \_3\_: Reject challenge. Muni abbreviations allowed.  
Address and muni listed
- zz. Page \_103\_ Lines \_4-10: Reject challenge. Not checking t/v/c box  
still meets substantial compliance.
- aaa. Page \_104\_ Line \_7: Reject challenge. Address and muni listed.
- bbb. Page \_105\_ Lines \_4-10: Reject challenge. Muni abbreviations  
allowed.
- ccc. Page \_106\_ Lines \_3,4,5: Reject challenge. Address and muni  
listed
- ddd. Page \_107\_ Line \_6: Reject challenge. Address and muni listed.
- eee. Page \_108\_ Line \_1: Reject challenge. Address and muni listed
- fff. Page \_110\_ Lines \_6,7,8,10: Reject challenge. Address and muni  
listed.
- ggg. Page \_111\_ Lines \_9,10: Reject challenge. Not checking t/v/c box  
is still substantial compliance. Muni abbreviations allowed.
- hhh. Page \_112\_ Lines \_2-9: Reject challenge. Address and muni  
listed. Muni abbreviations allowed.
- iii. Page \_113\_ Lines \_4,5: Reject challenge. Address and muni listed.  
Not checking t/v/c box is still substantial compliance.
- jjj. Page \_114\_ Lines \_2,7: Reject challenge. Address and muni listed.  
Checking 2 options in t/v/c box is still substantial compliance.
- kkk. Page \_116\_ Lines \_3,8: Reject challenge. Address and muni listed

lll. Page \_120\_ Lines \_1,2,4-10\_: Reject challenge. Lines 1,2, muni info pulled from res add to muni box. 2,4-10, muni abbreviations allowed

mmm. Page \_122\_ Line \_5\_: Reject challenge. Muni abbreviations allowed

nnn. Page \_123\_ Lines \_9,10\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

ooo. Page \_124\_ Lines \_2-5,7,9,10\_: Reject challenge. Muni and address fully listed

ppp. Page \_127\_ Lines \_3,4,6\_: Reject challenge. Muni abbreviations allowed

qqq. Page \_129\_ Line \_7\_: Reject challenge. Muni and address fully listed.

rrr. Page \_130\_ Line \_5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

sss. Page \_135\_ Line \_5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

ttt. Page \_143\_ Lines \_4,5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

uuu. Page \_144\_ Lines \_8,10\_: Reject challenge. Not checking t/v/c box is still substantial compliance. Muni and address listed

vvv. Page \_148\_ Line \_7\_: Reject challenge. Muni info pulled from res add to muni field in review.

www. Page \_150\_ Lines \_7,9\_: Reject challenge. Not checking t/v/c box is still substantial compliance.



- xxx. Page \_152\_ Lines \_5,7-10\_: Reject challenge. Not checking t/v/c box is still substantial compliance.
- yyy. Page \_153\_ Line \_9\_: Reject challenge. Muni abbreviations allowed.
- zzz. Page \_154\_ Lines \_5,6,7,10\_: Reject challenge. Muni abbreviations allowed
- aaaa. Page \_155\_ Line \_5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.
- bbbb. Page \_161\_ Lines \_5,6\_: Reject challenge. Ditto marks allowed per 2.05(13)
- cccc. Page \_162\_ Line \_8\_: Reject challenge. Not checking t/v/c box is still substantial compliance.
- dddd. Page \_165\_ Lines \_8,9\_: Reject challenge. Not checking t/v/c box is still substantial compliance.
- eeee. Page \_166\_ Line \_6\_: Reject challenge. Not checking t/v/c box is still substantial compliance.
- ffff. Page \_169\_ Line \_4\_: Reject challenge. Ditto marks allowed per 2.05(13)
- gggg. Page \_171\_ Line \_5\_: Reject challenge. Muni abbreviations allowed
- hhhh. Page \_176\_ Line \_5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.
- iiii. Page \_180\_ Lines \_3,4\_: Reject challenge. address and muni listed.

jjjj. Page \_181\_ Lines \_1,2,4-10\_: Reject challenge. Muni abbreviations allowed. Line 6 is nearly a perfect example of how to sign nom paper

kkkk. Page \_182\_ Lines \_1,4-8,10\_: Reject challenge. Muni abbreviations allowed.

llll. Page \_182\_ Lines \_2,4,7\_: Reject challenge. Address and muni listed. Muni abbreviations allowed.

mmmm. Page \_183\_ Lines \_2,4\_: Reject challenge. Address and muni listed. Muni abbreviations allowed

nnnn. Page \_190\_ Line \_4\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

oooo. Page \_196\_ Lines \_4,5,7\_: Reject challenge. Muni abbreviations allowed

pppp. Page \_196\_ Line \_6\_: Accept challenge. Muni indecipherable. Signature removed by staff in review

qqqq. Page \_197\_ Lines \_1-5,7,8\_: Reject challenge. Muni abbreviations are allowed

rrrr. Page \_202\_ Lines \_4,5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

ssss. Page \_204\_ Line \_5\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

tttt. Page \_206\_ Lines \_5,7\_: Reject challenge. Not checking t/v/c box is still substantial compliance. Muni abbreviations allowed.

uuuu. Page \_211\_ Line \_2\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

vvvv. Page \_213\_ Line \_3\_: Reject challenge. Not checking t/v/c box is still substantial compliance.

www. Page \_218\_ Lines \_4,5,6\_: Reject challenge. Muni abbreviations allowed.

xxxx. Page \_222\_ Lines \_4,5\_: Reject challenge. Ditto marks allowed per 2.05(13)

yyyy. Page \_224\_ Lines \_5,6\_: Reject challenge. Muni and address listed.

zzzz. Page \_229\_ Lines \_4,5\_: Reject challenge. Muni abbreviations allowed

aaaa. Page \_230\_ Lines \_1,3,4,5\_: Reject challenge. Muni abbreviations allowed

bbbb. Page \_231\_ Line \_4\_: Reject challenge. Muni abbreviations allowed

cccc. Page \_233\_ Line \_2\_: Reject challenge. Not checking the t/v/c box is still substantial compliance.

dddd. Page \_246\_ Lines \_9,10\_: Reject challenge. Muni abbreviations allowed

eeee. Page \_247\_ Line \_1\_: Reject challenge. Address and muni listed

ffff. Page \_249\_ Lines \_1,2,4-8\_: Reject challenge. Muni abbreviations allowed. Address and muni listed

ggggg. Page \_271\_ Line \_1\_: Reject challenge. Muni and address listed.

Muni abbreviations allowed.

hhhhh. Page \_292\_ Line \_1\_: Reject challenge. Muni abbreviations allowed

**Result is strike 1 signature based on challenge and signatures already struck by staff during initial review.**

NUMBER OF SIGNATURES REPAIRED BY CORRECTING AFFIDAVITS: 0

**B. SIGNATURE UNDATED OR OTHERWISE INVALIDLY DATED**

a. Page \_98\_ Line \_7\_: Reject challenge. Signature dated 5/5/18 is on or before date of circulator.

b. Page \_68\_ Lines \_1-4\_: Reject challenge. Date was amended by circulator prior to submission and is 5/22/18, the same day as the date in the certification.

NUMBER OF SIGNATURES REPAIRED BY CORRECTING AFFIDAVITS:0

**Deduct 0 signatures based on this challenge.**

**C. SIGNATURE IS MISSING, ILLEGIBLE, OR PRINTED**

a. Page \_1\_ Line \_5\_: Reject challenge. Signature present.

b. Page \_9\_ Lines \_8,9\_: Reject challenge. Signature present.

c. Page \_14\_ Line \_5\_: Reject challenge. Signature present.

d. Page \_15\_ Line \_7\_: Reject challenge. Signature present.

e. Page \_68\_ Line \_5\_: Reject challenge. Signature present.

f. Page \_89\_ Line \_2\_: Reject challenge. Signature present.

g. Page \_96\_ Lines \_7,8\_: Reject challenge. Signatures are present.

h. Page \_99\_ Line \_2\_: Reject challenge. There are both a printed and signed name in signature field.

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- i. Page \_99\_ Line \_3\_: Reject challenge. Signature is present.
- j. Page \_102\_ Line \_5\_: Reject challenge. Signature present.
- k. Page \_114\_ Line \_4\_: Reject challenge. Signature present.
- l. Page \_238\_ Line \_3\_: Reject challenge. Signature present.
- m. Page \_241\_ Line \_1\_: Reject challenge. Signature is present.

**Deduct 0 signatures based on this challenge.**

NUMBER OF SIGNATURES REPAIRED BY CORRECTING AFFIDAVITS: 0

**D. PRINTED NAME IS ILLEGIBLE OR IN CURSIVE**

- a. Page \_29\_ Line \_10\_: Reject challenge. Name is legibly printed. Signature struck by staff during review.
- b. Page \_38\_ Line \_6\_: Reject challenge. Name is legible. Angie Schusker
- c. Page \_39\_ Line \_4\_: Reject challenge. First name Audrey, last name can be discerned but unsure of exact spelling – “Car..”
- d. Page \_43\_ Line \_6\_: Accept challenge. First name is illegible and unable to discern a last name.
- e. Page \_53\_ Line \_6\_: Reject challenge. Name is legible. Luke Peterson
- f. Page \_61\_ Line \_2\_: Reject challenge. Name is legible. Jeffrey Klamp
- g. Page \_68\_ Line \_4\_: Reject challenge. Name is legible. Bill St. John
- h. Page \_69\_ Line \_9\_: Reject challenge. Name is legible. Allyssa Spangler
- i. Page \_70\_ Line \_7\_: Reject challenge for legibility of name. Signature struck by staff during review for other reason.
- j. Page \_74\_ Line \_5\_: Reject challenge. Name legible. Donald Uselman

- k. Page \_84\_ Line \_4\_: Reject challenge. First name is Jeanette. Able to discern last name although unsure of exact spelling – “Boiheoa”.
- l. Page \_86\_ Line \_1\_: Reject challenge. Name legible. Nancy Bjornson
- m. Page \_112\_ Line \_1\_: Reject challenge. First name is Danielle. Able to discern a last name although unsure of exact spelling – “Alexander”
- n. Page \_118\_ Line \_8\_: Reject challenge. Name legible. Glenn Reynolds
- o. Page \_163\_ Line \_9\_: Reject challenge. Name legible. Mary Goodavish-Guten
- p. Page \_169\_ Line \_8\_: Reject challenge. First name is Sam. Able to discern a last name although unsure of exact spelling – “Marehendra”
- q. Page \_234\_ Line \_5\_: Reject challenge. Name legible. Linda Mullikin
- r. Page \_214\_ Line \_2\_: Reject challenge. Name legible. Darlene Carney

NUMBER OF SIGNATURES REPAIRED BY CORRECTING AFFIDAVITS: 0

**Deduct 1 signature based on this challenge.**

13. NUMBER OF SIGNATURES VERIFIED BY STAFF AFTER CHALLENGE: 2252


**Challenge resulted in Candidate losing 2 signatures.  $2254 - 2 = 2252$  total**

**STAFF RECOMMENDATION AFTER CHALLENGE:** Candidate maintains ballot status

**MINIMUM NUMBER OF SIGNATURES: YES**

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**NOMINATION PAPER FOR PARTISAN OFFICE**

 Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
1. <i>Kari Ives</i>	Kari Ives	502 E South Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chippewa Falls	4/30/18	<del>hannah@chippewa-falls.net</del>
2. <i>Annelle Hunt</i>	Annelle Hunt	1300 Wabash Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chippewa Falls	4/30/2018	<del>annelle.hunt@chippewa-falls.net</del>
3. <i>Jessy Dawson</i>	Jessy Dawson	5449 North Shore Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Seymour	4/30/2018	<del>jessy.dawson@seymour.net</del>
4. <i>Ralph Palmer</i>	Ralph Palmer	557 E. PARK AVE # 202 CHIPPENAW FALLS WI 54729	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chippewa Falls	4-30-18	<del>ralph.palmer@chippewa-falls.net</del>
5. <i>D Holtzner</i>	D Holtzner	6150 Court Rd 22 Wt 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dechen	4-3-18	<del>d.holtzner@dechen.net</del>
6. <i>Jeff Smith</i>	Jeff Smith	81747 Norris Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brunswick	5/01/18	<del>smith.jeff@brunswick.net</del>
7. <i>John F. Mays</i>	John F. Mays	2807 Washington Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/5/18	<del>john.f.mays@eau-claire.net</del>
8. <i>Abigail Fisk</i>	Abigail Fisk	421 W MacArthur	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/5/18	<del>abigail.fisk@eau-claire.net</del>
9. <i>Dee Dimer</i>	Dee Dimer	320 Putnam Ave WI 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5-5-18	<del>dee.dimer@eau-claire.net</del>
10. <i>Kimberly Linn</i>	Kimberly Linn	3015 So Lexington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5-5-18	<del>kimberly.linn@eau-claire.net</del>

**CERTIFICATION OF CIRCULATOR**

I, Eleanor Wolf (Name of circulator), certify: I reside at 1810 Birch St. Eau Claire (Circulator's residential address - include number, street, and municipality) 54703


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

5-5-18 (Date)  
Eleanor Wolf (Signature of circulator)

(check box) & (unsure)

Wachs - 3 D.1

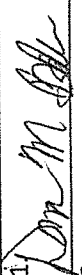
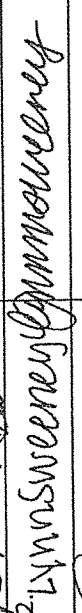
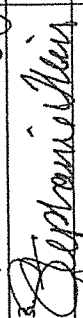

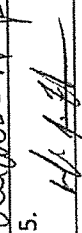
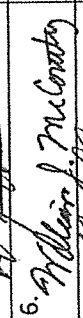
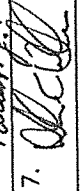
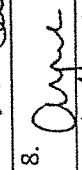

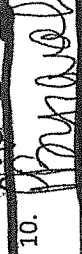
**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>	Name of Party or Statement of Principle <b>Democratic Party</b>	
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>					

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
	Donna M. Baker	6505 Stonefield Rd. Middleton WI 53562	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	04/23/18	<del>ambaker13@gmail.com</del>
	Lynnsweeney	6502 Woodgait Rd Middleton	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5-4-18	<del>lynsweeney@us.net</del>
	Stephanie Weix	6409 Stonefield Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5/4/18	<del>stephanieweix@gmail.com</del>
	Leanne Halgust	1353 Boundary Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5/4/18	
	Erik Hargrave	1353 Boundary Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5/4/18	
	William McCarty	6623 Cloverbrook Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5/4/18	
	Um. C. Williams	6405 Wydown Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5/4/18	
	Anne Lee	6218 Skepy Hollow Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Middleton	5/4/18	
	Colleen Carmona	705 Hidden Oak Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/9/18	
	Pura A. Berrath	8917 Timber Wolf Trl	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/7/18	

**CERTIFICATION OF CIRCULATOR**

I, Stephanie Mueller (Name of circulator) certify: I reside at 6322 Skepy Hollow Cir, City of Middleton, WI 53562 (Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 22.43(1a).

5-22-18 \_\_\_\_\_  
(Date) Stephanie Mueller (Signature of circulator)



**NOMINATION PAPER FOR PARTISAN OFFICE**

10

<b>Candidate's name</b> Dana Wachs	<b>Candidate's residential address</b> 437 Lincoln Ave	<b>Zip code</b> 54701	<b>Candidate's municipality for voting purposes</b> City of Eau Claire
<b>Candidate's mailing address</b> P.O. Box 260218, Madison 53726	<b>State</b> WI	<b>Type of election</b> General	<b>General Election date</b> Nov 6, 2018
<b>Title of office</b> Governor	<b>Name of jurisdiction or district in which candidate seeks office</b> State of Wisconsin		
<b>Name of Party or Statement of Principle</b> Democratic Party			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Elizabeth Frenz	6115 N Lyndal Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitefish Bay	5-19-18	
	EVERETT J. PABOS	" "	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City " "	" "	
	Jessica Schofield	313 W Doty St #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5-19-18	
	Mitchel Steindwiz	" "	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City " "	" "	
	Karin Nicholas	1734 Marvory Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sheboygan	5-19-18	
	Angie Schuster	6338 Templebush	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Subaine	5-19-18	
	Shannon Anderson	6386 Fordst	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Monona	5/19/18	
	Sterling S. Glass	4501 Village Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	19 May/18	
	Arlene Bast	6202 Springford Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	5-19-18	
	Kaitlin Daugherty	5198 Sassafras Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fitchburg	5/19/18	

I, Michael Pearson (Name of circulator), certify: I reside at Merry St #18 City of Madison (Circulator's residential address - include number, street, and municipality).

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


Michael Pearson  
(Signature of circulator)

5-19-18  
(Date)

(With marks)




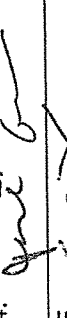
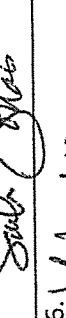

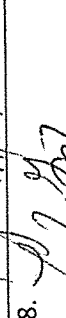


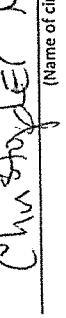
Wachs - 4 P. 1

**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Zip code <b>54701</b>
	Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	General Election date <b>Nov 6, 2018</b>
			Name of Party or Statement of Principle <b>Democratic Party</b>

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

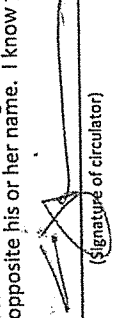
I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him for the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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
	Isabel Allen	203 Windham Hill, Cottage Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cottage Grove	5/19/2018	
	Travis Pinter	605 E BURBACH ST. MILWAUKEE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5/19/18	
	Joshua Zelasko	1580 N. Farwell Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MILWAUKEE	5/19/18	
	Janice Gunn	8584 W. Appleton Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/19/18	
	SARAH JONAS	750 E. HOMER ST MILWAUKEE, WI 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/19/18	
	Lily Gierke	2646 N. Weil St MILWAUKEE, WI 53212	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/19/18	
	Kenya Parker	2581 N. Oakland Ave MILWAUKEE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/19/18	
	Lindsay Godung	1812 E Park St MILWAUKEE, WI 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/19/18	
	Angelica Wilkorn	1908 27th St MILWAUKEE, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/19/18	
	JANELLE SZABELLA	4736 N. WOODLAKE AVE 53211	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MILWAUKEE	5/20/18	


**CERTIFICATION OF CIRCULATOR**

I, Christopher Mills (Name of circulator) certify: I reside at 701 W Spangdale Ct Mequon WI 53092 (Circulator's residential address - include number, street, and municipality)

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

5/20/18 (Date)  (Signature of circulator)

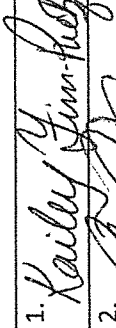
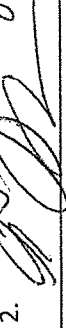







**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
	Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	Name of Party or Statement of Principle <b>Democratic Party</b>

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

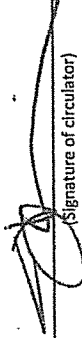
I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him for the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

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Kailey Finn-Pelt	2425 N Farwell Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/19/18	
	AMY MANGRICH	615 E BUECHER	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/19/18	
	Kathryn K. Pallow	1580 N. Farwell Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/19/18	
	Pheme Herrell	8589 W Appleton Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-19-18	
	Micaela Martin	2008 N Cambridge Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-19-18	
	Alex Alt	802 E Huron St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-19-18	
	Victoria Sedlacek	432 E Smith St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/19/18	
	Adam Honts	2430 N. Booth St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/19/18	
	Michael Hughes	1741 N. 54th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/19/18	

I, Christopher Mills (Name of circulator),  
 certify: I reside at Pool W Springdale Ct Mequon WI 53092 (Circulator's residential address - include number, street, and municipality)

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

5/19/18 (Date)  
 (Signature of circulator)  
 Page No. 101

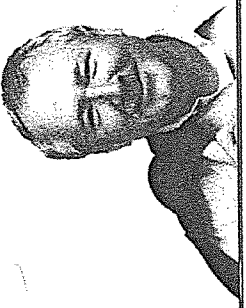
(no issues)

Wachs - 6

P. 1

**NOMINATION PAPER FOR PARTISAN OFFICE**

<b>Candidate's name</b> Dana Wachs	<b>Candidate's residential address</b> 437 Lincoln Ave	<b>Zip code</b> 54701	<b>Candidate's municipality for voting purposes</b> City of Eau Claire
<b>Candidate's mailing address</b> P.O. Box 260218, Madison 53726	<b>State</b> WI	<b>General Election date</b> Nov 6, 2018	<b>Name of Party or Statement of Principle</b> Democratic Party
<b>Title of office</b> Governor		<b>Name of jurisdiction or district in which candidate seeks office</b> State of Wisconsin	



Names: 1109: H...      1109: H...      1109: H...

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
1. <i>[Signature]</i>	Kandy Benz	3458 S. 18th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-19-18	
2. <i>[Signature]</i>	Carmela Vaccaro	5128 N. Pierce St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5/19/18	
3. <i>[Signature]</i>	ROBIN SAUER	3123 S. Illinois Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-19-18	
4. <i>[Signature]</i>	JAMES H. BLACKS	800 BELMONT AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	5-19-18	
5. <i>[Signature]</i>	MARY JO THOME	3810 N. PROSPECT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sun Prairie	5-19-18	
6. <i>[Signature]</i>	DAVID L. KEN	1077 N. Cass #458	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-19-18	
7. <i>[Signature]</i>	Janeil Turawski	4786 N. Ardmore	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitfish Bay	5-19-18	
8. <i>[Signature]</i>	Andrew Gorkalski	4786 N. Ardmore Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Whitfish Bay	5-19-18	
9. <i>[Signature]</i>	Tad Dworshak	5468 Briarwood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elkhorn	5-19-18	
10. <i>[Signature]</i>	Olivia Gleason		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Milwaukee	5-19-18	

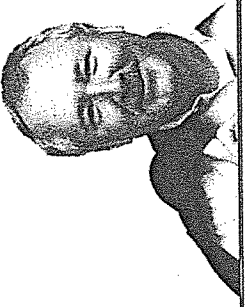
**CERTIFICATION OF CIRCULATOR**  
 I, Christopher Mills (Name of circulator)  
 certify: I reside at 301 W Springdale Ct Menomon WI 54912 (Circulator's residential address - include number, street, and municipality)

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

5/19/18 (Date)  
[Signature] (Signature of circulator)  
 Page No. 19

**NOMINATION PAPER FOR PARTISAN OFFICE**

<b>Candidate's name</b> Dana Wachs	<b>Zip code</b> 54701	<b>Candidate's municipality for voting purposes</b> City of Eau Claire	<b>Name of Party or Statement of Principle</b> Democratic Party
<b>Candidate's residential address</b> 437 Lincoln Ave	<b>Type of election</b> General	<b>General Election date</b> Nov 6, 2018	
<b>Candidate's mailing address</b> P.O. Box 260218, Madison 53726	<b>State</b> WI		
<b>Title of office</b> Governor	<b>Name of jurisdiction or district in which candidate seeks office</b> State of Wisconsin		



Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo./Day/Year	Email
	Elizabeth Frenz	6115 N. Lydell Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-19-18	
	EVERETT J. FRAZEE	" "	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	" "	
	Jessica Schofield	313 W Doty St #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-19-18	
	Mitchel Stendowicz	" "	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	" "	
	Karin Thiel	1734 Marvory Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-19-18	
	Angie Schuster	6338 Templeton St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-19-18	
	Shannon Anderson	6306 Ferndst	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/19/18	
	Sterling S. Glass	4501 Village Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	19 May 18	
	Arlene Bast	6202 Springford Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-19-18	
	Kaitlin Daugherty	5798 Sassafras Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/19/18	

**CERTIFICATION OF CIRCULATOR**  
 I, Michael Pearson (Name of circulator) certify: I reside at 222 Merry St #18 City of Madison (Circulator's residential address - include number, street, and municipality)

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

5-19-18 (Date) Michael Pearson (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

 Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
		Name of Party or Statement of Principle <b>Democratic Party</b>	

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Sony Thao	5710 Bellows Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/19/18	
	Brent Newman	415 Sandy Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elkhorn	5/19/18	
	Fonda Lewis	322 N Kerwin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brooklyn	5/19/18	
	Audrey Carver	1841 Shovick H	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Meador	5/19/18	
	Kristin Helmers	1100 Petra Pl #10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/19/18	
	Alyssa Gutierrez	114 Jenna Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	5/19/18	
	Kristine Huber	5017 Harbor View Wausau, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Westport	5/19/18	
	Emily Chirillo	3364 S Illinois Ave MKE WI 53207	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MKE	5/19/18	
	Abby Higgins	637 W Wisconsin APT. 422 Madison	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/19/18	
	Kate Gannegay	620 S Cassell St Madison 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/19/18	

**CERTIFICATION OF CIRCULATOR**

I, Michael Pearson (Name of circulator) certify I reside at 222 Merry St #18 Madison (Circulator's residential address - include number, street, and municipality)


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

(Date)  
5-19-18

(Signature of circulator)  
Michael Pearson

Page No. 39

**NOMINATION PAPER FOR PARTISAN OFFICE**

 Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	Name of Party or Statement of Principle <b>Democratic Party</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>	Name of Party or Statement of Principle <b>Democratic Party</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726


I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Gina Haugen	136 Proud St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
	Gina Haugen	830 Seneca Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sun Prairie	5/19/18	
	Hilary Haack	155 Market Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sun Prairie	5/19/18	
	John Reynolds	1603 Cypress Trail	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	5-19-18	
	Kim Reynolds	1602 Cypress Trail	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middleton	5-19-18	
	Kelly King	171 faced ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
	Cathy King	1138 Williamson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
	Jesse Weston	1140 Williamson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MSN	5-19-18	
	Sara Freeman	718 Dulladene Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MSN	5/19/18	
	Michael Pearson	106 Rockland Ln, Madison	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MSN, 53705	5/19/18	

I, Michael Pearson (Name of circulator), certify I reside at 222 Merry St #18 City of Madison.  
(Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

  
 (Date)  
**5-20-18**

Page No. **43**

10

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>		Name of Party or Statement of Principle <b>Democratic Party</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Tamar Myers	927 Harington #208 Madison	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	<del>XXXXXXXXXX</del>
	Andrew Wachs	2823 Alwood Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	<del>XXXXXXXXXX</del>
	Janie Quigley	2689 University Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	<del>XXXXXXXXXX</del>
	Evan Adams	5529 Winace Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	<del>XXXXXXXXXX</del>
	Alison Jansky	1019 E Johnson	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	<del>XXXXXXXXXX</del>
	Cadya B...	6413 Chantry Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/23/18	<del>XXXXXXXXXX</del>
	William E Morrison	1005 E Johnson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/23/18	<del>XXXXXXXXXX</del>
	Zachary Stee	1007 E Johnson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/23/18	<del>XXXXXXXXXX</del>
	Shane Polvermacher	132 Talon Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/23-18	<del>XXXXXXXXXX</del>
	SAM JACOBUS	132 TALON PL.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-23-18	<del>XXXXXXXXXX</del>

**CERTIFICATION OF CIRCULATOR**

I, Michael Pearson (Name of circulator) certify: I reside at 322 Merry St #18 City of Madison (Circulator's residential address - include number, street, and municipality)

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

5-23-18 (Date) Michael Pearson (Signature of circulator)


Dana illegible

Wachs - 2

P.S







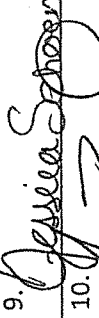

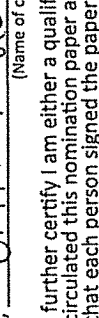
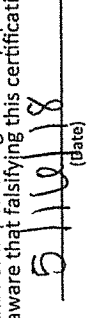


**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
	Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	
		Zip code <b>54701</b>	Name of Party or Statement of Principle <b>Democratic Party</b>

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Erin MacLaughlin	6314 Masthead Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/9/18	
	Jeffery Klamp	2002 Alderbury Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/9/18	
	Michael Dick	8551 Greenway Blvd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	Sara Wadwell	28 Stardanger Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	Andrew Thompson	523 W. Wilson St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	John D'Amico	4510 Keefe Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	Todd Brei	5371 Shaw Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	John Kenney	360 W. Wash	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	Jessica Schoen	1904 Atwood Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	
	Tamika Boyd	1 Craig Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/16/18	

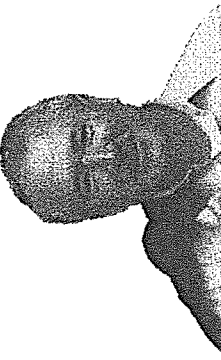
**CERTIFICATION OF CIRCULATOR**

I, Erin MacLaughlin (Name of circulator) certify I reside at 911 Grand Ave St Madison WI (Circulator's residential address - include number, street, and municipality)

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









5/16/18 (Date)  (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
	Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	
		Type of election <b>General</b>	Name of Party or Statement of Principle <b>Democratic Party</b>

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
	Kyle R. Chivers	1246 Williamson St. APT #2	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	05/22/18	<del>xxxxxx@xxxxxx.com</del>
	Annie Jay	4817 Sheboygan Ave #30	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/22/18	<del>xxxxxx@xxxxxx.com</del>
	Bill St John	2345 Sims Ave Stevens Point	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stevens Point	5/22/18	<del>xxxxxx@xxxxxx.com</del>
	Michael	205 S. N. 207 St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Minwaukee	5/22/18	<del>xxxxxx@xxxxxx.com</del>
	Luke	510 Summit St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pulaski	5/22/18	Michael Parker
	Joe	902 V Badger Rd APT 3	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/22/18	
	Dan	229 Park Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sauk Dam	5/22/18	
	Teresa	207 N Carriage House Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oconomowoc	5/22/18	

**CERTIFICATION OF CIRCULATOR**  
 I, Erin MacLaughlin (Name of circulator), certify: I reside at 911 Chandlery St Madison WI 53715 (Circulator's residential address - include number, street, and municipality)

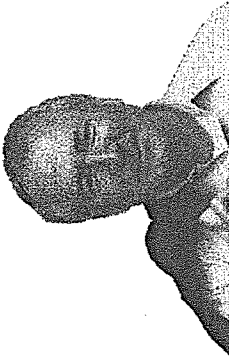
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this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

5/22/18 (Date)  
Erin MacLaughlin (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

10

<b>Candidate's name</b> Dana Wachs	<b>Candidate's residential address</b> 437 Lincoln Ave	<b>Zip code</b> 54701	<b>Candidate's municipality for voting purposes</b> City of Eau Claire
<b>Candidate's mailing address</b> P.O. Box 260218, Madison 53726	<b>State</b> WI	<b>Type of election</b> General	<b>Name of Party or Statement of Principle</b> Democratic Party
<b>Title of office</b> Governor		<b>Name of jurisdiction or district in which candidate seeks office</b> State of Wisconsin	



Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.) ...	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
	Rebecca Wachs	7518 Kelly Court Green Bay WI 54303	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/20/18	N/A
	Daniel Siffert	1706 Normandy Way Madison WI 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/2018	
	Deanna Tolk	6770 Hillside Street Stockton WI 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22-18	
	Jennifer Treilke	6783 4th St Stockton WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-22-18	N/A
	Ashley Jones	2309 Columbus Ave Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	N/A
	Gwyneth Parvise	2309 Columbus Ln. Apt 11 Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	
	Ray Lakes	1400 Keeney Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	
	Michelle Brown	1134 Petra Place Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	NA
	AUSA Sankler	204 E.W. Ingold Madison WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	NA
	Helary Mott	205 Prairie Ave Dr Sun Prairie WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/22/18	NA


**CERTIFICATION OF CIRCULATOR**

I, Evyn MacLamy Min (Name of circulator) certify I reside at 911 Grandview St Madison WI 53715 (Circulator's residential address - include number, street, and municipality)

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

5/22/18 (Date)  (Signature of circulator)











**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>		General Election date <b>Nov 6, 2018</b>	
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>					

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Date of Signing Mo/Dav/Year	Email
1. 	Karen Lodgen	2714 Summers Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	5/20/18	
2. 	Ken Martin	3913 Regent St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/29/18	
3. 	Roxane Garbach	3715 Regent St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-20-18	
4. 	Ivy Garbyad	709 Rogers St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-20-20-18	
5. 	John Quay	2388 Hwy 171M	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	5-20-18	
6. 	Jessica Turkman	601 West Doty Apt 404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-20-18	
7. 	May Malkin	May Walker Farm	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-20-18	✓
8. 	Matt Arnold	5804 Southway St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-20-18	
9. 	Joe Fournier	405 Rino	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5-20-18	
10. 	Stephen Quarty	1201 Belmont Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/29/18	

**CERTIFICATION OF CIRCULATOR**


certify: I reside at 911 Clarendon St Madison WI 53715  
(Circulator's residential address - Include number, street, and municipality)

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

5/20/18 | (Date)  
 | (Signature of circulator)

18

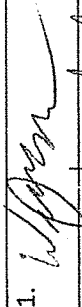
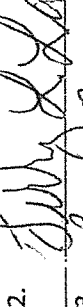




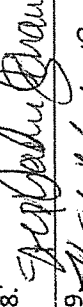

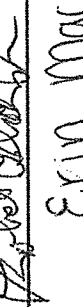
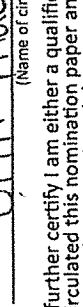
NOMINATION PAPER FOR PARTISAN OFFICE

	Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>	Name of Party or Statement of Principle <b>Democratic Party</b>	
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>					

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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


Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Date of Signing Mo/Day/Year	Email
	William D. Grande	911 Jennifer <sup>St</sup> <sup>Mad</sup>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	05/19/2018	<del>W.D. Grande</del>
	Jerry Lane	3819 Monona Dr. #9	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	5/23/18	
	Katie Strain	914 Spaight St. #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/23/18	
	Campbell	205 FNU St / DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	
	Donald Wehner	5199 <sup>St</sup> <sup>Den</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	
	Carol Barry	511 Commerce D	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	
	Mary Ziegler	637 Spure Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	
	STEPHANIE SCHALLER	2509 VAN HISE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	
	Kathy Black-Brown	350 S. Hamilton St #408	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	
	Robert Black-Brown	350 S. Hamilton St #408	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/23/18	

