

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.	5932 Margery dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Mt Pleasant</b>	7/12/10
2.	4616 PIERCE BL	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Racine</b>	7/12/10
3.	4901 N. Main	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Wind Point</b>	7/12/10
4.	4901 N. Main	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Wind Point</b>	7/12/10
5.	3518 VICTORY AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
6.	3027 Meyer Ct #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt Pleasant</b>	7/12/10
7.	3027 Meyer Ct. #4	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt. Pleasant</b>	7/12/10
8.	1423 HILKAY WAY RACINE WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
9.	3518 VICTORY AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
10.	2322 Roseland Racine WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10

### CERTIFICATION OF CIRCULATOR

I, John Heckenlively (Name of circulator), certify:  
I reside at 410 Seventh Street #2 Racine 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-2010

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

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Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>William J. Cobb</i>	<i>6807-108th ave, Kenosha, Wis. 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/10/2010</i>
2. <i>MS</i>	<i>6017 37th Ave upper Kenosha, WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-10-10</i>
3. <i>John M. Cobb</i>	<i>1806 34th Ave upper Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
4. <i>Judy Mobile</i>	<i>19564 103rd St Bristol WI 53104</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Bristol</i>	<i>7-11-10</i>
5. <i>Charlotte Amweller</i>	<i>10221-187 ave Bristol WI 53104</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Bristol</i>	<i>7/11/10</i>
6. <i>Jammy Howard</i>	<i>6509 16 av Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
7. <i>Patricia O'Dowd</i>	<i>PO Box 503 Silver Lake, WI 53150</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Lake</i>	<i>7/11/10</i>
8. <i>Bob M</i>	<i>11935 187th ave Bristol WI 53104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bristol</i>	<i>7-11-10</i>
9. <i>Karen Larson</i>	<i>24825-84th Street Salem, WI 53168</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>7-11-10</i>
10. <i>Tyler Bradshaw</i>	<i>7011 256th Ave Salem, WI 53168</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>7-11-10</i>

### CERTIFICATION OF CIRCULATOR

I, *William J. Cobb*, certify:  
(Name of circulator)  
 I reside at *6807-108th ave, Kenosha, Wis. 53142*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*July 11, 2010* *William J. Cobb*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10 4 9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Joyce Roeglin</i>	<i>1107th St. # 703 Racine, WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
2. <i>Colin McKenna</i>	<i>724 Crabtree Ln Racine WI 53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
3. <i>Alma Donald</i>	<i>2027 Marquette St Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
4. <i>Dannie Johnson</i>	<i>2027 Marquette St Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
5. <i>Margaret Pearson</i>	<i>4828 Imperial St Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
6. <i>Bonnie Shannon</i>	<i>1214 Indiana Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
7. <i>Christine Suterweit</i>	<i>5101 Worsley Lane Caledonia</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia</i>	<i>7-10-10</i>
8. <i>Ronnie Fairer SA</i>	<i>709 GRAND AVE RACINE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-10-10</i>
9. <i>Curtis Lewis</i>	<i>4500 Chicory Rd Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
10. <i>Sherry Lewinski</i>	<i>4511 Chicory Rd Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Mc Pleasant</i>	<i>7/10/10</i>

**CERTIFICATION OF CIRCULATOR**

\_\_\_\_\_ *Colin McKenna* \_\_\_\_\_, certify:  
(Name of Circulator)

side at \_\_\_\_\_ *724 Crabtree Lane Racine 53406* \_\_\_\_\_  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction in which 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 §12.13(3)(a), Wis. Stats.

