STATE OF WISCONSIN WISCONSIN ELECTION COMMISSION

DOUGLAS HYANT, Executive Director, Assembly Democratic Campaign Committee,

Complainant,

Against

THOMAS C. LEAGER,

Respondent.

VERIFIED COMPLAINT

I, Douglas Hyant, upon information, personal knowledge, and belief, hereby allege and swear as follows:

This Complaint is brought against Thomas C. Leager pursuant to, Wis. Admin.
 Code EL § 2.05, Wis. Admin. Code EL § 2.07, Wis. Stat. § 8.15(1), Wis. Stat. § 8.15(2), and
 Wis. Stat. § 8.15(3).

2. I am a qualified elector in and a resident of the State of Wisconsin. I am the Executive Director of the Assembly Democratic Campaign Committee, with offices located at 15 North Pinckney Street, Suite 200 in the City of Madison, Wisconsin, Zip Code 53703.

3. The Respondent, Thomas C. Leager, Wisconsin Elections Commission File Number 0106078, Receipt Number 275, maintains a residential address at 413 W. Wilson St. Apt A, in the City of Madison, Wisconsin, Zip Code 53703. 4. On or about June 1, 2018, Respondent filed nomination papers with the Wisconsin Elections Commission to be placed on the November 6, 2018 ballot for State Representative in the 76th Assembly District. The Respondent's nomination papers contained approximately 200 signatures as determined by initial review of the Wisconsin Elections Commission staff.

5. Upon a more detailed examination, Respondent's nomination papers contain numerous deficiencies, including but not limited to signers who live outside of the district, signers who indicated they signed prior to April 15, 2018, and/or signers who did not provide the street address of their residence or the municipality of residence in the certification.

6. Respondent's nomination papers contained a total of thirty-seven (37) signatures with insufficiencies pursuant to Wis. Admin. Code EL §§ 2.05 and 2.07, bringing the total number of valid signatures substantially below the 200 signature threshold required to be placed on the ballot for State Assembly.

7. A copy of the insufficient signatures is attached hereto and incorporated herein as "Exhibit A." These signatures highlighted in Exhibit A were signed by an elector residing outside the 76th Assembly District, prior to April 15, 2018, and/or without including essential address information. The proper Assembly District of each signer is provided where it is able to be determined and incorporated herein as "Exhibit B," which is comprised of screenshots taken directly from the "Who Are My Legislators?" search engine.

I. ELECTORS RESIDING OUTSIDE OF THE DISTRICT

8. For nomination signatures to be valid pursuant to Wis. Stat. § 8.15(3), a signer of the nomination papers for a state office, including that of Representative in the Wisconsin State

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Assembly, must reside in the jurisdiction or district which the candidate names on the paper will represent if elected. Wis. Stat. § 8.15(3) (2015-16).

9. Electors who reside outside of the Respondent's district but signed the Respondent's nomination papers were found on the following pages: Page 1-7; Page 2-6; Page 2-7; Page 2-10; Page 3-1; Page 3-3; Page 3-9; Page 5-3; Page 7-6; Page 7-9; Page 7-10; Page 8-9; Page 9-6; Page 11-8; Page 13-4; Page 13-5; Page 14-6; Page 14-7; Page 14-10; Page 19-4; Page 19-6; Page 19-7; Page 19-8; Page 20-1; Page 20-3; Page 20-5; Page 21-1; Page 21-2; Page 21-4; Page 21-7; Page 21-8; Page 21-9; Page 22-2; and Page 22-6 (34 signatures eliminated).

10. District residency or non-residency was determined utilizing the "Who Are My Legislators?" search engine available via the Wisconsin Legislature's website and accessible to the public at the following internet address: <u>http://legis.wisconsin.gov/pages/waml.aspx</u>, per the direction of the Wisconsin Elections Commission. *See* Wisc. Elections Comm'n, *Nomination Paper Challenges* (Jan. 2018) at 6-7.

11. Where addresses from Respondent's nomination papers were not found in the "Who Are My Legislators?" search engine, the issue with the provided address information is given in Exhibit A.

12. A copy of the address search for the insufficient signatures is attached hereto and incorporated herein as Exhibit B. These screenshots come directly from the "Who Are My Legislators?" search engine.

II. ELECTORS WHO SIGNED PRIOR TO APRIL 15, 2018

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13. Electors who indicated they signed the Respondent's nomination papers prior to April 15, 2018 were found on the following pages: Page 12-2; and Page 12-3 (2 signatures eliminated).

14. For nomination signatures to be valid pursuant to Wis. Stat. § 8.15(1), a circulator may not circulate nomination papers prior to April 15 preceding the general election. Wis. Stat. § 8.15(1) (2015-16).

III. ELECTORS WHO DID NOT PROVIDE FULL ADDRESS INFORMATION

15. Electors who did not provide full address information on the Respondent's nomination papers were found on the following pages: Page 10-4 (1 signature eliminated).

16. For nomination signatures to be valid pursuant to Wis. Stat. § 8.15(2), an elector signing the nomination papers for a state office, including that of Representative in the Wisconsin State Assembly, must provide complete address information. Wis. Stat. § 8.15(2) (2015-16).

17. Respondent's nomination papers contained a total of 37 signatures with insufficiencies pursuant to Wis. Admin. Code EL §§ 2.05-2.07 and Wis. Stat. § 8.15, *et. seq.*, bringing the total number of valid signatures below the threshold of 200 signatures necessary to be placed on the ballot for State Assembly. The contested signatures are contained in the above-referenced exhibits, accompanied by a detailed explanation of their insufficiency.

18. Complainant respectfully submits that the foregoing facts warrant the Commission's attention, and the Commission should take prompt action to eliminate from the nomination papers filed by Respondent all pages that are insufficient or do not comply with Wis. Admn. Code EL §§ 2.05 - 2.07.

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19. Complainant reserves the right to amend this complaint with additional information.

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SIGNATURE AND CERTIFICATION

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

Dated this day of June, 2018.	
	Respectfully submitted, Douglas Hyant
State of Wisconsin County of <u>PAPA</u> Subscribed and sworn to before me on this <u>4</u> day of <u>JUNE</u> , 20 <u>6</u> . Rue G. Cudul Notary Public	
BUTT G. CUNARACK Name Printed or Typed My commission/term expires <u>3/13/21</u>	(Notary Public Seal or Stamp Above)

CERTIFICATE OF SERVICE

I, ______, hereby certify that on this _____ day of June, 2018, a true and correct copy of this complaint was forwarded via electronic email to the email address on file with the Wisconsin Elections Commission for Respondent, [[CHALLENGED CANDIDATE]].

Signature of Challenger

EXHIBIT A Candidate's name (required); no titles may be used.		INATION PAPER FOR PARTISAN OFFICE) FFICE		10
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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 \Box him or \Box her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate name above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.	name and residential address are list will have the opportunity to vote for d the nomination paper of any other	ted above, be placed on the ballot a	t the election described l above. I am eligible to s election.	above as a candidate represent vote in the jurisdiction or distri	ing the party or ct in which the
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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).	nsin, or a U.S. citizen, age 18 or older ed each of the signatures on this pap of its content on the date indicated o ler Wis. Stat. § 12.13(3)(a).	who, if I were a resident of this sta er. I know that the signers are elec opposite his or her name. I know th	centre and extension and the disqual to the disqual to the jurisdiction of the jurisdi	rer, street, and municipality) fied from voting under Wis. Sta r district the candidate seeks to s given. I intend to support this	it. § 6.03. personally represent. know candidate. am
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EL-168 | Rev. 2016-03 | Wisconsin Elections Commission, P.O. Box 7984, Madison, Wi 53707-7984 | 608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

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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 fts 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 cartification is punishable under Wis. Stat. § 12.13(3)(a).	tizen, age 18 or older who, if I were a signatures on this paper. I know that n the date indicated opposite his or h 12.13(3)(a).	resident of this state, would no the signers are electors of the j	ot be disqualified fro urisdiction or distric ve residences given	r, and municipany, im voting under Wis. Stat I the candidate seeks to I intend to support this	. § 6.03. 1 personally represent. 1 know candidate. 1 am
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EXHIBIT A		NOMINATION	PAPER FO	NOMINATION PAPER FOR PARTISAN OFFICE				\succ	σ
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EL-168 | Rev. 2016-03 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: elections wigov | email: elections@wi.gov

EXHIBIT A		NOMINATION PAPE	ION PAPER FOR PARTISAN OFFICE			1	
Thomas Candidate's name (required); no titles may be used.	Leager	Candidate's residential address Street, fire, or rural route numi 413 W. Wi	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 413 W. Wilson St. Apt A		Candidate's municipality for voting purposes (required). Trown of O Village of Madison E City of	5 purposes (required). ON	· ·
Candidate's mailing address, including municipality for m different than residential address or voting municipality)	Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) Zip code 53703 WI	Type of e	General Election date (required) <u>Mo/Day/Year</u> 111/06/2018		(name of municipality) (Required) Name of Party or Statement of Principle (5 words or less) Libertarian Party	
Title of office (required)	Assembly	District or Jurisdiction (required if applicable) District number 76 Distriction (county) Dana County	if applicable)	City of P	trict in which candi	date seeks office (required) District 76	
I, the undersigned, request that t statement of principle indicated a candidate named above seeks of	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.	tial address are listed above, ortunity to vote for 🗋 him or paper of any other candidate	be placed on the ballot at the elect □ her for the office listed above. I for the same office at this election	tion described ab am eligible to vo	ove as a candidate repre te in the jurisdiction or c	senting the party or listrict in which the	
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I further certify I am either a qual circulated this nomination paper that each person signed the pape aware that falsifying this,certificar	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. Know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that the signer are electors of the jurisdiction or district the candidate seeks to represent. I know aware that falsifying this certification is puncipant to support this candidate. I am	zen, age 18 or older who, if 1 v gnatures on this paper	were a resident of this state, would w that the signers are electors of th is or her name <u></u>	not be disqualifie purisdiction or d tive residences g	of from voting under Wi ed from voting under Wi listrict the candidate see iven. I intend to suppor	s. Stat. § 6.03. I personally ks to represent. I know t this candidate. I am	
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EXHIBIT A	NOMINATION PAPEI	NOMINATION PAPER FOR PARTISAN OFFICE		Ŕ	\tilde{O}
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Thomas C Leager	413 W. Wi	. Wilson St. Apt A	City of Madison		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) Zip code 53703 WI	Type of election (required) General Election date general (required) <u>Mo/Day/Yei</u> c special n special	n lear	(Required) Name of Party or Statement of Principle (5 words or less) 	<u> </u>
Title of office (required) State Assembly	District or Jurisdiction (required if applicable) E District number 76 E Jurisdiction (county) Deem County	f applicable)	Name of jurisdiction or district in which candidate seeks office (required) City of Madison District 76	didate seeks office (required)	T
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 o statement of principle indicated above, so that voters will have the opportunity to vote for \Box him or \Box her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate name above. I have not signed the nomination paper of any other candidate for the same office at this election.	ial address are listed above, rtunity to vote for □ him or aper of any other candidate	be placed on the ballot at the election describe. Cher for the office listed above. I am eligible t for the same office at this election.	l above as a candidate represen o vote in the jurisdiction or distr	tting the party or ict in which the	
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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 acch person signed the paper with full knowledge of its content on the date indicated opposite his or hermane. I know their respective residences given. I intend to support this candidate. I am aware that falsibring this certification is built with support this candidate. I am aware that this certification is purport the candidate. Wis. Stat. § 12.1131(a).	 and an an	vere a resident of this state, would not be disquered and the signers are electors of the jurisdiction is or her her harme. I know their respective resident	alified from voting under Wis. St or district the candidate seeks t es given. I intend to support thi	tat. § 6.03. personally co represent. know is candidate. am	0/(
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EXHIBIT A	NOMINATION PAPE	NOMINATION PAPER FOR PARTISAN OFFICE		L'
Candidate's name (required); no titles may be used. Thomas C Leager	Candidate's residential address (required) A Street, fire, or rural route number; box num 4.1.3 W. WilSOD	Candidate's residential address (required) <i>No P.o. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 413 W. Wilson St. Ant A	Candidate's municipality for voting purposes (required) Town of Utiliage of Madison E City of	(required).
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required)		(name of municipality) (Required) Name of Party or Statement of Principle (<u>JOav/Year</u> (5 words or less) 2018 Libertarian Party	ality) r Statement of Principle BrtV
Title of office (required) State Assembly	District or Jurisdiction (required if applicable) District number 76 Urisdiction (county)	a if applicable) Name of jurisdicti	Name of jurisdiction or district in which candidate seeks office (required) City of Madison District 76	(required)
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 o statement of principle indicated above, so that voters will have the opportunity to vote for \Box him or \Box 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.	sidential address are listed above, e opportunity to vote for \square him or ation paper of any other candidate	be placed on the ballot at the election described \Box her for the office listed above. I am eligible to for the same office at this election.	above as a candidate representing the vote in the jurisdiction or district in v	the party or which the
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1, Ashley Mickinorsch	CERTIFICATION certify: 1 reside at	CERTIFICATION OF CIRCULATOR certify: I reside at 5001 N. SYDAPINE, Ed. Whitewater WIT	Water WIT 53190	
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or o circulated this nomination paper and personally obtained each of the signatures on this that each person signed the paper with full knowledge of its content on the date indicat aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	S. citizen, age 18 or older who, if I v he signatures on this paper. I knov to n the date indicated opposite h 5 12.13(3)(a).	Ider who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know ted opposite his or her name. I know their respective residences given. I intend to support this candidate. I am	iser, soreer, and municipanty) liftied from voting under Wis. Stat. § (or district the candidate seeks to repr ss given. I intend to support this can	6.03. I personally resent. I know ididate. I am
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EL-168 Rev. 2016-03 Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 608-265-6005 web: elections.wi.gov email: <u>elections@wi.go</u> v	07-7984 608-266-8005 web: elections.wi.gov	r email: <u>elections@wi.ɑo</u> v		-