**ERIN MACLAUGHLIN** (Name of circulator)  
 certify: I reside at **911 CHANDLER ST MADISON WI 53715**  
 (Circulator's residential address - include number, street, and municipality)

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

# NOMINATION PAPER FOR PARTISAN OFFICE

10

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	Name of Party or Statement of Principle <b>Democratic Party</b>	

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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		
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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City		

**CERTIFICATION OF CIRCULATOR**


I certify: I reside at 2516 E. PRINCETON Eau Claire 54703  
(Circulator's residential address - include number, street, and municipality)

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

Date: 5-17-18  
 Signature of circulator: [Signature]  
 Page No: 9 of 9

**NOMINATION PAPER FOR PARTISAN OFFICE**




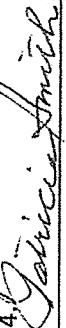




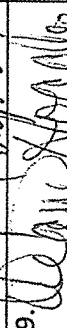
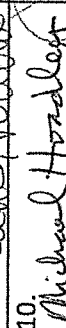
10

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	
		General Election date <b>Nov 6, 2018</b>	Name of Party or Statement of Principle <b>Democratic Party</b>

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
1. 	Nancy Dierker	1119th St W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	05/15/18	
2. 	Kay B. Norman	705 Timber View Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	05/15/18	
3. 	Judith Ristow	E5764 816th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	05/15/18	
4. 	PATRICIA SMITH	N8163 210th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	05/15/18	
5. 	Elizabeth Fischer	3922 26th St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/15/18	
6. 	Daniel B. Gunderson	2506 E. Princeton Av.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-15-18	
7. 	Nancy L. Gunderson	2506 E. Princeton Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-16-18	
8. 	JAY M. BYRNS	2534 E. PRINCETON AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/18/18	
9. 	Diane Hoedley	2534 E. Princeton Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-18-18	
10. 	MICHAEL HOEDLEY	2534 E. PRINCETON AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/18/18	

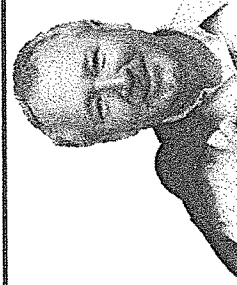
**CERTIFICATION OF CIRCULATOR**

(Name of circulator) JANET TRASE  
 certify: I reside at 2516 E. PRINCETON Eau Claire 54703  
(Circulator's residential address - include number, street, and municipality)

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

5-19-18  
 (Date) Janet Trase  
 (Signature of circulator)

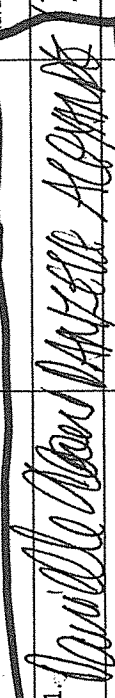

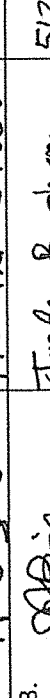
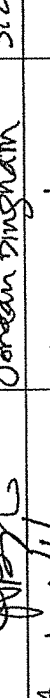

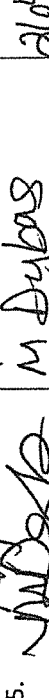
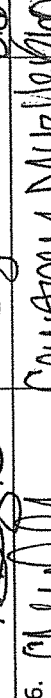
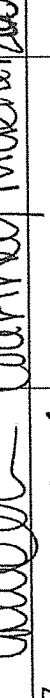


**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address 437 Lincoln Ave	Candidate's municipality for voting purposes City of Eau Claire
	Candidate's mailing address P.O. Box 260218, Madison 53726	State WI	General Election date Nov 6, 2018
	Title of office Governor	Name of Jurisdiction or district in which candidate seeks office State of Wisconsin	
Name of Party or Statement of Principle Democratic Party			

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I, the undersigned, request that the candidate, whose name and residential 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 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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	Dawn Datzler	737 N. BRENDAN WAY	MADISON	5/19/18	
	Heather Stouder	512 S Ingersoll	Madison	5/19/18	
	Jordan Bingham	512 S Ingersoll	Madison	5/19/18	
	Koshie Haldin	3133 Spaulde	Janesville	5/19/18	
	M Dybas	2043 N Anthony Hills	Janesville	5/19/18	
	Courtney Mueller	1003 Gladenview	Cottage Grove	5/19/18	
	Wally Facol	1012 E DOSTON	MADISON	5/19/18	
	Amanda Reitz	823 N 2nd Street	MKE	5/19/18	
	Sarah Rudy	10453 W. St. Francis Ave	MKE	5/19/18	
	Jay Hollensteln	717 N Parkview St.	Cottage Grove	05/19/18	

I, Olivia Hwang (Name of circulator)  
 certify: I reside at 4007 Caldera Street Madison (Circulator's residential address - include number, street, and municipality)

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



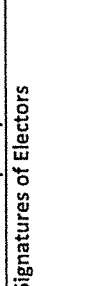
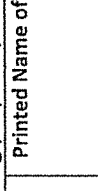

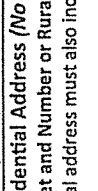
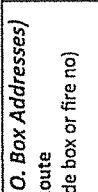
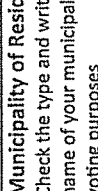
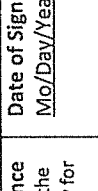
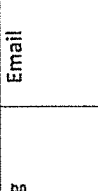


**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	Name of Party or Statement of Principle <b>Democratic Party</b>	

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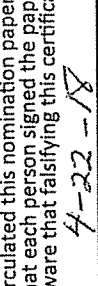
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1. 	VICTOR SORANA	Eau Claire 2327 SHERMAN CRT. Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City W A I O N	4/19/2018	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
2. 	DIANE PREHEN	176 Brookridge Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4/19/2018	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
3. 	Charles Prehen	1112 Parkway St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4/19/2018	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
4. 	CONSTANCE HEPPNER	1305 Branley Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4/19/18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
5. 	Bob A Dull	2512 Sessions St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4/19/18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
6. 	MONIQUE SMITH	2514 Sessions St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4-21-18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
7. 	Glenn Reynolds	1855 Brent Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4-21-18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
8. 	Linda Loder	5335 Marcher Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4-21-18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
9. 	Kathleen Tuttle	4201 Mill Ridge Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4-21-18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL
10. 	Eleanor Wolf	1723 Omaha St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eau Claire	4-22-18	<del>Wachs@wisc.edu</del> WACHS.L.CIVIL

1. Eleanor Wolf (Name of circulator)  
 CERTIFICATION OF CIRCULATOR: I certify: I reside at 1810 Birch St, Eau Claire, WI 54703  
 (Circulator's residential address - include number, street, and municipality)

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

4-22-18 (Date)  
 (Signature of circulator)










**NOMINATION PAPER FOR PARTISAN OFFICE**

 Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>			

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1. 	KOREN BALCERZAK	600 N. CHICAGO AVE.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	05/24/18	
2. 	LUCAS LYONS	835 N CASS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	05/24/18	
3. 	VIKRAM KAWAGA	235 E PITTSBURGH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	
4. 	VIKRAM KAWAGA	235 E PITTSBURGH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	
5. 	LAURA SMITH	1974 98TH STREET	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	<del>SMITHLAURA@GMAIL.COM</del>
6. 	STEPHANIE ESSER	N84 W7712 MEMMONEE AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	
7. 	FIONA RANSCHY	2905 N BARTHOLOMEW AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	
8. 	MARY GOODRICH	3208 N BARTHOLOMEW AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	
9. 	MARY GOODRICH	3208 N BARTHOLOMEW AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/24/18	


**CERTIFICATION OF CIRCULATOR**

I, CHRISTOPHER MILLS (Name of circulator) certify: I reside at 7001 W SPRINGDALE CT MEQUON WIS 53092 (Circulator's residential address - Include number, street, and municipality)

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

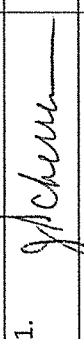






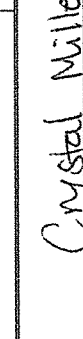
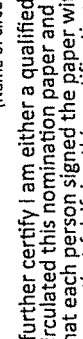
Date: 5/24/18  
 Signature of circulator:   
 Page No. 163

# NOMINATION PAPER FOR PARTISAN OFFICE

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
	Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	
		Zip code <b>54701</b>	Name of Party or Statement of Principle <b>Democratic Party</b>

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

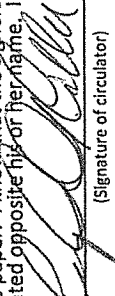
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
1. 	JAMES SEHLAGERMAN	5606 WINDYBROOK	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MONONA	5/19/18	
2. 	Ed Hague	1930 Baird St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/17/18	
3. 	John Dobson	5505 Marisa Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
4. 	Peter Napsute	2406 Dunning St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City "	5-19-18	
5. 	Sarah Linn	634 E Dwyer St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
6. 	Amy Smith	5032 KAHS ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
7. 	Sophia Cordes	777 University Ave Apt 701	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
8. 	Sam Macomber	431 W. Millett St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5-19-18	
9. 	Matthew Brown	640 Elm Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison	5/19/18	
10.					

**CERTIFICATION OF CIRCULATOR**

I, Crystal Miller (Name of circulator) certify: I reside at 222 Merry Street 18 City of Madison (Circulator's residential address - include number, street, and municipality)


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

5/17/2018 (Date)

 (Signature of circulator)

Page No. 169



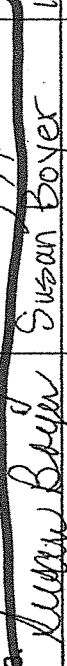
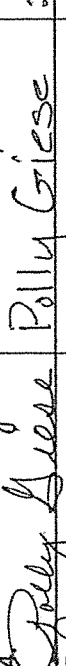

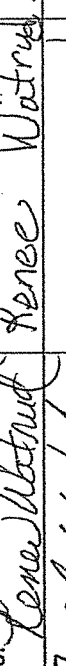
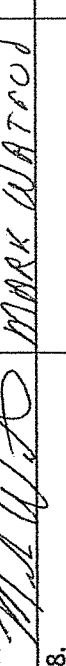
**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>	Name of Party or Statement of Principle <b>Democratic Party</b>	
Title of office <b>Governor</b>			Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

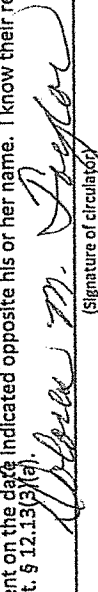
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Margaret Nartoren	447 Vine St. Spooner, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/7/18	
	Darlene Carney	808 N. Wilson Rice Lake	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/11/18	
	Susan Boyer	1020 W. Cedar St. Chippewa Falls, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/9/18	
	Polly Giese	2425 27 1/2 Av. Rice Lake	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-7-18	
	Dolores M. Taylor	540 Mallett Dr. Rice Lake	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-10-18	
	Renee Watrud	1561 S Wasson Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-13-18	
	MARK WATRUD	1561 S WASSON LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-13-18	
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**

(Name of circulator) Dolores M. Taylor, certify: I reside at 540 Mallett Dr. Rice Lake, WI (Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(5)(a).