*7-10-2010* \_\_\_\_\_ *Colin McKenna* \_\_\_\_\_  
(Date) (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

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Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
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1. <i>William Byron</i>	5303 S. Lak-Shore Dr Racine WI 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt. Pleasant</b>	7/12/10
2. <i>E. Larry Vance</i>	N5489 Co Rd. H Elkhorn WI 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Waltham</b>	7-12-10
3. <i>W. D.</i>	6235 Lincoln St Racine WI 53403	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt. Pleasant</b>	7-12-10
4. <i>Collin J. J.</i>	7103 38th Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-12-10
5. <i>Ronald J. Seiderich</i>	4718 60th St Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-12-10
6. <i>Art Wilson</i>	7525 2nd Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-12-10
7. <i>J. L. Perkins</i>	7428 37 Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
8. <i>Roger F. Clark</i>	722 East Street Silver Lake WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Silver Lake</b>	7/12/10
9. <i>Dale Deinger</i>	2828 DIANE AVE. RACINE, WI. 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/12/10
10. <i>W. H. J.</i>	6568 5th Ave. Apt. 1 Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10

CERTIFICATION OF CIRCULATOR

**Norman Siler**, certify:  
(Name of circulator)  
reside at **3712 11th Avenue, city of Kenosha WI 53140**  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

July 12, 2010

*Norman Siler*  
(Signature of circulator)

(Date)  
3AB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.  
This form is prescribed by: Government Accountability Board  
212 East Washington Avenue, 3rd Floor  
P.O. Box 7984  
Madison, WI 53707-7984 608 266-8005  
<http://gab.wi.gov> Email: [gab@wi.gov](mailto:gab@wi.gov)

# NOMINATION PAPER FOR PARTISAN OFFICE

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Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
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1. <i>Stephen Hovary Sr</i>	3719 -14 <sup>av</sup> Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10
2. <i>Janice Vella</i>	3613 14 <sup>Ave</sup> Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10
3. <i>John A. Siler</i>	1821 Deane Blvd. Racine WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/11/10
4. <i>Richard K Baltes</i>	1407-36 ST Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-11-10
5. <i>Nancy A. Siler</i>	3554 14 <sup>Ave</sup> Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10
6. <i>John A. Siler</i>	3515 14 <sup>AVE</sup> Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10
7. <i>John A. Siler</i>	4803 35 <sup>th</sup> ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10
8. <i>Joe Ferguson</i>	3608 14 <sup>th</sup> ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10
9. <i>Joe Siler</i>	3808-14 <sup>th</sup> ave Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-11-10
10. <i>Daniel R. Siler</i>	3820 14 <sup>th</sup> Ave 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/11/10

### CERTIFICATION OF CIRCULATOR

I, **Norman Siler**, certify:  
(Name of circulator)  
 I reside at **3712 11th Avenue, city of Kenosha WI 53140**  
(Circulator's residence - Include number, street, and municipality.)

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*Norman Siler*  
(Signature of circulator)

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1. <i>Carolyn Seipe</i>	<i>3906 14th Ave Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
2. <i>Mr R [Signature]</i>	<i>3912 14th Ave Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
3. <i>Mike Helms</i>	<i>3920 14th Ave Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
4. <i>John Bernhardt</i>	<i>1506 46 St Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/19/10</i>
5. <i>Tony [Signature]</i>	<i>4020 14th Ave W Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
6. <i>J.P. [Signature]</i>	<i>4072-14th Ave Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
7. <i>Esther Webb</i>	<i>4036 14th Ave Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
8. <i>[Signature]</i>	<i>4031 14th Ave #1 Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>KENOSHA</i>	<i>7/11/10</i>
9. <i>[Signature]</i>	<i>4021 14th Ave Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
10. <i>Miriam [Signature]</i>	<i>4005 14th Ave Kenosha WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>

CERTIFICATION OF CIRCULATOR:

I, **Norman Siler**

(Name of circulator)

, certify:

I reside at **3712 11th Avenue, city of Kenosha WI 53140**

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

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*July 11, 2010*

*Norman Siler*

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>			Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>	
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____			Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Mary Robert</i>	1408 52 ST KENOSHA WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. <i>Steve Horak</i>	4036 Washington Rd Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>Theresa B. Paul</i>	4047 32nd AVE Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>John R. [Signature]</i>	6711 24th AVE KENOSHA WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10
5. <i>Ed M. [Signature]</i>	3913 Steindan Rd. Kenosha WI - 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
6. <i>May Comstock</i>	8450 82nd St Apt 111 Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7-12-10
7. <i>Angela [Signature]</i>	5011-19th AVE Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>[Signature]</i>	5041 19th Ave. Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>Casey Lusk</i>	6353-30 Ave Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. <i>Shirley [Signature]</i>	6120 73rd ST APT 106 Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