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	Candidate's municipality for voting purposes (required) D Town of U Village of Madison E City of	(name of municipality) (Required) Name of Party or State (5 words or less) Libertarian Party	Name of Jurisdiction or district in which candidate seeks office (required)	a candidate representi e jurisdiction or distric	f residence must alw	Municipality of Residence Check the type and write the name of your municipality for	rposes	MADISON	MADISEN	NOTION!	Madison	malisan	Malison	manitson	DI DANA CON.	Maclibur	L MULL 4	voting under Wis. Stat he candidate seeks to intend to support this	Pag
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tion Paper for Partisan Office	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 413 W. Wilson St. Apt A	lired)	le)	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 o 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	Residential Address <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route (Rural address must also include box or fire no)	N. Blen 51. F	N PINCKNEY	30 CEVITEN AND adison, U) (530	Se-Madro	N. 2 M St Marisan	OLG W. WIGAST Male Town	624. Wison	e. W. Dord CIA	ef U. Dofty	o' w Doff	RCULATOR 1 7 INCSF WIGON F UNIT A MUL 1 Circulator's residential address - include number, street, and municipally	Ider who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know ted opposite his or her name. I know the respective residences given. I intend to support this candidate. I am	lator) lians@wi <u>aov</u>
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-	o titles may be i	Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	"State Assembly	request that the cand ple indicated above, s bove seeks office. I h	/ used for mailing p	TOIS	82S	$\overline{\mathbf{A}}$	W, W	Ell Tur	aproved.	J.J.	10	est uthur	lengrue are	Denduz	(Name of circulator)	either a qualified elec nation paper and pers ned the paper with fu ruis certification is pu	e) / / ダ うべし
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EXHIBIT A	6	NOMINATION PAPE	N PAPER FOR PARTISAN OFFICE				[O]	
Thomas C Leager	υ	Candidate's residential address (required) w Street, fire, or rural route number; box numl 413 W. WilSON	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 413 WV. Wilson St. Apt A		Candidate's municipality for voting purposes (required). Town of U Village of MadiSON	ng purposes (r	required).	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) Zip code 53703 WI	Type of election (required) general special	General Election date (required) <u>Mo/Day/Year</u> 111/06/2018		(name of municipality) () Name of Party of Stai or less) tarian Part	(Required) Name of municipality) (8 words or less) 	M150/125 TC000000000000000000000000000000000000
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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 o 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.	ise name and residenti ers will have the oppor ned the nomination pa	al address are listed above, tunity to vote for □ him or per of any other candidate	ted above, be placed on the ballot at the elect □ him or □ her for the office listed above. I candidate for the same office at this election.	tion described a l am eligible to v	bove as a candidate repr ote in the jurisdiction or	esenting th district in v	he party or which the	2000
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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)	k Addresses) or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	o e c	Date of Signing <u>Mo/Day/Year</u>	
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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 persona 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 that che japer with full knowledge of its content on the distributed indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this credition for support this candidate. I am	sconsin, or a U.S. citize tained each of the sign lage of its content on th under Wis Stat 6 10 1	n, age 18 or older who, if i v atures on this paper 1 knov e date indicated opposite h	vertuation of this state, would what the signers are electors of th is or her name. I know their respe	I not be disqualit to iurisdiction or ctive residences	er, street, and municipality) fied from voting under W district the candidate se given. I intend to suppo	/is. Stat. § (eks to repr rt this cano	6.03. I personally resent. I know didate. I am	
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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 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.	se name and residential address ers will have the opportunity to v ned the nomination paper of an	s are listed above, vote for 🗆 him or (y other candidate	be placed on the ballot at the elec her for the office listed above. I for the same office at this election	tion described a am eligible to v	bove as a candi ote in the jurisc	date representing liction or district i	g the party or n which the	
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Candidate's mailing address, including municipality for malling purposes (required if different than residential address or voting municipality)	State (required)	Type of election (required)	Instruction date (name of municipality) General Election date (Required) Name of Party or Statement of Principle (required) MO/Day/Year (5 words or less) 11/06/2018 Libertarian Party	Principle
Title of office (required) State Assembly	District or Jurisdiction (required if applicable) District number 76 Lurisdiction (county) Daws County	f applicable)	Name of jurisdiction or district in which candidate seeks office (required) City of Madison District 76	
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EL-168 Rev. 2016-03 Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005 web:	7984, Madison, WI 53707-7984 608-266-8005 web: elections.wi.go	elections wi.gov email: <u>elections@wi.gov</u>		

EXHIBITA	NOMINATION PAPE	NOMINATION PAPER FOR PARTISAN OFFICE		0
Thomas C Leager		Candidate's residential address (required) <i>No P.O. bax addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 413 W. Wilson St. Ant A	Candidate's municipality for voting purposes (required) Drown of D Village of MadiSON E City of	g purposes (required). ON
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Title of office (required) State Assembly	District or Jurisdiction (required if applicable)	ed if applicable) a special a contract of juris	Name of Jurisdiction or district in which candidate seeks office (required) City of Madison District 76	idate seeks office (required)
I, the undersigned, request that the candidate, wi statement of principle indicated above, so that vo candidate named above seeks office. I have not si	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 o statement of principle indicated above, so that voters will have the opportunity to vote for the for the office listed above. I am eligible to vote swill have the opportunity to vote for candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.	 be placed on the ballot at the election describ r	ed above as a candidate reprito vote in the jurisdiction or	senting the party or district in which the
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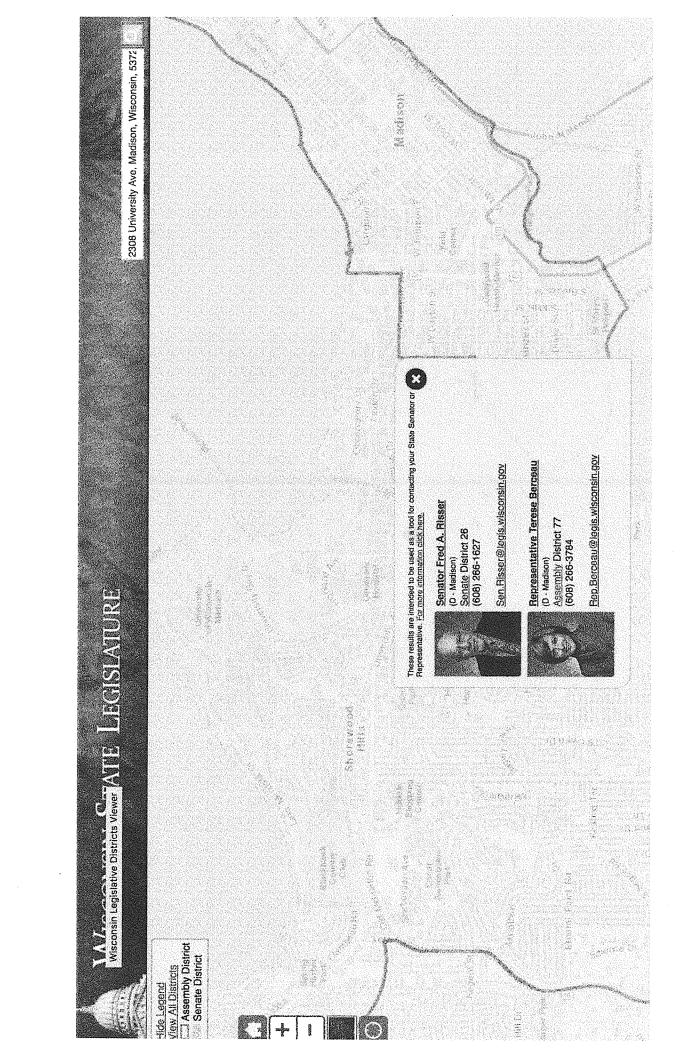
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olguatures of Electors	Frinted Name of Electors	Ors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	<i>fox Addresses)</i> to ar fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	of Residence and write the nunicipality for s	Date of Signing <u>Mo/Dav/Year</u>
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2. J. TUTVEL	لمحكود	LIGAL	Presidend	12 S 3745	Collage M	Madisen	5/31/100
3. B. Delmerder	Brian	Schneider	madizing Land	< 53 ≥	Extown U Village GCity M	m aclisan	5/31/18
4. Thous Mrr .	Norly Ol	bricm	1/1-S us lies lies 1/10/01/01	Merdisen	C Town C Village SCity	Madison	5/31/18
5. Franker Jourson	Clannol	PULLUT	orrs shampad	RA L	ロ Town ロ Village 阿 City	Madidan	5/31/18
E. Yulh Bur	Zeech By	Jun	913 WWBAP	28CD7	D Town Dyllage BCity	madið m	5/31/18
7. (Mandrun	Mar 7352	Blue	grscontland	NSCIN	D Village M (Madifon	5/31/18
8. Kroly Smis	hady	Smins	Pas winicu	Frugu		Madisan	5/31/1
9. JACH WAY	Duge	null	10 N/WWY			medis on	5/31/10
Toder Schmadl	Coder	Schnodl	ION LINI	noton	D Town D Village D City	Madi30n	5/31/18
1, DHEX C. Recleman		CERTIFICATIO	CERTIFICATION OF CIRCULATOR.	CUDITY	2 Madl	11 53 70D: 1	J: D76
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 1 circulated this nomination paper and personally obtained each of the signatures o that each person signed the paper with full knowledge of its content on the darest	isconsin, or a U.S. citizen, tained each of the signat dee of its content on the	, age 18 or older who if 1 ures on this paper. I know date indivated opposite b	Accuests and management of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally on this staper. I know that the signer are electors of the jurisdiction or district the candidate seeks to represent. I know that the remained a know their network their restories are electors of the jurisdiction or district the candidate seeks to represent. I know the the remained a know their network their restories are electors of the jurisdiction or district the candidate seeks to represent. I know the the remained a know their network the remained at a know the remained at a know their restories are electors.	uld not be disqual the jurisdiction o	lified from voti or district the ca s given lipter	ng under Wis. Stat. andidate seeks to r	.§ 6.03. personally epresent. know
aware that falsifying this certification is punishable $\mathcal{OS/3}/1/9$	under Wis. Stat. § 12.13						
1		(Signe	(Signature of circulator)			ັກ ເ 	rage NO.