5-13-18 (Date)

 (Signature of circulator)


ill with name

Wachs - 7

P. 17

**NOMINATION PAPER FOR PARTISAN OFFICE**

10

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
	Title of office <b>Governor</b>	Name of Party or Statement of Principle <b>Democratic Party</b>	
Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
<i>1. Marlene Raether</i>	Marlene Raether	222 E Poplar Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cameron	4-18-18	—
<i>2. Cecil Kippertzen</i>	Cecil Kippertzen	222 E Poplar Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cameron	4-18-18	
<i>3. Kathryn A. Schultz</i>	Kathryn A. Schultz	305 Cameron Rd.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rice Lake	4/19/18	
<i>4. Mary Spear</i>	Mary Spear	307 Carrie Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rice Lake	4/24/18	
<i>5. Linda Mullikin</i>	Linda Mullikin	226 22 224 St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rice Lake	4/26/18	
<i>6. Jill Holtegaard</i>	Jill Holtegaard	1540 Orchard Park Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rice Lake	4/26/18	
<i>7. Carol Kohlmeier</i>	Carol Kohlmeier	2275 16 <sup>3</sup> / <sub>4</sub> Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stanley	4/26/18	
<i>8. Sharon Peterson</i>	Sharon E Peterson	2191A 197 <sup>1</sup> / <sub>16</sub> Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rice Lake	4/27/18	
<i>9. Gary L Spear</i>	GARY L SPEAR	307 CHANE CIRCLE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RICE LAKE	4/27/18	
<i>10. James M. Peterson</i>	James M. Peterson	2191A 197 <sup>1</sup> / <sub>16</sub> Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rice Lake	4/27/18	

**CERTIFICATION OF CIRCULATOR**


I, Dolores M. Taylor (Name of circulator), certify: I reside at 540 Duquette Dr. Rice Lake WI 54668 (Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 17.13(3)(a).

4/27/18 (Date)  
Dolores M. Taylor (Signature of circulator)







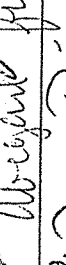

*Wachs - 7 P. 18*

**NOMINATION PAPER FOR PARTISAN OFFICE**

 Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
	Kari Ives	502 E South Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Chippewa Falls	4/20/18	<del>XXXXXXXXXX@net</del>
	Annette Hunt	1300 Wabshaw Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Chippewa Falls	4/30/2018	<del>XXXXXXXXXX@net</del>
	Jeff Palmer	5719 North Shore Dr 57 E. PARK AVE # 202 CHIPPENAW FALLS WI 54729	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Superior	4/30/2018	jeff.palmer@net
	Jeff Smith	6150 County Rd ZZ Madison	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Dane	4-30-18	<del>XXXXXXXXXX@net</del>
	Abigail Fisk	5777 Morrish Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brunswick	5/01/18	<del>XXXXXXXXXX@net</del>
	Del Dimler	421 W MacArthur	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/5/18	<del>XXXXXXXXXX@net</del>
	Linda Emerson	320 Putnam Ave. Unit 12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/5/18	<del>XXXXXXXXXX@net</del>
	Eleanor Wolff	3015 So Lexington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5-5-18	<del>XXXXXXXXXX@net</del>

**CERTIFICATION OF CIRCULATOR**


I, Eleanor Wolff (Name of circulator), certify I reside at 1810 Birch St, Eau Claire, WI 54703 (Circulator's residential address - include number, street, and municipality)

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

5-5-18  
(Date)

  
(Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
1. <i>[Signature]</i>	PAUL SCHENFIELD	323 STATE ST. APT 507	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/24/2018	<del>PAUL.SCHENFIELD@ECLAIRE.WI.GOV</del>
2. <i>[Signature]</i>	Margaret Lyga	539 N Tilson St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/24/2018	<del>MARGARET.LYGA@ECLAIRE.WI.GOV</del>
3. <i>[Signature]</i>	Michael Lyga	539 N Tilson St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/24/2018	<del>MICHAEL.LYGA@ECLAIRE.WI.GOV</del>
4. <i>[Signature]</i>	RONALD FARVES	1520 SD 307A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-24-2018	<del>RONALD.FARVES@ECLAIRE.WI.GOV</del>
5. <i>[Signature]</i>	MARY GARVES	1520 30th St. South	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-24-2018	<del>MARY.GARVES@ECLAIRE.WI.GOV</del>
6. <i>[Signature]</i>	Sharon Schultz	W8155 City ZB	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-24-2018	<del>SHARON.SCHULTZ@ECLAIRE.WI.GOV</del>
7. <i>[Signature]</i>	STEFAN KAPPEL	2612 LAKE SHORE DR. LACROSSE, WI 54603	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-24-18	<del>STEFAN.KAPPEL@ECLAIRE.WI.GOV</del>
8. Alexis Wolf	Alexis Wolf	2021 La Crosse WI 54601	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4-24-18	<del>ALEXIS.WOLF@ECLAIRE.WI.GOV</del>
9. Evan Rasmussen	Evan Rasmussen	2021 Market St La Crosse WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/24/18	<del>EVAN.RASMUSSEN@ECLAIRE.WI.GOV</del>
10. <i>[Signature]</i>	Nancy Gerswald	600 Adams N3031 CTN FA	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-24-18	<del>NANCY.GERSWALD@ECLAIRE.WI.GOV</del>

**CERTIFICATION OF CIRCULATOR**

I, EVIN MACLAUGHNIN (Name of circulator) certify: I reside at 911 MANALAY ST MADISON WI 53715 (Circulator's residential address - include number, street, and municipality)


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

ALAN (Date)

*[Signature]* (Signature of circulator)

7


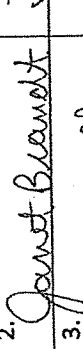



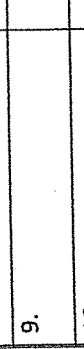

**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>		General Election date <b>Nov 6, 2018</b>	
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>					

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Date of Signing Mo/Day/Year	Email
	Nancy A. Drups	939 Union Valley Rd Black Earth	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/16/2018	<del>atwachs@blackearthwi.gov</del> gnail.com
	Janet Brandt	7565 Mellum Arena Arena	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/16/18	<del>janetbrandt@blackearthwi.gov</del>
	Sally Mather	6524 Co. Rd. K Mounds Mounds	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/16/18	
	Harris Krwin	7030 Blue Mounds Blue Mounds	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/23/18	hkrwin@blackearthwi.gov
	S. Michael	0610 Fernwood Black Earth, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/23/18	
	Gaila Olson	PO Box 22 1106 Rm 1106 St Black Earth WI 53518	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/23/18	
	Benita Sitter	9704 Roelke Rd Blue Mounds 53517	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/23/18	<del>bsitter@blackearthwi.gov</del>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		

**CERTIFICATION OF CIRCULATOR**

I, Nancy A. Drups (Name of circulator), certify: I reside at 939 Union Valley Rd, Black Earth 53518 (Circulator's residential address - include number, street, and municipality)

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

4/27/2018 (Date)

 (Signature of circulator)


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Wachs R 1 P. 3



Missing, illeg., Printed Wachs - 8 P. 4



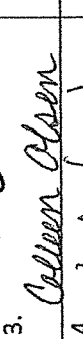




NOMINATION PAPER FOR PARTISAN OFFICE

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Date of Signing Mo/Day/Year	Email
	GENE OLSEN	2130 LAKESIDE BLVD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/10/18	<del>gene.olsen@cityofeauclaire.com</del>
	Greg Olsen	20 21 Ontario Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/10/18	<del>greg.olsen@cityofeauclaire.com</del>
	Colleen Olsen	2130 Lakeside Blvd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/10/18	<del>colleen.olsen@cityofeauclaire.com</del>
	Kathy Kock	2126 Lakeside Blvd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/18	<del>kathy.kock@cityofeauclaire.com</del>
	Dennis Hardy	803 Summit St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-12-18	<del>dennis.hardy@cityofeauclaire.com</del>
	DEBRA HARDY	803 SUMMIT ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-12-18	<del>debra.hardy@cityofeauclaire.com</del>
	TOM BERG	84 Summit St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-12-18	<del>tom.berg@cityofeauclaire.com</del>

I, Colleen Olsen (Name of circulator) certify I reside at 2130 Lakeside Blvd, Manitowoc, WI (Circulator's residential address - include number, street, and municipality)

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

5-13-18 (Date) Colleen Olsen (Signature of circulator)

9

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>		Name of Party or Statement of Principle <b>Democratic Party</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year	Email
	Kyle R. Chivers	1246 William St. APT #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	05/08/2018	<del>Michael Barker</del>
	Annie Jay	4817 Sheboygan Ave #30	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/26/18	<del>Michael Barker</del>
	Mary St John	1345 Sims Ave Stevens Point	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	5/28/18	<del>Michael Barker</del>
	Bill St John	1345 Sims Ave Stevens Point	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	5/28/18	<del>Michael Barker</del>
	Michael Barker	55 N. 207th St. Two Hrs, WI 53733	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5/22/18	EW
	Michael Barker		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5/22/18	EW
	Lake Road	510 Summit St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Baldwin	5/22/18	Michael Barker
	Joe Stoh	902 V Badger Rd Apt 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/22/18	
	Dan Nugent	204 Park Ave Beaver Dam WI 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	5/22/18	
	Teresa Munch	207 N Carriage House Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	5/22/18	

**CERTIFICATION OF CIRCULATOR**

I, Erin MacLaughlin (Name of circulator) certify: I reside at 911 Chandler St Madison WI 53715 (Circulator's residential address - include number, street, and municipality)

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

5/22/18 (Date)

Erin MacLaughlin (Signature of circulator)

Page No. 60

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Wachs - R

D.S

**NOMINATION PAPER FOR PARTISAN OFFICE**

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Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>		Name of Party or Statement of Principle <b>Democratic Party</b>
Title of office <b>Governor</b>		Name of Jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

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<i>[Signature]</i>	<i>Tamara Lesniewski</i>	58430 Orville Dr. Eau Claire	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-1-2018	
<i>[Signature]</i>	<i>Diane Campbell</i>	115 Jeffers Rd. 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-1-2018	
<i>[Signature]</i>	<i>Carolyn Buwala</i>	2916 7th St EC 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-1-18	
<i>[Signature]</i>	<i>Roger Pope</i>	726 Chancey St. Eau Claire 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-18	
<i>[Signature]</i>	<i>Douglas Radtke</i>	1118 Kathryn Dr. Eau Claire 54701	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-2-18	
<i>[Signature]</i>	<i>Barbara J. Radtke</i>	1118 Kathryn Dr. Eau Claire	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-2-18	
<i>[Signature]</i>	<i>Jennifer Henricksen</i>	3414 Cummings Dr Eau Claire	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-2-18	
<i>[Signature]</i>	<i>MARGARET QUAD</i>	1310 Anderson Ave. Marsh	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-3-18	
<i>[Signature]</i>	<i>Coral Dee Schorn</i>	1741 Steels Ave. Eau Claire	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-03-18	
<i>[Signature]</i>	<i>Michael Gray</i>	60121 Anderson Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/4/18	

**CERTIFICATION OF CIRCULATOR**

I certify: I reside at 1110 Kerkow Dr. Town of Washington  
(Circulator's residential address - include number, street, and municipality)


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

5/13/18  
(Date)

*[Signature]*  
(Signature of circulator)

Page No. *29*

NOMINATION PAPER FOR PARTISAN OFFICE

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 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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1. <i>Jacquelyn Christmas</i>	Jacquelyn Christmas	325 Ash Ave. Eau Claire, WI 54601	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/7/2018	<del>jacquelynchristmas@earthlink.net</del>
2. <i>Linda Aseng</i>	Linda Aseng	2912 Cedar Ln. Eau Claire, WI 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/7/2018	<del>linda.aseng@earthlink.net</del>
3. <i>Judy Valen</i>	Judy Valen	2605 W. MENOMONIE ST. Eau Claire, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION	5/12/2018	<del>jvalen@earthlink.net</del>
4. <i>Wendy R. Valen</i>	TERRY VALEN	2605 W. MENOMONIE ST. EAU CLAIRE, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City UNION	5/12/2018	<del>terryvalen@earthlink.net</del>
5. <i>Ray Kaselan</i>	Ray Kaselan	416 Hewitt Street Eau Claire, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/12/2018	<del>raykaselan@earthlink.net</del>
6. <i>Gene Kaselan</i>	Gene Kaselan	416 Hewitt St. Eau Claire, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/12/2018	<del>genekaselan@earthlink.net</del>
7. <i>Laura Kawieski</i>	Laura Kawieski	1300 1st Ave Eau Claire 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/12/2018	<del>laura.kawieski@earthlink.net</del>
8. <i>Christian Stappan</i>	Christian Stappan	1300 1st Ave Eau Claire 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/12/2018	<del>christianstappan@earthlink.net</del>
9. <i>Stephan Heil</i>	Stephan Heil	1316 South 11th Monticello 54656	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/12/2018	<del>stephanheil@earthlink.net</del>
10. <i>Teresa Braunerter</i>	Teresa Braunerter	3108 Rudolph Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	5/12/2018	<del>teresa.braunerter@earthlink.net</del>


CERTIFICATION OF CIRCULATOR

I, MICHAEL CARSON (Name of circulator), certify I reside at 215 Reservoir Ave Eau Claire, WI (Circulator's residential address - include number, street, and municipality)

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

5/12/18 (Date) Michael Carson (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE





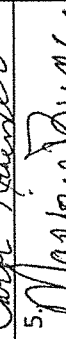

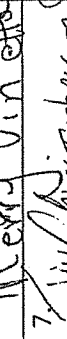


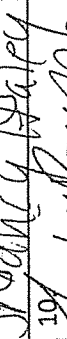

	Candidate's name: <b>Dana Wachs</b>	Candidate's residential address: <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes: <b>City of Eau Claire</b>
	Candidate's mailing address: <b>P.O. Box 260218, Madison 53726</b>	Zip code: <b>54701</b>	Name of Party or Statement of Principle: <b>Democratic Party</b>
	Title of office: <b>Governor</b>	State: <b>WI</b>	General Election date: <b>Nov 6, 2018</b>
Name of jurisdiction or district in which candidate seeks office: <b>State of Wisconsin</b>			

10

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 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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1. 	CHRISTINE LIBBEY	W727 CO RD P BROWNTOWN, WI 53522	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Cadiz</b>	4-28-18	<del>libbey@cadizwi.com</del>
2. 	KEVIN STELJES	9926 PINE RD. FALL CREEK, WI 54742	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>WASHINGTON</b>	4-30-18	<del>ksteljes@fallcreekwi.com</del>
3. 	<del>Rev Steljes</del> <b>Rev Steljes</b>	9926 Pine Rd Fall Creek, WI 54742	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Washington</b>	4-30-18	<del>ksteljes@fallcreekwi.com</del>
4. 	Carol Kraemer	381 Dwight St Chippewa Falls, WI 54729	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Chippewa</b>	4-30-18	<del>ckraemer@chippewa-falls.com</del>
5. 	Marypre Burke	2674 Longview Ct Altoona, WI 54720	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Altoona</b>	4-30-18	<del>mburke@altoonawisconsin.com</del>
6. 	Mary Vreeth	222 Meadowlark Osceola, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Osceola</b>	4/30/18	<del>mvreeth@osceolawisconsin.com</del>
7. 	Jill Thompson	213703 St. Eau Claire Eau Claire, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/30/18	<del>jthompson@eauclairewi.com</del>
8. 	Gerald Meyer	20261 79th Ave Caddis, WI 54727	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>ANSON</b>	4/30/18	<del>gmeyer@ansonwi.com</del>
9. 	Nancy Shley	950 Pinecone Ln 54729	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Chippewa Falls</b>	4/30/18	<del>nshley@chippewafalls.com</del>
10. 	Lydia Gerboom	534 Water St. EC, WI 54703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/30/18	<del>lydia@eauclairewi.com</del>
11. 	Eleanor Wolf				

### CERTIFICATION OF CIRCULATOR

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

I, Eleanor Wolf, certify: I reside at 1810 Birch St. Eau Claire 54703.


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

5/7/18  
(Date)

  
(Signature of circulator)

Page 10 of 10

**NOMINATION PAPER FOR PARTISAN OFFICE**

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	General Election date <b>Nov 6, 2018</b>
	Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>	
		Zip code <b>54701</b>	Name of Party or Statement of Principle <b>Democratic Party</b>

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1. <i>Mary Mickel</i>	MARY MICKEL	330 Bartlett Ct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Eau Claire</b>	4-22-18	
2. <i>Thomas L. Frisbie</i>	THOMAS L. FRISBIE	330 Bartlett Court	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Eau Claire</b>	4/22/2018	
3. <i>John Esten</i>	John Esten	307 Bartlett Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>EC</b>	4/22/18	
4. <i>Randy Eaton</i>	RANDY EATON	307 Bartlett Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/22/18	
5. <i>Mary Johnson</i>	MARY JOHNSON	327 Roosevelt Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/22/18	
6. <i>Tom Brown</i>	TOM BROWNE	321 Roosevelt Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/22/18	
7. <i>Aunt Louise Suchy</i>	ANTHONY SUCHEY	109 E Taylor Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/22/18	
8. <i>Julia Brown</i>	JULIA BROWNE	436 Summit Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4/22/18	
9. <i>Susan Felber</i>	SUSAN FELBER	311 ROOSEVELT AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4-22-18	
10. <i>Robert R. Nelson</i>	ROBERT R. NELSON	315 Roosevelt Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Eau Claire</b>	4-22-18	


**CERTIFICATION OF CIRCULATOR**  
 I, MARY KUKSKA MICKEL (Name of circulator) certify: I reside at 330 BARTLETT CT EAU CLAIRE, WI (Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

4-22-2018 (Date)  
Mary Kukaska Mickel (Signature of circulator)

Mississilla, Print 107 P.9

NOMINATION PAPER FOR PARTISAN OFFICE

	Candidate's name <b>Dana Wachs</b>		Candidate's residential address <b>437 Lincoln Ave</b>		Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>	
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>		State <b>WI</b>	General Election date <b>Nov 6, 2018</b>		Name of Party or Statement of Principle <b>Democratic Party</b>	
Title of office <b>Governor</b>		Name of Jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>					

Please mail completed sheets to Wachs for Wisconsin, P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
1. Jerry Sprinkle	Jerry Sprinkle	2432 LeSalle St Eau Claire wi	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	May 12 2018	
2. Dawn Schmitt	Dawn Schmitt	1043 3rd Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/12/18	
3. [Signature]	[Signature]	1043 3rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5/12/18	
4. [Signature]	[Signature]	917 LAKE RD ATTONA WI 54720	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-12-18	
5. [Signature]	Melanie M Schiffer	917 Lak Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	5-12-18	
6. Holly Turkini	Holly Turkini	59034 Stonybrook Dr Etewa WI 54738	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5-12-18	
7. Daniel Gaetz	Daniel Gaetz	4408 Old Wells Rd	<input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-12-18	
8. Paul Todd	Paul Todd	2519 Brooklet Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/12/18	
9. Mark Turner	Mark Turner	5991 N. Shore Dr Eau Claire	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/12/18	
10. Mary Lubman	Mary Lubman	5991 North Shore Drive Eau Claire	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/12/18	

I, Eleonor Wolf (Name of circulator) certify I reside at 1810 Birch St Eau Claire 54703 (Circulator's residential address - include number, street, and municipality)

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

5-13-2018 (Date)

[Signature] (Signature of circulator)


missing, illeg., printed

Wachs - 8

P. 10

**NOMINATION PAPER FOR PARTISAN OFFICE**





4

 Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>
Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		Name of Party or Statement of Principle <b>Democratic Party</b>	
Title of office <b>Governor</b>			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Carol Wilkerson	4421 Winnefyzeh Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Monona	5/19/2018	
	CAROLIN SWILKSON	380 PAUL ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/19/2018	
	<del>Carol Wilkerson</del>	<del>4421 Winnefyzeh Rd.</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	19 APR 2018	
	Brian Zellw	6275 Camber Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	May 19 2018	
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**

I, Michael Peterson (Name of circulator) certify: I reside at 222 Meryn St #18 City of Madison (Circulator's residential address - include number, street, and municipality)

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

Michael Peterson  
 (Signature of circulator)

5-27-18  
 (Date)

238  
 Page No

Missing village, Printed

Wachs - 8


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**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's municipality for voting purposes  
**City of Eau Claire**



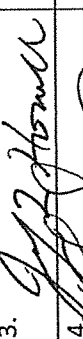

4

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Zip code <b>54701</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
	Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>				

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.


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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	<del>Sherryn Burger</del> Sherryn Burger	<del>711 WHITEWATER AVE</del> 711 WHITEWATER AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>FORT ATKINSON</b>	5/26/18	---
	Deb Nieuwenhuis	52756-A CITY BARABOO WI 53613	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Baraboo</b>	5-26-18	---
	Jennifer Howell	325 S. Hamilton	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	5-26-18	<del>jenniferh77</del> ---
	Lee Gumienny	325 S. Hamilton 106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	5-26-18	---
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**

I, Crystal Miller (Name of circulator) certify: I reside at 222 Merry Street 18 City of Madison (Circulator's residential address - include number, street, and municipality)

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

5/28/2018 (Date)  
 (Signature of circulator)

Page No. 7/11

Mississippi, Printed Wachs - B D. 12

**NOMINATION PAPER FOR PARTISAN OFFICE**

<b>Candidate's name</b> Dana Wachs	<b>Candidate's residential address</b> 437 Lincoln Ave	<b>Zip code</b> 54701	<b>Candidate's municipality for voting purposes</b> City of Eau Claire
<b>Candidate's mailing address</b> P.O. Box 260218, Madison 53726	<b>State</b> WI	<b>Type of election</b> General	<b>General Election date</b> Nov 6, 2018
<b>Title of office</b> Governor	<b>Name of jurisdiction or district in which candidate seeks office</b> State of Wisconsin		
<b>Name of Party or Statement of Principle</b> Democratic Party			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
	Kyle R. Chivers	1246 William St. Apt #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	05/18/2018	[Redacted]
	Annie Jay	4817 Sheboygan Ave #30	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/22/18	[Redacted]
	Nancy St John	2345 Sims Ave Stevens Point	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	5/22/18	[Redacted]
	Bill St John	2745 Cottage Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stevens Point	5/22/18	[Redacted]
	Michael	1100 N. 207th St. Milwaukee, WI 53233	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	5/22/18	[Redacted]
	Mike Baird	510 Summit St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pulaski	5/22/18	[Redacted]
	Joe Stohr	902 V Badger Rd Apt 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/22/18	[Redacted]
	Dan Nigert	229 Park Ave Beaver Dam WI 53916	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Beaver Dam	5/22/18	[Redacted]
	Teresa Munch	207N Carriage House Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	5/22/18	[Redacted]

**CERTIFICATION OF CIRCULATOR**

I, Irin MacLoughlin (Name of circulator) certify I reside at 911 Chandler St Madison WI 53715 (Circulator's residential address - Include number, street, and municipality)

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

5/22/18 (Date) [Signature] (Signature of circulator)