EL-168 | Rev. 2016-03 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

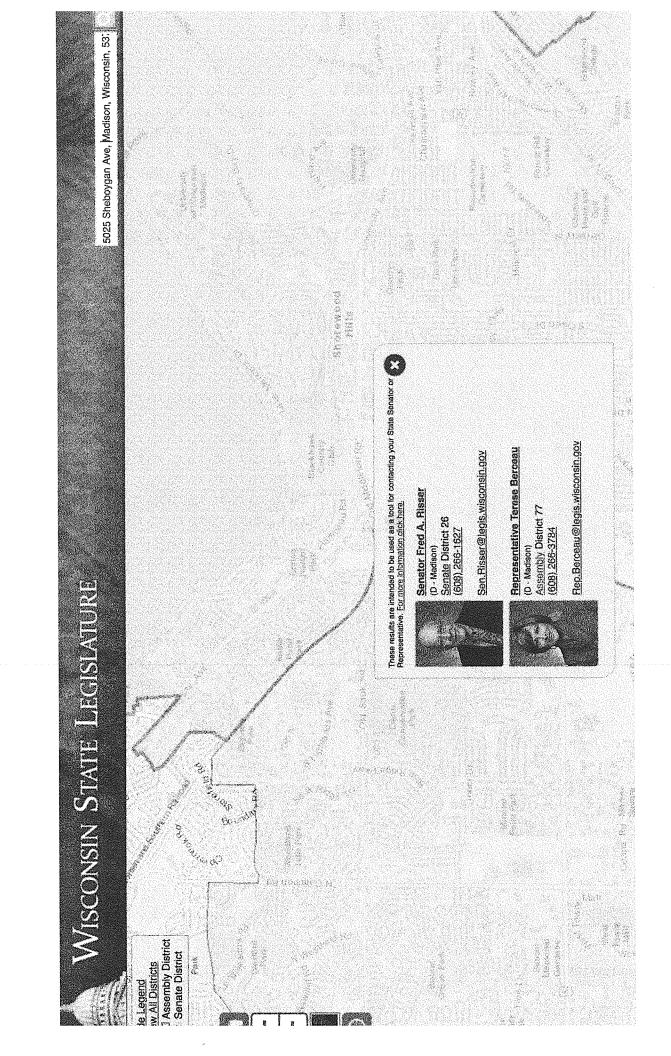
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CAIBIT A	NOMINATION PAPE	NOMINATION PAPER FOR PARTISAN OFFICE	1×	
Thomas C Leager	Street,	Candidate's residential address (required) <i>no P.o. box addresses</i> Street, fire, or <i>rural</i> route number; box number (if <i>rural route</i>); and name of street or <i>road</i> 413 W. Wilson St. Apt A	Candidate's municipality for voting purposes (required). D Town of D Village of Madison E City of	<u> </u>
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	urposes (required if State (required) Zip code 53703 WI	Type of election (required) General Election date general (required) Mo/Day/Year Conscial 11/06/2018	(name of municipality) tion date (Required) Name of Party or Statement of Principle <u>ho/Day/Year</u> (5 words or less) 2018 Libertarian Party	T
Title of office (required) State Assembly	bly Bistrict or Jurisdiction (required if applicable) Bistrict number 76 Burisdiction (county) Dave County	ed if applicable) Ame of jurisdiction of the second s	Name of jurisdiction or district in which candidate seeks office (required) City of Madison District 76	1
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 o 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.	se name and residential address are listed above srs will have the opportunity to vote for \Box him o ned the nomination paper of any other candidat	$t_{\rm c}$, be placed on the ballot at the election described r \Box her for the office listed above. I am eligible to e for the same office at this election.	l above as a candidate representing the party or vote in the jurisdiction or district in which the	
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.	when different than municipality of reside	nce, is not sufficient. The name of the muni	cipality of residence must always be listed.	<u> </u>
Signatures of triectors	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 Date of Signing Check the type and write the Mo/Day/Year name of your municipality for Mo/Day/Year	1
1. Jan fold Ill	Kantunne Colle	35 NUMILS &	Trunk pripases Driver Madison 3/-5-10	
2 CANN	JULLER'S SURFE	218 N &U ESS 224	Town Medid an 31-5-18	T
3. Your A	Taraturn	I I D N IZE HOVE ST	_ ~ %	1
4. Jupped Coll	Katte Henrick	433 W bilman St	arown Dillown active Madil M 31-5-18	T
5. Out Alinner	ONLE FORSBERCH	413 W MIRIN 24	Mudidon 31-5-1	T
6. PUIS Superlow	LUIS Trenche	219 Sect weller RA	Manlitan 31-5-	1
7. Clur	DShley Clement	431 V GOVINANS	Maditon 31-	1
xi			Delive Machiel 31-5-18	1
			D VILLE M CL dio MN 3 1-5-18	
			Drum Machine Machine 31-5-18.	~ >
1, ALEX C. LEGRTM, (Name of circulator)	CERTIFICATION Certify: I reside at_	CERTIFICATION OF CIRCULATOR strify: 1 reside at <u>-4//S ///CBA-1///S /////S //////////////////////////</u>	Mil 12 Mad W 55703 DY	7
I further certify I am either a qualified elector of Wist circulated this nomination paper and personally obta that each person signed the paper with full knowlede aware that falsifying this certification is punishable u	consin, or a U.S. citizen, age 18 or older who, if I ained each of the signatures on this paper. Jkno ge of its content on the date indicated opposite inder Wis. Stat. § 12.13(3)(a).	were a resident of this state, would not be disqua w that the signers are electors of the jurisdiction his or her name. Know their respective residence	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. J <i>know that the signers are electors of the jurisdiction or district the candidate seeks to represent.</i> I know that the signer are electors of the jurisdiction or district the candidate seeks to represent. I know that the signer are electors of the jurisdiction or district the candidate seeks to represent. I know that the signer that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).	
5/3//18 (Date)	(Sign	(Signature of Effectuator)	Page No. 22	

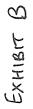
EL-168 | Rev. 2016-03 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

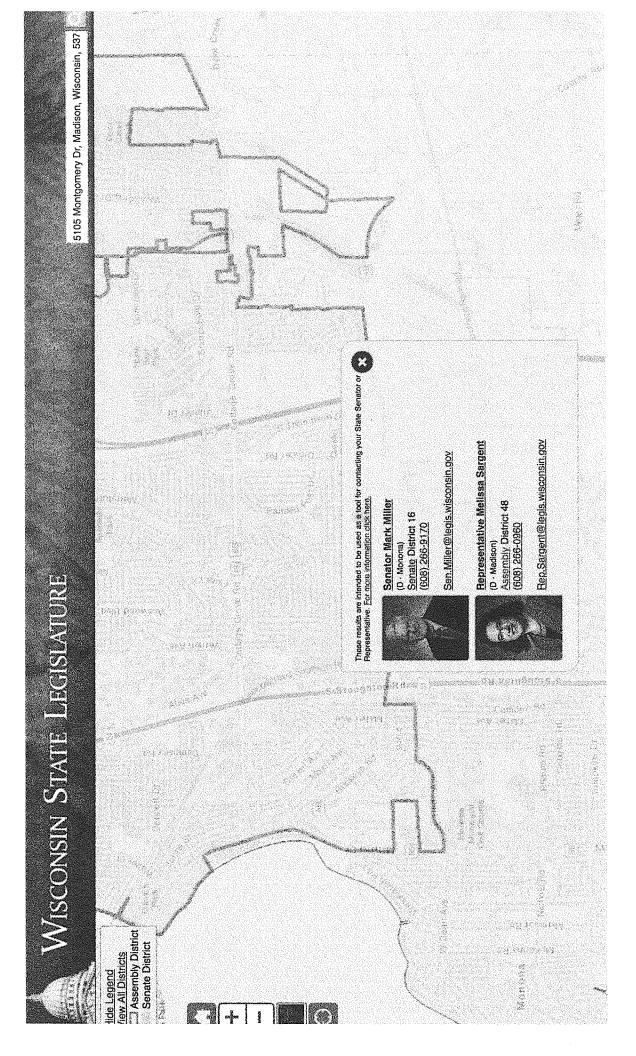


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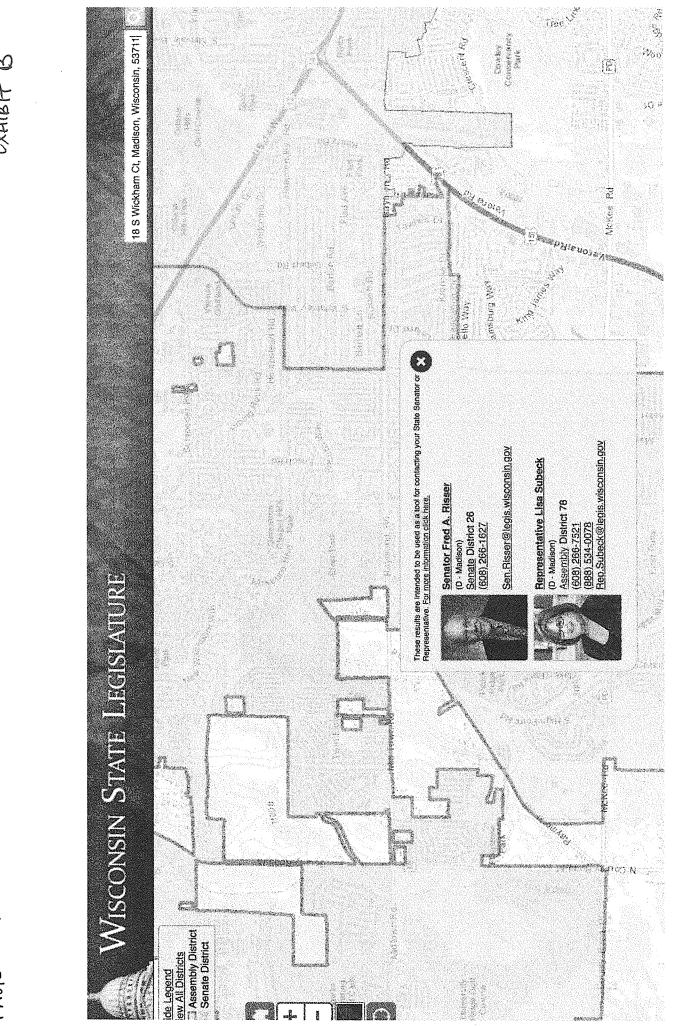