Dates

wachs - 9

P. 1

**NOMINATION PAPER FOR PARTISAN OFFICE**

10

	Candidate's name <b>Dana Wachs</b>	Candidate's residential address <b>437 Lincoln Ave</b>	Candidate's municipality for voting purposes <b>City of Eau Claire</b>
Candidate's mailing address <b>P.O. Box 260218, Madison 53726</b>	State <b>WI</b>	Type of election <b>General</b>	General Election date <b>Nov 6, 2018</b>
Title of office <b>Governor</b>	Name of jurisdiction or district in which candidate seeks office <b>State of Wisconsin</b>		
Name of Party or Statement of Principle <b>Democratic Party</b>			

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

I, the undersigned, request that the candidate, whose name and residential 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 for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year	Email
<i>Carissa Hogan</i>	Carissa Hogan	611 Davis Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	05/07/2018	
<i>Alice Blaser</i>	Alice Blaser	2330 Sessions St Apt 1	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/05/2018	
<i>Anis R Knutson</i>	Anis R Knutson	615 Davis Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/2018	
<i>Roxana Busch</i>	Roxana Busch	619 Davis Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/2018	
<i>Matt Nichols</i>	Matt Nichols	1817 Omaha St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	S-S-2018	
<i>Teresa Johnson</i>	Teresa Johnson	617 Holm Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/18	
<i>Jim Harber</i>	Jim Harber	611 Holm Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/18	
<i>Michelle Vance</i>	Michelle Vance	410 Holm Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/18	
<i>Lynne Jessic</i>	Lynne Jessic	609 Holm Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/18	
<i>Romanis Johnson</i>	Romanis Johnson	1709 Omaha St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/5/18	

**CERTIFICATION OF CIRCULATOR**

I, Eleanor Wolf (Name of circulator), certify: I reside at 1810 Birch St Eau Claire 54703 (Circulator's residential address - include number, street, and municipality)

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

5/5/18 (Date)

*Eleanor Wolf* (Signature of circulator)

**Case No: EL 18-20**

**Morgan v. Pulcher**

**Final 2018 Ballot Access Challenges Memorandum**

**Exhibits**

2018 GENERAL ELECTION  
CHALLENGE WORK SHEET

Case Number: 2018-EL-24

1. NAME OF CHALLENGER: Mark Morgan
2. NAME OF CANDIDATE CHALLENGED: Richard Pulcher
3. OFFICE SOUGHT BY CANDIDATE: State Senate District 29
4. NUMBER SIGNATURES REQUIRED FOR OFFICE SOUGHT: 400
5. GROSS NUMBER OF SIGNATURES SUBMITTED BY CANDIDATE: 430
6. NUMBER OF SIGNATURES ORIGINALLY VERIFIED BY STAFF: 435
7. NUMBER OF PAGES CHALLENGED: 30 (w/two pages numbered 32)
8. CANDIDATE HAS SUPPLEMENTAL PAPERS: No
9. CANDIDATE HAS CORRECTING AFFIDAVITS ON FILE: No
10. REASONS FOR CHALLENGE TO ENTIRE PAGES: None
11. TOTAL NUMBER OF INDIVIDUAL SIGNATURES ON PAGES CHALLENGED:  
53
12. REASONS FOR CHALLENGE TO INDIVIDUAL SIGNATURES –
  - A. SIGNATORY EARLIER SIGNED NOMINATION PAPER OF CANDIDATE FOR SAME OFFICE, DUPLICATE SIGNATURES FOR SAME CANDIDATE AND ONE INDIVIDUAL SIGNED FOR HIS OR HERSELF AND ANOTHER INDIVIDUAL
    - a. Page 26 Line 1 & Page 27 Line 7: Accepted (Strike Page 27 Line 7)
    - b. Page 32 Line 6 & Page 36 Line 7: Accepted (Strike Page 36 Line 7)
    - c. Page 35 Line 5 & Page 35 Line 6: Rejected
    - d. Page 47 Line 7: Accepted – Individual signed Candidate Petrowski's papers (Page 16, Line 1 on 4/22/18) and signed Candidate Pulcher's papers (Page 47, Line 7 on 5/30/18). Strike Pulcher, Page 47, Line 7.

**3 signatures deducted from total for these challenges**

Pulcher-1 P. 1

B. SIGNATORY ADDRESS BLANK, ILLEGIBLE, OR MISSING MUNICIPALITY

- a. Page 5 Line 7: Accepted – Municipality of Residence is T Rib Mtn.
- b. Page 5 Line 8: Accepted – Municipality of Residence is T Rib Mtn.
- c. Page 15 Line 8: Accepted – Municipality of Residence is T Draper
- d. Page 36 Line 8: Accepted – Municipality of Residence if T Sand Lake
- e. Page 43 Line 4: Accepted – Municipality of Residence is C Ladysmith

**Deduct 5 signatures from total due to this challenge**

C. SIGNATORY ADDRESS IS MISSING AN APARTMENT NUMBER

- a. Page 2 Lines 3-4: Rejected
- b. Page 7 Line 9: Rejected
- c. Page 20 Lines 1-4: Rejected
- d. Page 27 Line 3: Rejected
- e. Page 30 Lines 9-10: Rejected
- f. Page 31 Line 9: Rejected
- g. Page 40 Line 5: Rejected
- h. Page 42 Line 3: Rejected
- i. Page 44 Line 1: Rejected
- j. Page 47 Line 1: Rejected
- k. Page 48 Lines 6, 9, 10: Rejected

**0 signatures deducted from total due to challenge.**

D. SIGNATORY ADDRESS IS A COMMERCIAL ADDRESS

- a. Page 11 Line 6: Rejected – Voter's registration address in WisVote

Pulcher - 1 P 2

- b. Page 32 Line 3: Rejected – Tracy’s Automotive, signer may reside there
- c. Page 41 Line 10: Rejected – Building appears on Google maps, signer may reside there

**0 signatures deducted for this challenge.**

**E. SIGNATURE UNDATED OR OTHERWISE INVALIDLY DATED**

- a. Page 6 Line 1: Accepted – Date either missing or outside of valid circulation period
- b. Page 6 Line 10: Accepted – Dated with incorrect year
- c. Page 42 Line 4: Rejected

**2 signatures deducted for this challenge**

**F. SIGNATURE IS MISSING OR DOES NOT MATCH PRINTED NAME**

- a. Page 2 Line 6: Rejected – Signature exists.
- b. Page 4 Line 1: Rejected – Signature and printed name match.
- c. Page 14 Line 4: Rejected - Signature and printed name match.

**0 signatures deducted for this challenge**

**G. ADDRESS IS INCOMPLETE OR DOES NOT EXIST**

- a. Page 3 Line 7: Rejected – Address found in Google search
- b. Page 21 Line 3: Rejected – Address found in Google search
- c. Page 21 Line 4: Rejected – Address found in Google search
- d. Page 21 Lines 5-6: Rejected – Signer in Line 6 listed as owner in county GIS; signer in Line 5 could be resident.
- e. Page 29 Line 3: Rejected – Address listed in Taylor County GIS as County Road A-T
- f. Page 30 Line 8: Rejected – located address in WisVote

*Pulcher -1 p.3*

- g. Page 31 Line 4: Rejected – Voter’s registered address in WisVote is Grand, spelled Gade on nomination paper with same apt. number.
- h. Page 32 Line 4: Rejected – Address found in WisVote
- i. Page 38 Line 2: Accepted – missing street number
- j. Page 38 Lines 9-10: Rejected – Voters’ registered address in WisVote, missing “n” before street number.
- k. Page 40 Line 7: Rejected – Voter’s registered address in WisVote
- l. Page 48 Lines 3-4: Rejected – Voters’ registered address in WisVote

**1 signature deducted from total due to this challenge.**

**H. ELECTOR DOES NOT LIVE AT ADDRESS LISTED**

- a. Page 16 Line 6: Rejected - Address has Lublin (listed as Roosevelt) mailing address and located in county CIS.
- b. Page 19 Line 1: Rejected – Address N281 8 ½ located in county GIS.

**0 signatures deducted from total due to this challenge.**

**13. NUMBER OF SIGNATURES VERIFIED BY STAFF AFTER CHALLENGE: 424**

**435 – 11 = 424 total signatures after challenge**

**STAFF RECOMMENDATION AFTER CHALLENGE: Grant ballot access**

**MINIMUM NUMBER OF SIGNATURES: YES**

*Pulcher-1 P.4*



Printed - Sig Mismatch Dulcher - 2 P. 1

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name (required); no titles may be used.  
Richard Pulcher

Candidate's residential address (required) no P.O. box addresses  
W13276 South Street

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of Lublin  
 City of \_\_\_\_\_

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)  
WI

Title of office (required)  
WI State Senate

General Election date (required) 11/6/2018  
 Name of Party or Statement of Principle (5 words or less) Democrat

Name of jurisdiction or district in which candidate seeks office (required)  
Senate District 29

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

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

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) (Rural address must also include box or fire no)	Municipality of Residence		Date of Signing Mo/Dav/Year
			Check the type and write the name of your municipality for voting purposes		
1. Ashley Smazal	Ashley Smazal	W5539 Pierce St Sheldon WI 54766	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5/21/18
2. Andy Bentley	Andy Bentley	W6346 Pierce St Sheldon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5/21/18
3. Vickie Bentley	Vickie Bentley	W5545 Pierce St Sheldon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5/21/18
4. Ian Faulkner	Ian Faulkner	N709 Ast.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5-21-18
5. Ashley Nelson	Ashley Nelson	W558 4th Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5-21-18
6. Sean Heasley	Sean Heasley	N520 4th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5-21-18
7. Sasha Dixon	Sasha Dixon	W5580 View St Sheldon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5-21-18
8. Jeffrey Smazal	Jeffrey Smazal	W5539 Pierce St Sheldon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5-21-18
9. Donald King	DONALD KING	W 7995 Lenoxtown	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5/21/18
10. Richard Pulcher	Richard Pulcher	W 3276 South Street Sheldon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sheldon	5/22/18

**CERTIFICATION OF CIRCULATOR**  
 I, Richard Pulcher, certify: I reside at W13276 South Street, Lublin  
 (Circulator's residential address - include number, street, and municipality)

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

10

### NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used.  
Richard Pulcher

Candidate's residential address (required) *no P.O. box address*  
W13276 South Street

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)  
WI State Senate

Candidate's municipality for voting purposes (required).  
 Town of Lublin  
 Village of Lublin  
 City of \_\_\_\_\_

State (required) WI

Zip code 54447

General Election date (required) 11/6/2018

Type of election (required)  
 general  
 special

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

District or Jurisdiction (required if applicable)  
 District number 29  
 Jurisdiction (county) \_\_\_\_\_

Name of jurisdiction or district in which candidate seeks office (required)  
Senate District 29

Title of office (required)  
WI State Senate

I, the undersigned, request that the candidate, whose name and residential 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.

Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year
<u>Kristin Conway</u>	<u>222 Reolke St.</u>	<input checked="" type="checkbox"/> Town of <u>Schofield</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>BARBARA STACHOWIAK</u>	<u>923 S. 4 Ave</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Stephan Rhymer</u>	<u>801 N 13th Street</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input checked="" type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Katherine Rosenbora</u>	<u>106 Emerson St</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Ka Lo</u>	<u>704 Paul Ave</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input checked="" type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Nancy Petulla</u>	<u>10185 Hwy K So</u>	<input type="checkbox"/> Town of <u>Township</u> <input type="checkbox"/> Village of <u>Mountain</u> <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Nancy Sommerfeldt</u>	<u>815 Sherman</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input checked="" type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Nicholas Cherney</u>	<u>815 Sherman</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input checked="" type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>SUSAN MISSETT</u>	<u>915 S. 9th Ave</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input checked="" type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>
<u>Danna Marsh</u>	<u>929 19th Ave</u>	<input type="checkbox"/> Town of <u>Wausau</u> <input checked="" type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	<u>5-19-18</u>

Richard Pulcher certify: I reside at W13276 South Street, Lublin  
 (Circulator's residential address - include number, street, and municipality)

#### CERTIFICATION OF CIRCULATOR

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 5.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Richard Pulcher

5-19-18

Printed - Sin Micmub

Dulcher - 2 P. 2

**Case No: EL 18-22**

**Morgan v. Gronik**

**Final 2018 Ballot Access Challenges Memorandum**

**Exhibits**

2018 GENERAL ELECTION  
CHALLENGE WORK SHEET

Case Number: 2018-EL-22

1. NAME OF CHALLENGER: Mark Morgan

2. NAME OF CANDIDATE CHALLENGED: David (Andy) Gronik

3. OFFICE SOUGHT BY CANDIDATE: Governor

4. NUMBER SIGNATURES REQUIRED FOR OFFICE SOUGHT: 2,000

5. GROSS NUMBER OF SIGNATURES SUBMITTED BY CANDIDATE:  
3775

6. NUMBER OF SIGNATURES ORIGINALLY VERIFIED BY STAFF:  
3602

7. NUMBER OF PAGES CHALLENGED: 170

8. CANDIDATE HAS SUPPLEMENTAL PAPERS: No

9. CANDIDATE HAS CORRECTING AFFIDAVITS ON FILE: Yes, as part of  
candidate's response to challenge

10. REASONS FOR CHALLENGE TO ENTIRE PAGES: Purported felony convictions  
of circulators, circulator did not fully indicate muni of residence, circulator filled in muni  
for signator, circulator on the lam at time pages were circulated

A. CIRCULATOR INELIGIBLE TO CIRCULATE DUE TO FELONY  
CONVICTIONS – Reject Challenges

- a. Counts 1 and 2 in challenge
- b. Patricia Lacy
  - i. Circulator of 23 pages containing 203 signatures
  - ii. WisVote shows Lacy's felony conviction ending 9/20/2017
    1. Candidate's response contains affidavit to this effect
- c. Torre Johnson
  - i. Circulator of 32 pages containing 295 signatures
  - ii. WisVote shows Johnson's felony conviction ending  
10/30/2007
    1. Candidate's response contains affidavit to this effect.
- d. Reject challenges

Gronik - 1 D. 1

B. CIRCULATOR ADDRESS / MUNI NOT FULLY INDICATED

- a. Count 3 of challenge.
- b. 1556 signatures challenged
- c. Circulator muni missing from certification
  - i. After review, all pages challenged contained a municipality of residence. Some were abbreviated, which is allowed
  - ii. Pages 150, 158, and 242 had illegible muni listed
    1. Corrected with Lisa Pettis affidavit in cand. response
    2. These pages contained a total of 30 signatures
- d. Reject challenge

C. CIRCULATOR NOT RESPONSIBLE FOR CIRCULATION

- a. Count 5 of challenge.
- b. 58 signatures challenged
- c. No evidence to corroborate evasion claim in challenge
- d. Affidavit in candidate's response states Pettis circulated pages when challengers allege he was evading law enforcement
- e. Reject challenge

11. REASONS FOR CHALLENGE TO INDIVIDUAL SIGNATURES –Circulator filled out muni field instead of signator.

12 .TOTAL NUMBER OF INDIVIDUAL SIGNATURES ON PAGES CHALLENGED:  
472

A. CIRCULATOR ENTERED MUNI INFO FOR SIGNATOR

- a. Count 4 of challenge.
- b. 472 signatures challenged
- c. After review, there are similarities in handwriting in some muni fields
- d. Circulators are allowed to enter muni info for signator per WEC procedures and protocol
- e. Reject challenge

13. NUMBER OF SIGNATURES VERIFIED BY STAFF AFTER CHALLENGE: 3602

**STAFF RECOMMENDATION AFTER CHALLENGE: GRANT BALLOT ACCESS**

**MINIMUM NUMBER OF SIGNATURES: YES**

*Gromik-1, p. 2*

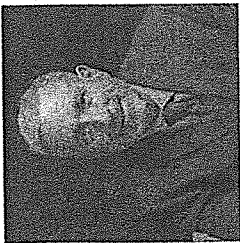
NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of

**Andy Gronik**

residing at 7124 N Beach Dr., Village of Fox Point, WI 53217, be placed on the ballot at the general election to be held November 6, 2018 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for him for the office of Governor of Wisconsin.

I am eligible to vote in the state of Wisconsin. I have not signed the nomination paper of any other candidate for the same office at this election.



SIGNATURES OF ELECTORS	PRINTED NAME	STREET & NUMBER	MUNICIPALITY OF RESIDENCE (Indicate city, village, or town)	ZIP CODE	DATE OF SIGNING
	Deon James	3160 N 35	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Nathaniel Peterson	2682 S 4th	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53202	5/16/11
	Nicholas Sedberry	3226 N 38th	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Margaret D. Adams	3425 N 60th	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Stantel Adams	3129 N 34th St. Lane	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Travis Sedberry	3139 N 35th	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Amber Sedberry	3830 N 36th	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Nicole Peters	3114 N 34th St	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11
	Terrianna Peterson	5151 N 65th Street	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53218	5/16/11
	Susan Eichelberger	3205 N 33rd St	City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/>	53216	5/16/11

CERTIFICATION OF CIRCULATOR

I, Dana Pette, certify: I reside at 3207 N 36th ML WI 53216

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

5/16/18 Dana Pette (Signature of circulator)  
 Page Number: 150

Gronik-2, p. 1

NOMINATION PAPER FOR PARTISAN OFFICE

10

I, the undersigned, request that the name of

**Andy Gronik**

residing at 7124 N Beach Dr., Village of Fox Point, WI 53217, be placed on the ballot at the general election to be held November 6, 2018 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for him for the office of Governor of Wisconsin.



I am eligible to vote in the state of Wisconsin. I have not signed the nomination paper of any other candidate for the same office at this election.

SIGNATURES OF ELECTORS	PRINTED NAME	STREET & NUMBER	MUNICIPALITY OF RESIDENCE (Indicate city, village, or town)	ZIP CODE	DATE OF SIGNING
<i>[Signature]</i>	Teresa Reid	3801 17th St	City of Milwaukee	53212	5/17/11
<i>[Signature]</i>	Detrell Lee	528 W Center St	Village of Milwaukee	53210	5/19/11
<i>[Signature]</i>	Schwendler Lee	1841 North St	City of Milwaukee	53205	5/17/11
<i>[Signature]</i>	Joseph Davis	4126 West St	City of Milwaukee	53209	5/18/11
<i>[Signature]</i>	Krone Harris	436 W 25th St	City of Milwaukee	53206	5/18/11
<i>[Signature]</i>	Mary Bonakoske	1516 N St	Village of Milwaukee	53204	5/18/11
<i>[Signature]</i>	Sharon Abbott	2311 W Capital	City of Milwaukee	53206	5/18/11
<i>[Signature]</i>	Keandra Sengars	1700 West Peterson	Village of Milwaukee	53206	5/18/11
<i>[Signature]</i>	Leucina Wilson	2302 W Clarke St	Village of Milwaukee	53206	5/18/11
<i>[Signature]</i>	Tramell Wright	3916 N Port Washington	City of Milwaukee	53212	5/18/11

CERTIFICATION OF CIRCULATOR

I, *[Signature]*, certify I reside at 3207 N 36th St, Milwaukee, WI 53216. (Circulator's residence - include number, street, and municipality.)

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

*[Signature]*  
(Signature of circulator)

Gronik-2, P. 2

NOMINATION PAPER FOR PARTISAN OFFICE

10

I, the undersigned, request that the name of

**Andy Gronik**

residing at 7124 N Beach Dr., Village of Fox Point, WI 53217, be placed on the ballot at the general election to be held November 6, 2018 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for him for the office of Governor of Wisconsin.



I am eligible to vote in the state of Wisconsin. I have not signed the nomination paper of any other candidate for the same office at this election.

SIGNATURES OF ELECTORS	PRINTED NAME	STREET & NUMBER	MUNICIPALITY OF RESIDENCE (Indicate city, village, or town)	ZIP CODE	DATE OF SIGNING
<i>Vereitha Bane</i>	Vereitha Bane	4344 N. 29th	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53206	5/15/18
<i>John Colson</i>	Colson	3921 N 17	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53206	5/15/18
<i>Jessie Mae</i>	Jessie Mae	3840 St	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53208	5/15/18
<i>Olivia Farmer</i>	Olivia Farmer	7215 W National Ave	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53214	5/15/18
<i>Keona Naitoa</i>	Keona Naitoa	1127 N 18th St	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53208	5/15/18
<i>Vanessa Carter</i>	Vanessa Carter	5239 N. 38th St	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53209	5/15/18
<i>Mindra Willis</i>	Mindra Willis	2840 N 49th St	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53210	5/15/18
<i>Dennis Robinson</i>	Dennis Robinson	406 W Kete	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53212	5/15/18
<i>Candi Buchanan</i>	Candi Buchanan	3756 N. 4th St	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53212	5/15/18
<i>Trenor Bottoms</i>	Trenor Bottoms	3272 N 7th Street	<input checked="" type="checkbox"/> Milwaukee <input type="checkbox"/> Town	53208	5/15/18

CERTIFICATION OF CIRCULATOR

I, Juan Peltis, certify: I reside at 3207 N 30th St, Milwaukee, WI 53216

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

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

*Juan Peltis*

Gronik-2, P. 3



**Case No: EL 18-24**

**Strohm v. Nicholson**

**Final 2018 Ballot Access Challenges Memorandum**

**Exhibits**

2018 GENERAL ELECTION  
CHALLENGE WORK SHEET

Case Number: 2018-EL-24

1. NAME OF CHALLENGER: Richard Strohm
2. NAME OF CANDIDATE CHALLENGED: Kevin Nicholson
3. OFFICE SOUGHT BY CANDIDATE: U.S. Senator
4. NUMBER SIGNATURES REQUIRED FOR OFFICE SOUGHT: 2,000
5. GROSS NUMBER OF SIGNATURES SUBMITTED BY CANDIDATE: 4,000
6. NUMBER OF SIGNATURES ORIGINALLY VERIFIED BY STAFF: 3,906
7. NUMBER OF PAGES CHALLENGED: 2,700 +
8. CANDIDATE HAS SUPPLEMENTAL PAPERS: Yes
9. CANDIDATE HAS CORRECTING AFFIDAVITS ON FILE: No
10. REASONS FOR CHALLENGE TO ENTIRE PAGES:
  - A. CIRCULATOR NOT QUALIFIED ELECTOR OF WISCONSIN
    - a. Pages/Lines: 2,700 + Rejected – Circulator does not have to be a resident of Wisconsin, but must not otherwise be disqualified to vote as stated in the nomination paper footer.
  - B. CERTIFICATION OF CIRCULATOR INVALIDLY DATED
    - a. Page 239 Lines 1-10: Accepted (already struck by staff)
    - b. Page 247 Lines 1-10: Accepted (already struck by staff)
    - c. Page 248 Lines 1-10: Accepted (already struck by staff)
    - d. Page 249 Lines 1-10: Accepted (already struck by staff)
    - e. Page 260 Lines 1-10: Accepted (already struck by staff)

13. NUMBER OF SIGNATURES VERIFIED BY STAFF AFTER CHALLENGE:  
3,906

**STAFF RECOMMENDATION AFTER CHALLENGE: GRANT BALLOT ACCESS**

**MINIMUM NUMBER OF SIGNATURES: YES**

*Nicholson - 1*