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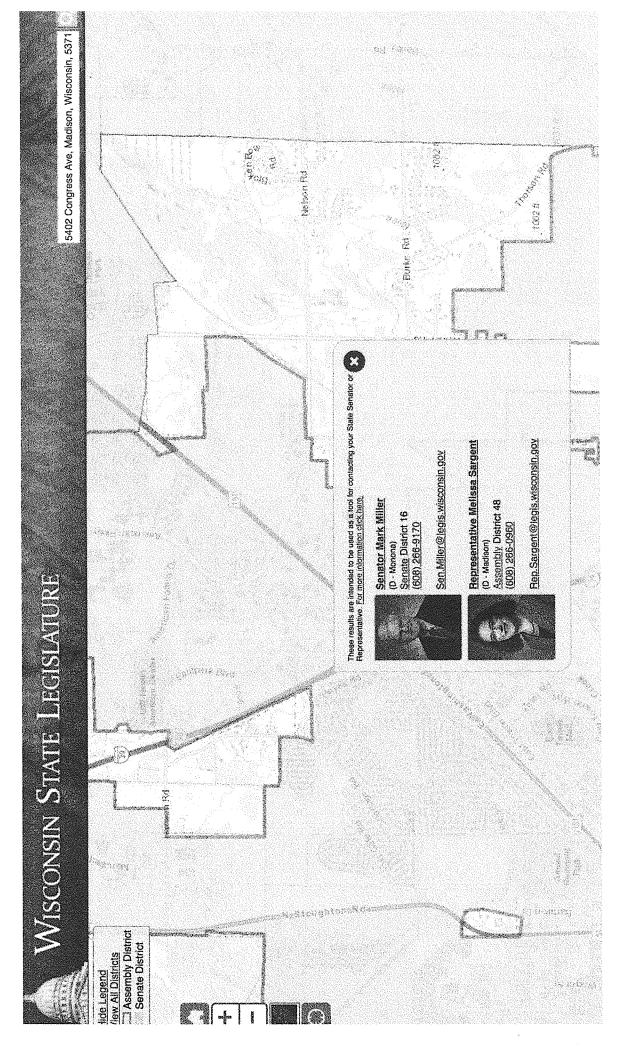


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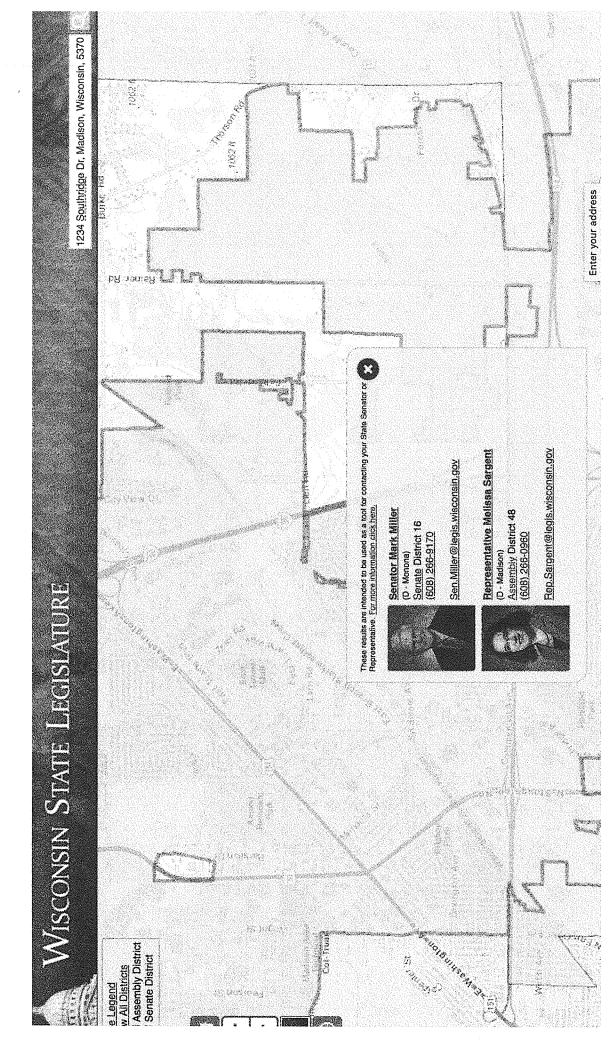


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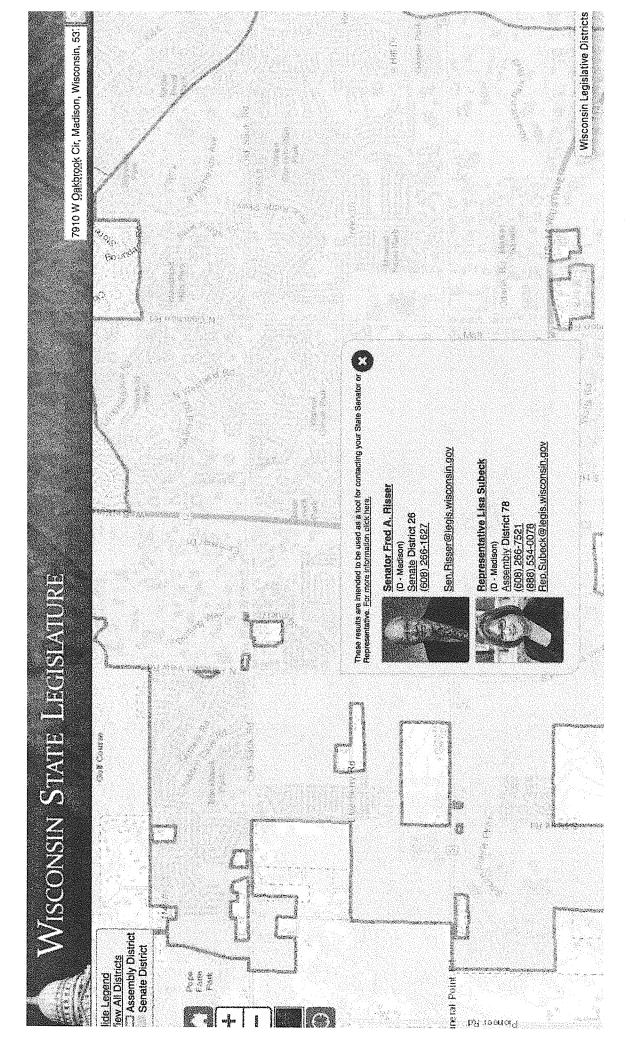




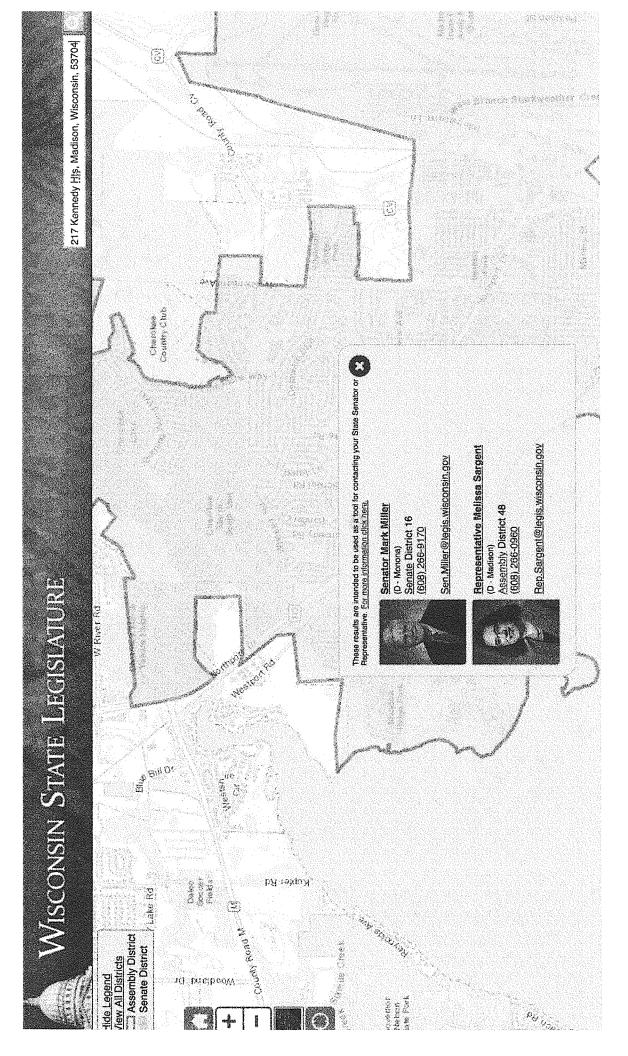
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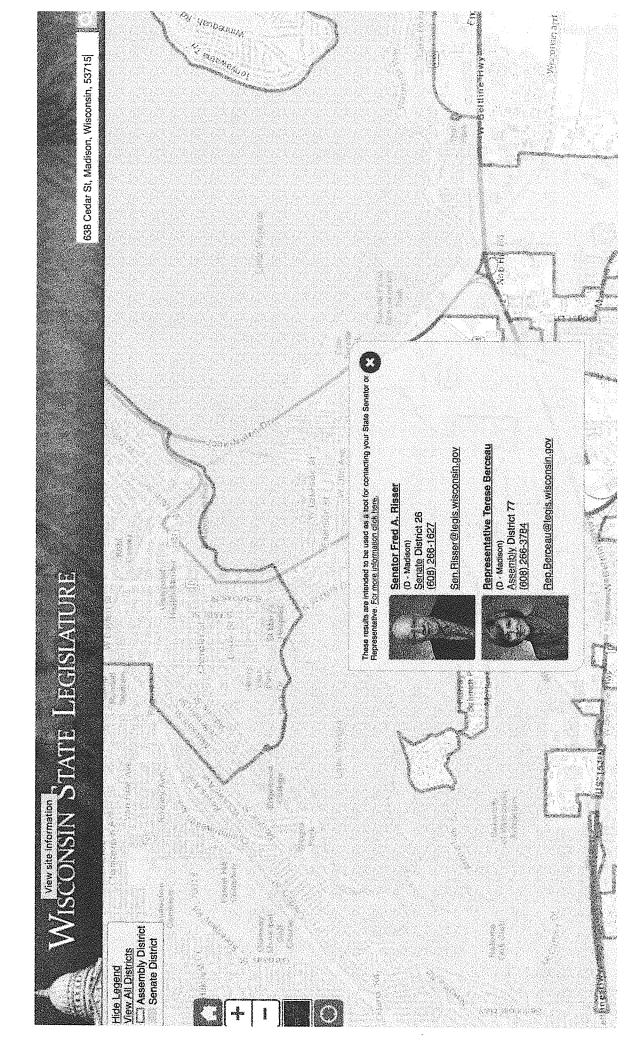


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WIN HE Garden 1117 Sequoia Trl, Madison, Wisconsin, 53713 A. 180.2 od his we acres . Colseum Ka N Allant Energy Center Constraints Plates These results are interded to be used as a tool for contacting your State Senator of Representative For more information citck here. 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -tion of the second s 18 Steel Rep.Berceau@legis.wisconsin.gov Reducence, www. <u>Representative Terese Berceau</u> alkess (s Sen. Risser@legis.wisconsin.gov Dare St Senator Fred A. Risser (D - Madison) Senate District 26 (608) 266-1627 a substantian and (D - Madison) <u>Assembly</u> District 77 (608) <u>266-3784</u> (Water Wisconsin State Legislature tige three is 「あるのないないないないないない」 あたいないないのである Carlos Carlos Nume Springs Golf Course METERN Carry on Contraction of the second 10 Water Br 4.15 19 19 The Action of th COMPOSION IN ALC: N. BUCKNESS View All Districts
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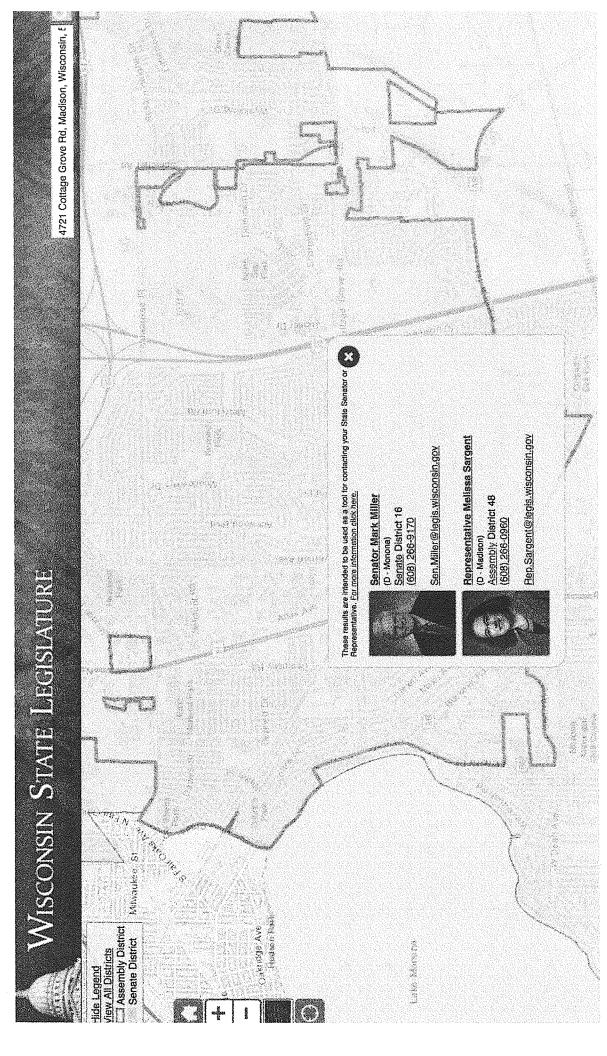
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EXHIBIT B

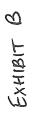


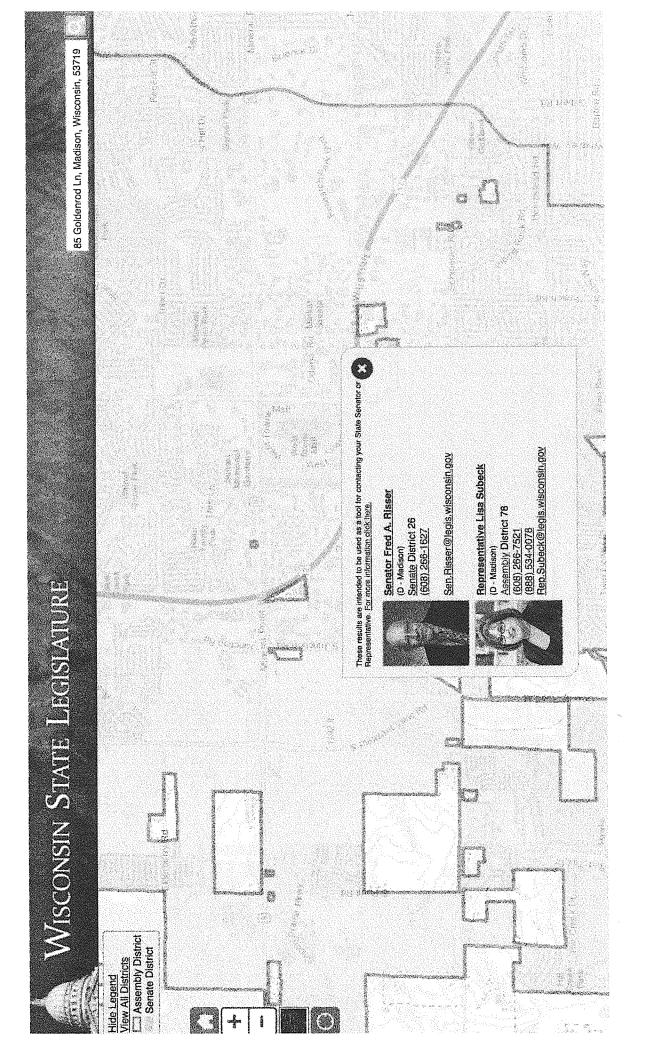
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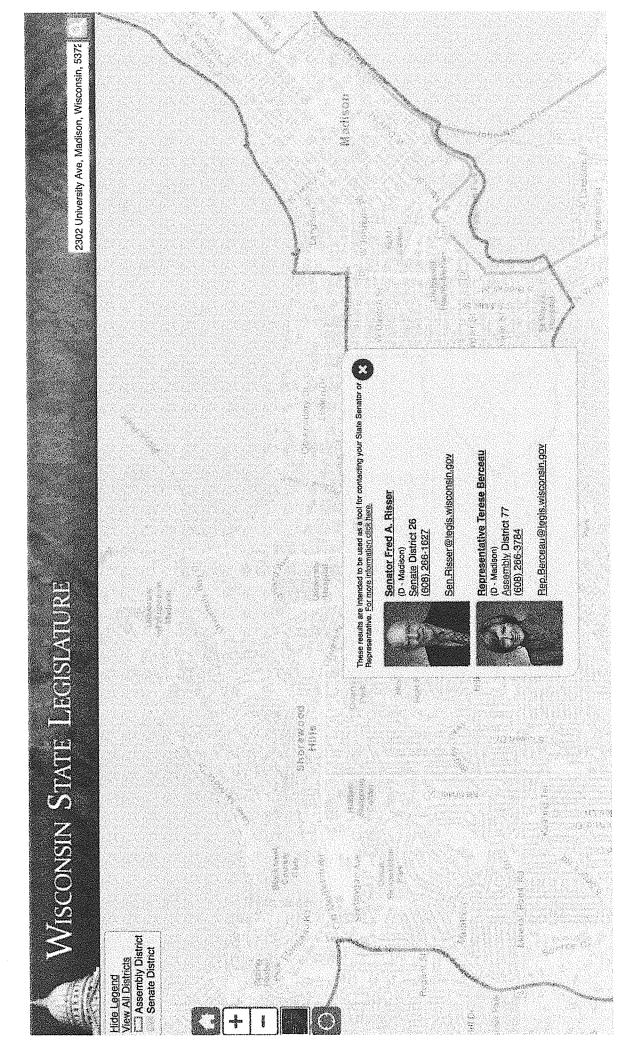
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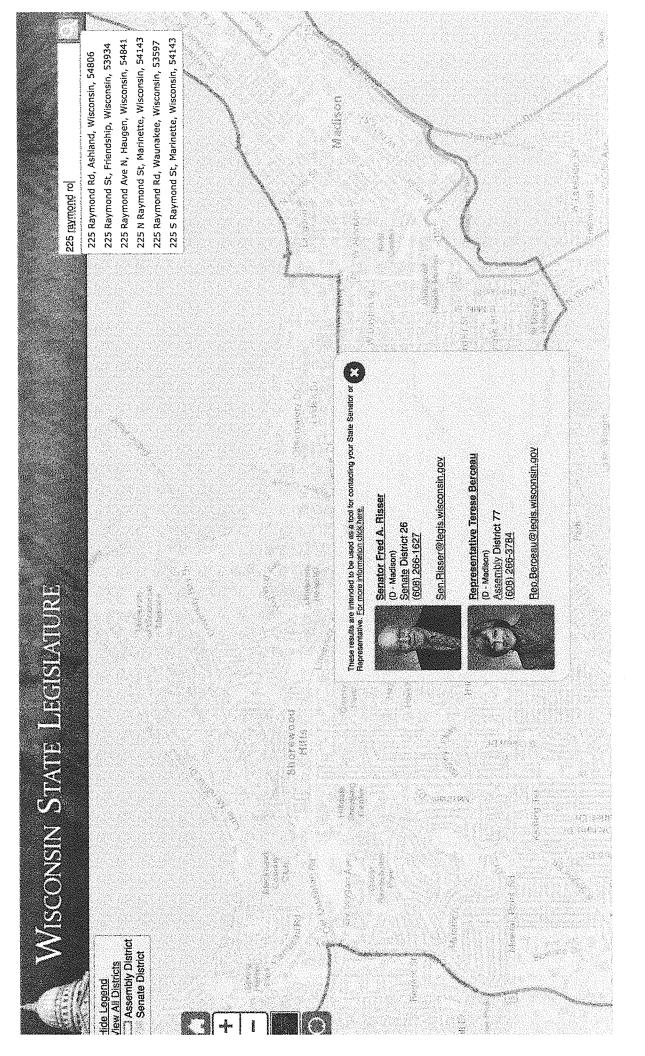
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EXHIBIT B



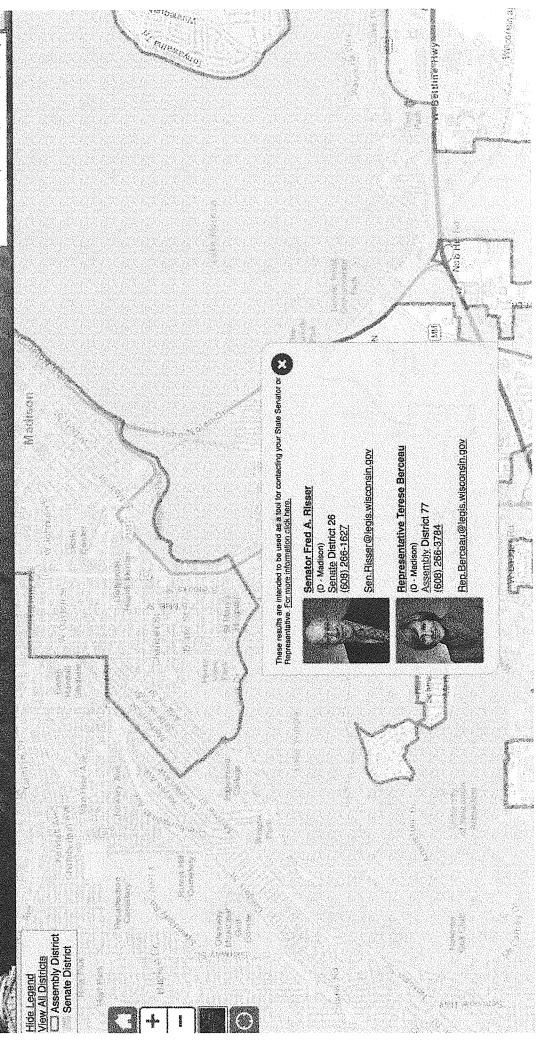
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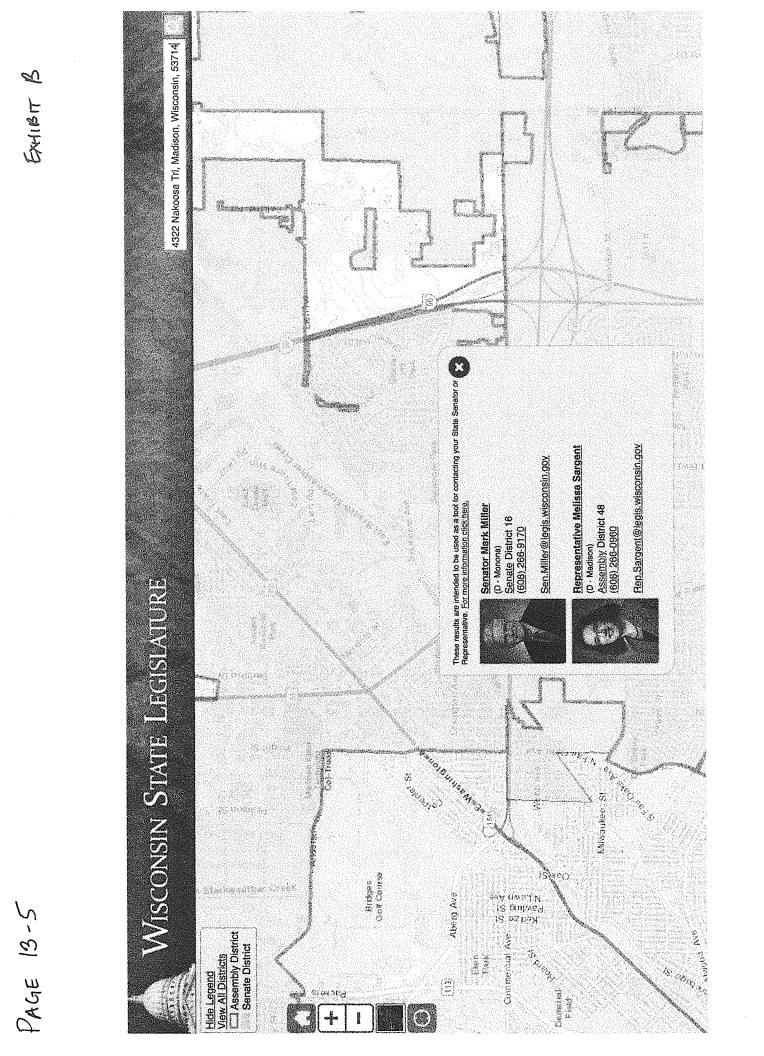




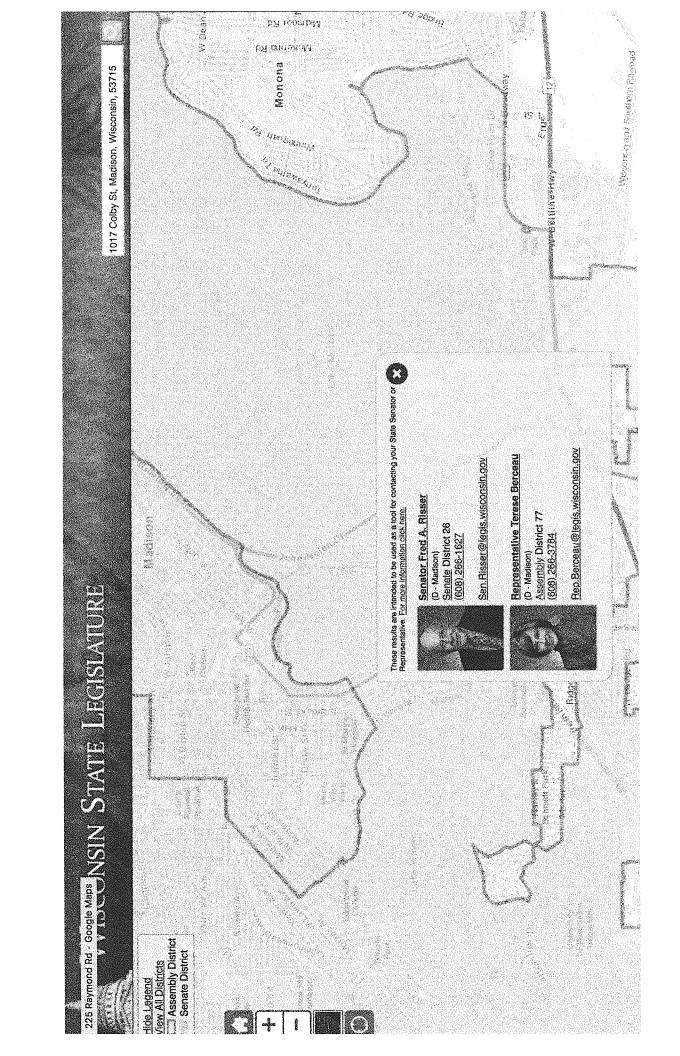
Wisconsin State Legislature

801 Emerson St, Madison, Wisconsin, 53715

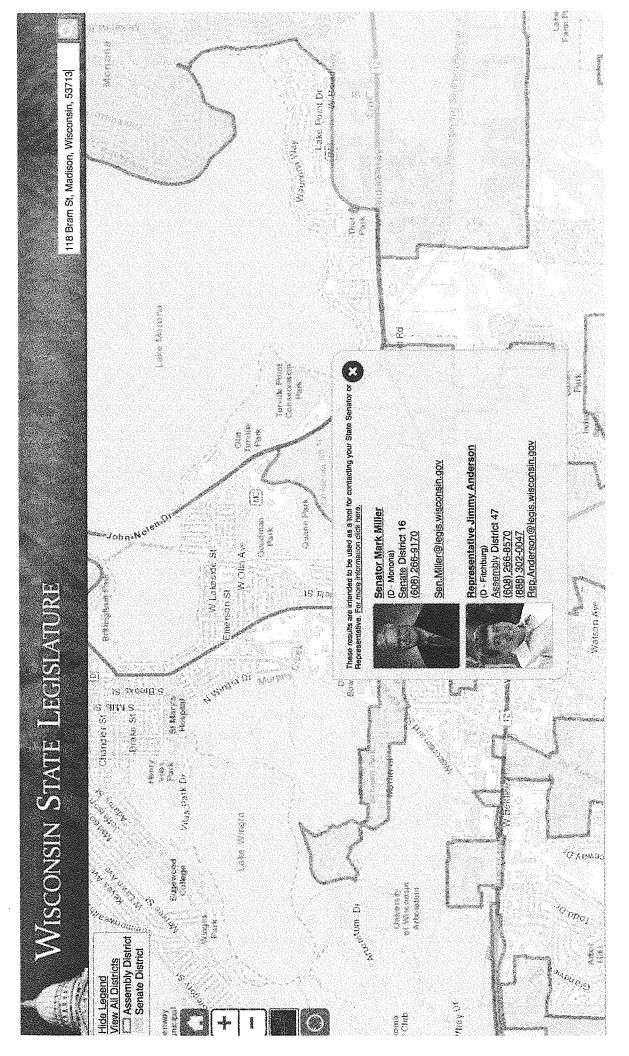


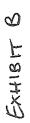


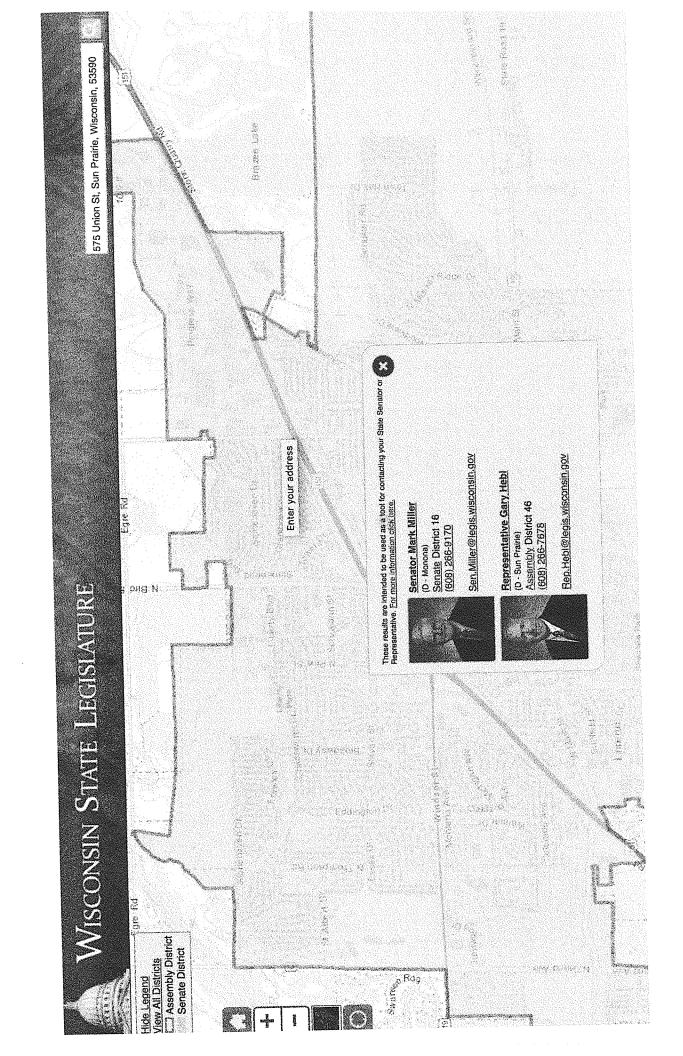
14 and 10 15 FE 1930 Pike Dr, Madison, Wisconsin, 53713 Barter Fach 121 $\mathbb{N}_{i} \otimes_{ci}$ 45 - 410 d A AVC The ALL OF ALL O DN Francisco Duade 5 Revinen Park These results are intended to be used as a tool for contacting your State Senator of Representative For more information oflok here. Columba Color 2 Rep. Anderson @legis. wisconsin.gov Representative Jimmy Anderson (D - Ftenburg) <u>Assembly</u> District 47 Sen. Miller@legis.wisconsin.gov いいたいで Senator Mark Miller (D - Monona) Senate District 16 (609) 266-9170 (608) 266-8570 (888) 302-0047 Wisconsin State Legislature Lickersty 01 Wesentite Artssentum Woodan Dr 14 10 1 W. ALANDO As Conny D' Nakona Gof Club Alter Science Stratile oy currer WABAN LIN (whi storymaß Cheisting Che ovia -devtavi a Pristancia C Britte Parts C Assembly District Senate District 200 k Hide Legend View All Districts 9 Rd CIEX RE 144 - V.1 DA XIOBR าออีก

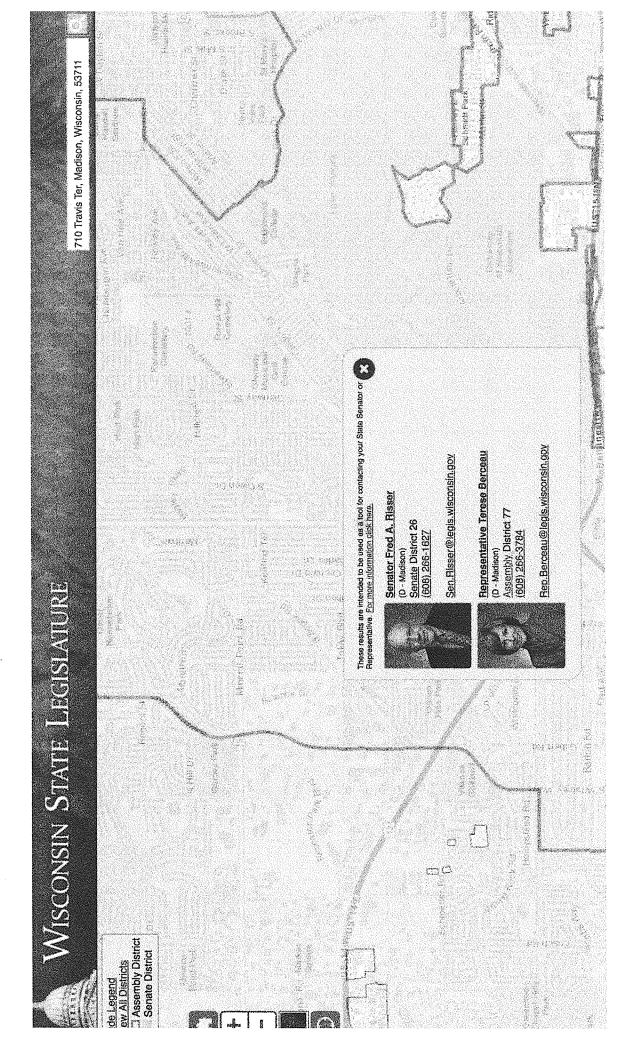


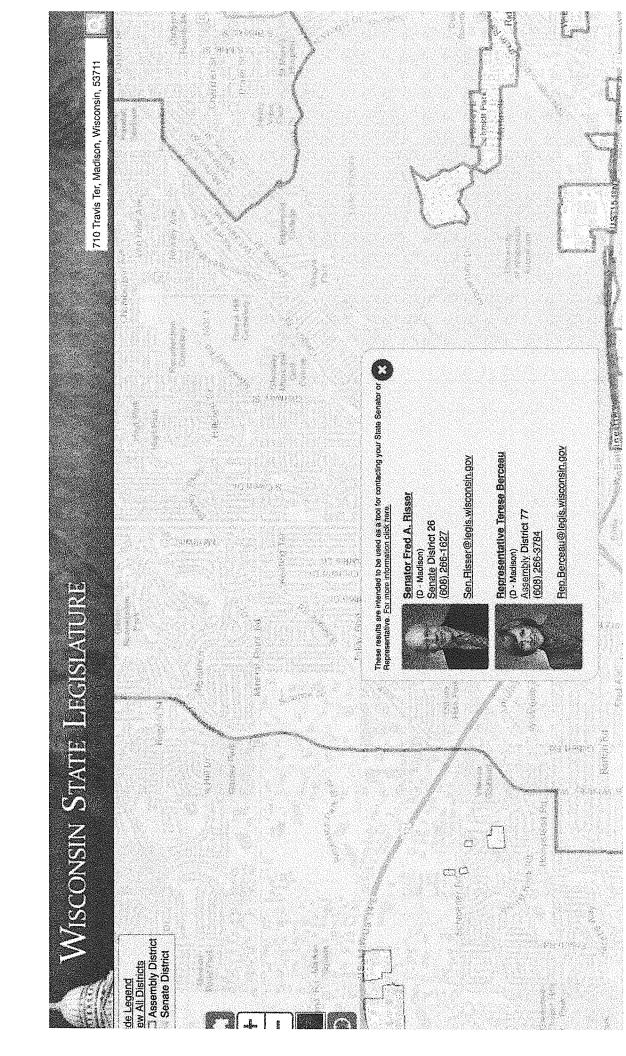
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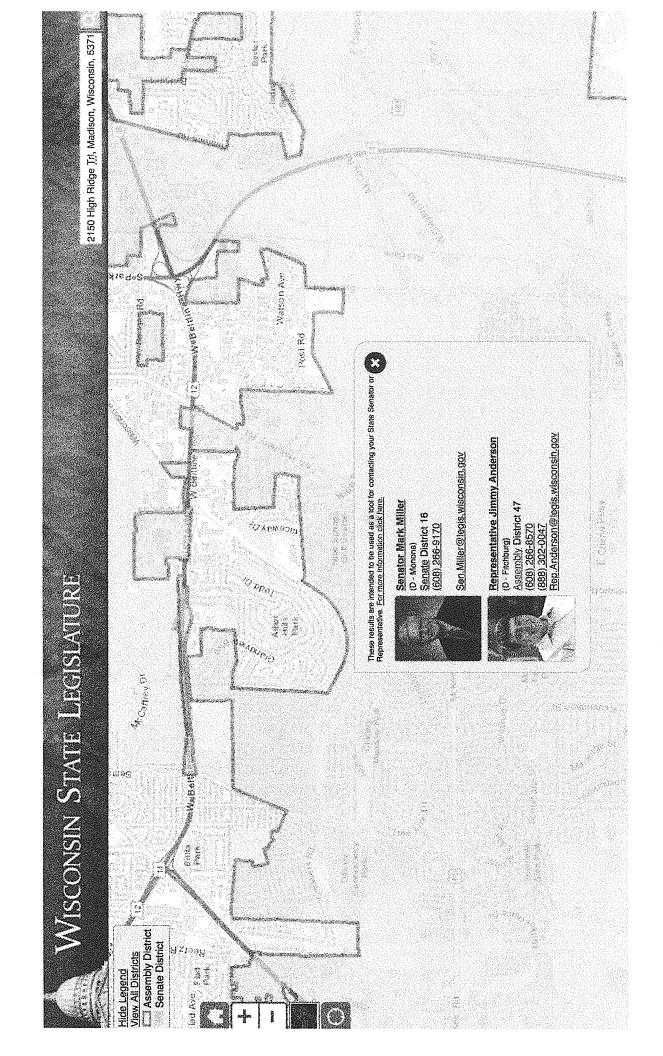








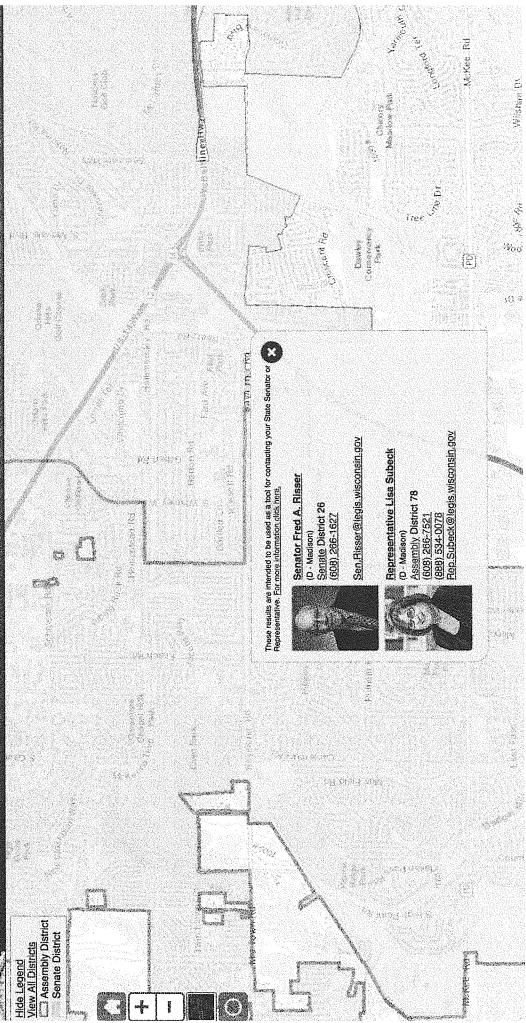




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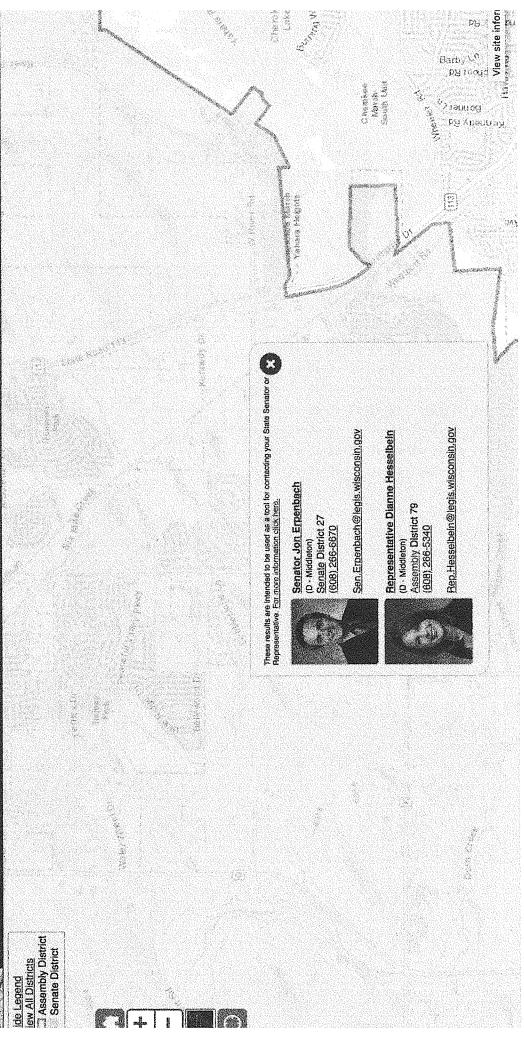


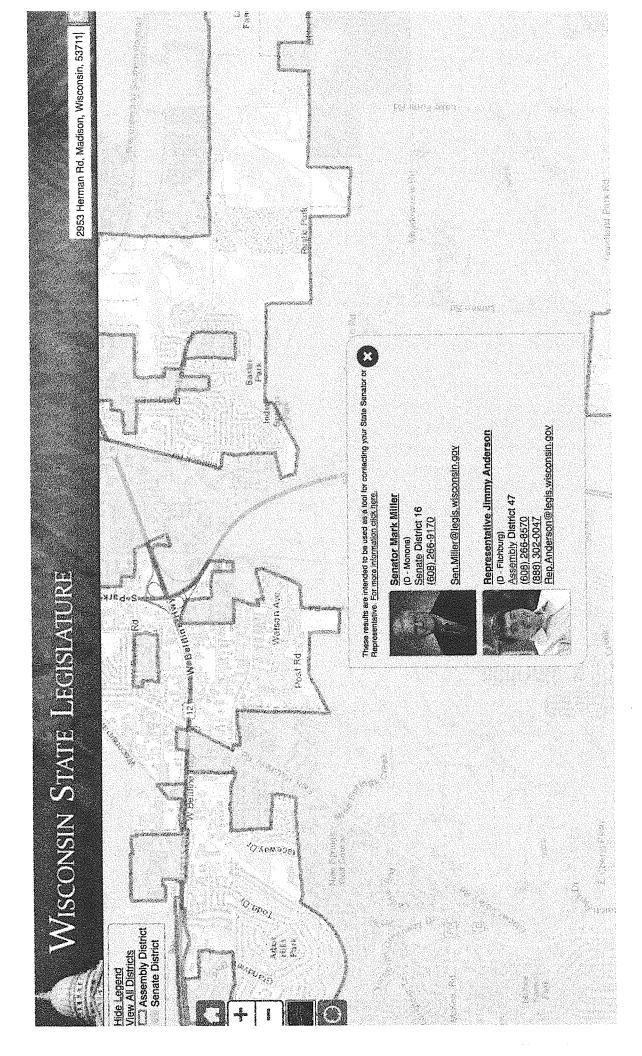


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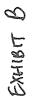
Wisconsin State Legislature

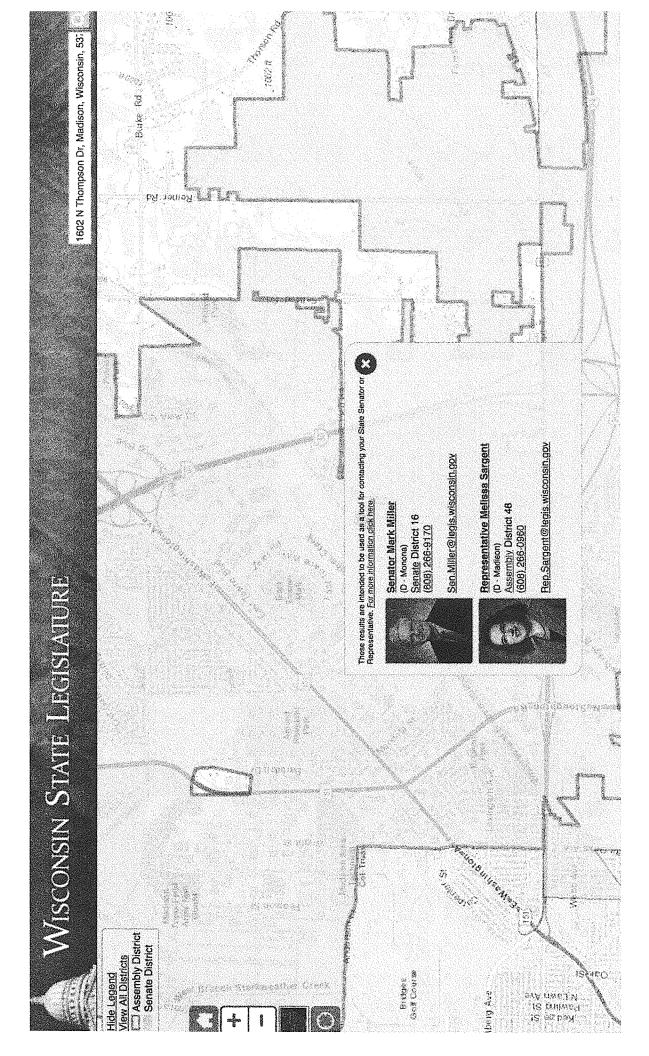






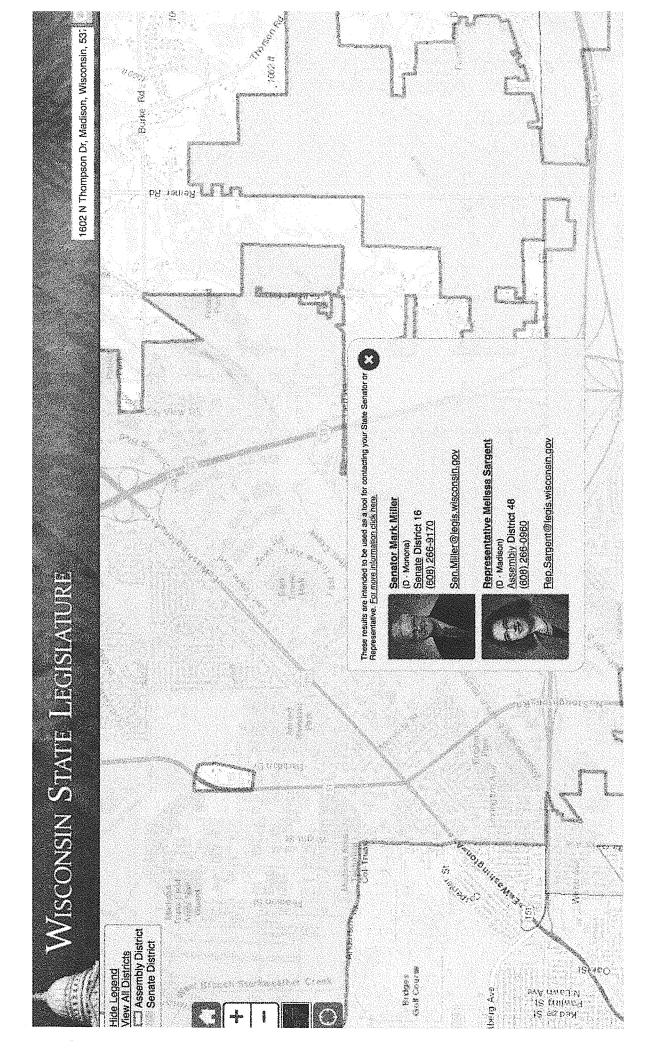
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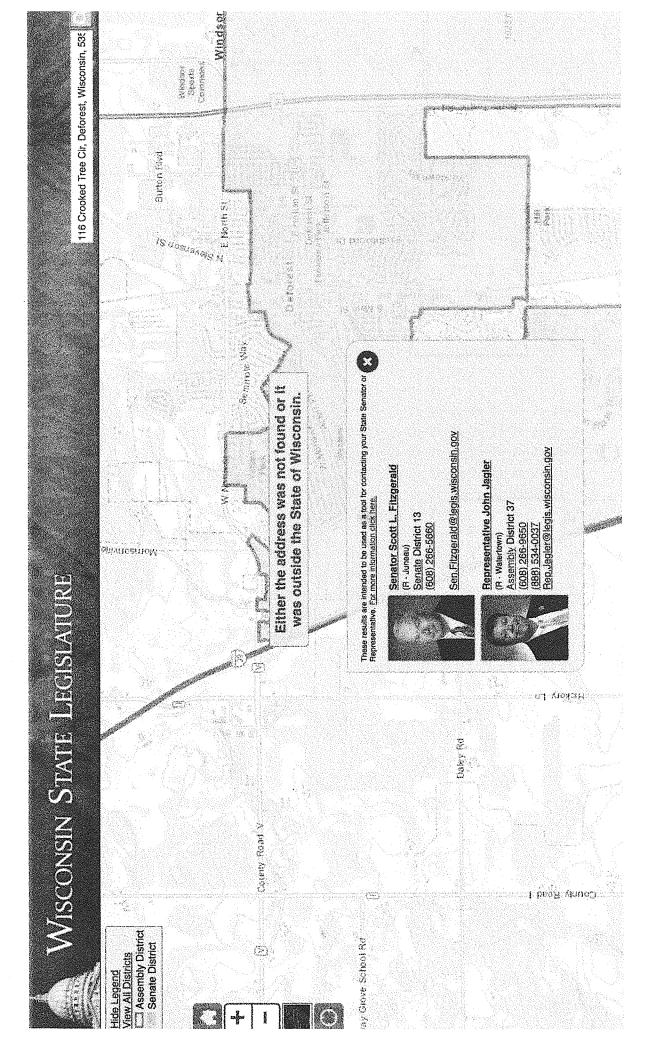


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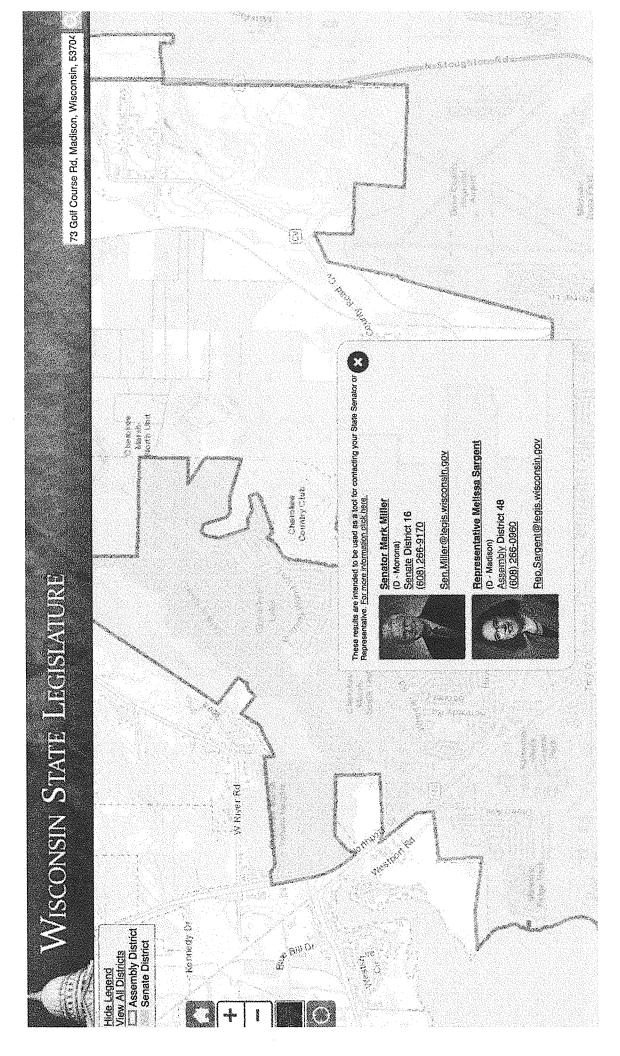
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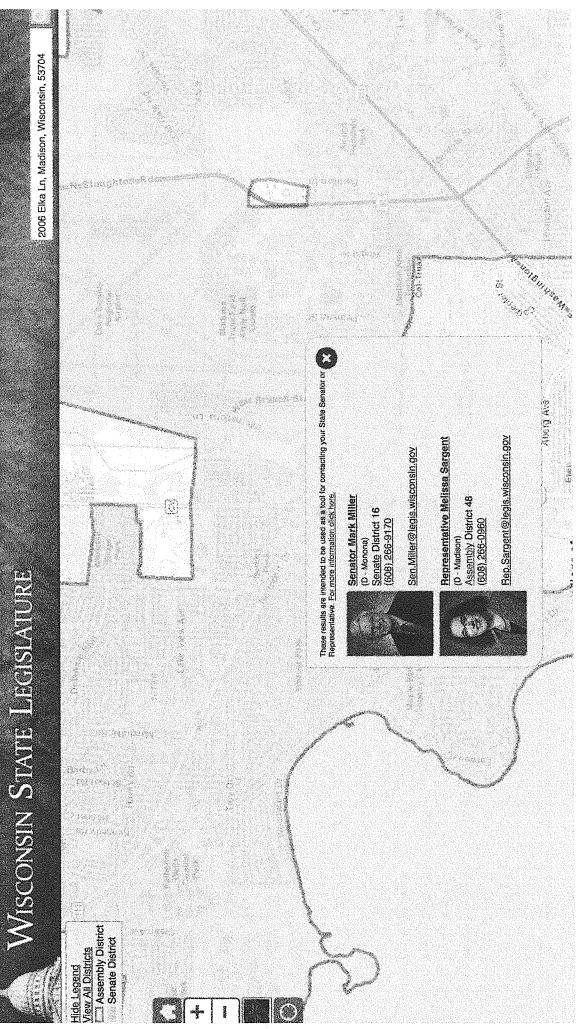
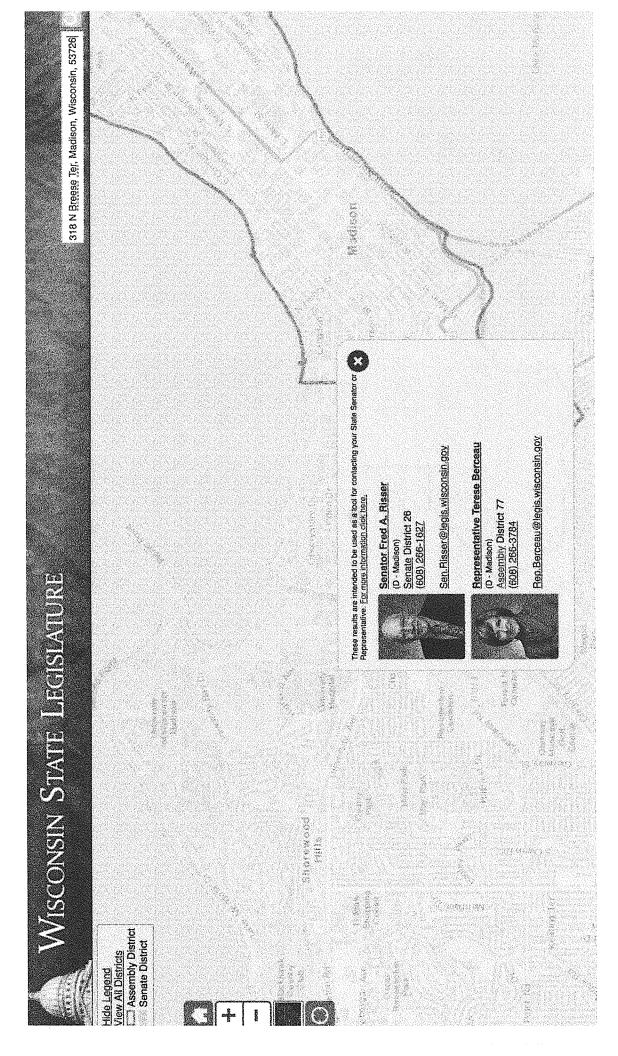
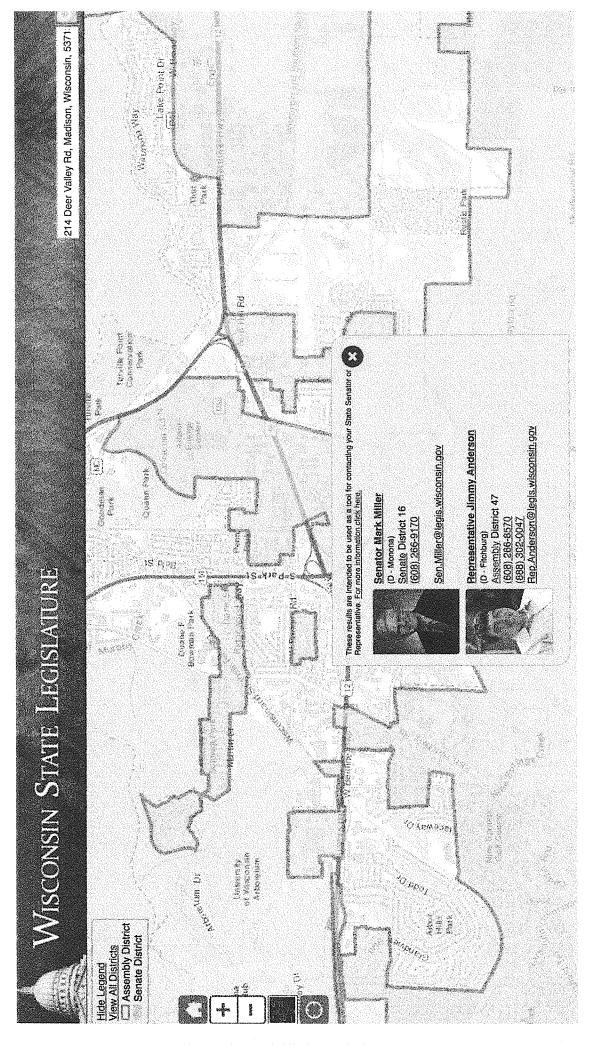


EXHIBIT B



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EXHIBIT B



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