I, Norman Siler CERTIFICATION OF CIRCULATOR, certify:  
(Name of circulator)  
 I reside at 3712 11th Ave, city of Kenosha WI 53140  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under § 2.13(3)(a), Wis. Stats.  
July 12, 2010 Norman Siler  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Walter Woch</i>	<i>5701 37th Ave Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
2. <i>Wayne Barribeau</i>	<i>6224 32nd Aven Kenosha WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
3. <i>Vivian Barribeau</i>	<i>6224-32nd Ave Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
4. <i>Steve Valt</i>	<i>1313 73 St Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
5. <i>Linda Stephens</i>	<i>1321-33rd Ct Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
6. <i>Bonnie Bardonier</i>	<i>5819 55th St Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
7. <i>Jenelle Isaacson</i>	<i>3114 29th St Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
8. <i>Tim Grenave</i>	<i>712-38th Ave Kenosha WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>
9. <i>Shelley R. Prudhom</i>	<i>815 EIGHTH #113 Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
10. <i>Marion Richardson</i>	<i>5533 37th Ave Kenosha WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12/10</i>

### CERTIFICATION OF CIRCULATOR

I, **Norman Siler**, certify:  
(Name of circulator)  
 I reside at **3712 11th Avenue, city of Kenosha WI 53140**  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under 812.13(3)(a), Wis. Stats.

**July 12, 2010**

*Norman Siler*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

40

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1.	6235 7 <sup>th</sup> AVE Kenosha 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	7/13/10
2.	1823-45 FLST Kenosha 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10
3.	4017 39th Av. Kenosha 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	13/11/10
4. Jack Balma	7954-47th St Kenosha 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/18/10
5.	19609 3 <sup>rd</sup> ave Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Pleasant Prairie</b>	7/17/10
6.	6623-30 <sup>th</sup> Av Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10 53142
7.	1352 25 <sup>th</sup> Ave Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/13/10
8.	3303-ROOSEVELT RD KENOSHA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	7-13-10
9.	7202 98th Ave unit B Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10
10.	7917 Pershing BLVD KENOSHA WIS. 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	7/13/10

### CERTIFICATION OF CIRCULATOR

I, Norman Siler, certify:  
(Name of circulator)  
 I reside at 3712 11th Avenue, city of Kenosha WI 53140  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

July 13, 2010

(Signature of circulator)

(Date)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Suzanne Hawes</i>	12 Applewood Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Wind Point Racine	7-11-10
2. <i>Peter Eckblad</i>	429 McVinn Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
3. <i>Doraine Dana</i>	601 Taylor Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
4. <i>Stephanie Kober</i>	3427 10th Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
5. <i>Christin Dailey</i>	255n. Memorial dr 208 Racine WI 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
6. <i>Vinessa Kazinski</i>	1639 Douglas Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
7. <i>Marguerite T. Hiley</i>	301 Olive St. Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
8. <i>Marsha K Fealey</i>	1815-1/2 LaSalle St Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
9. <i>Anna Feiler</i>	309 Clifton Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
10. <i>Judith Gonzalez</i>	2436 Shoop Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10

### CERTIFICATION OF CIRCULATOR

I, John Heckenlively, (Name of circulator) certify:

I reside at 410 Seventh St #2, Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-11-2010

*John Heckenlively*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Jay Kel</i>	<i>2927 Newwood Dr Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
2. <i>Wool Norby</i>	<i>1116 Roman Ave Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
3. <i>Don O'Leary</i>	<i>8534 S.W. RD FRANKSVILLE, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>CALEDONIA</i>	<i>7-12-10</i>
4. <i>Mary L. Farquhar</i>	<i>4655 White Oak Racine, WI 53403</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>7.12.10</i>
5. <i>Mary Pease</i>	<i>2829 Kentucky St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Racine city</i>	<i>7/12/10</i>
6. <i>Kathleen M. Alho</i>	<i>3302 Spruce St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
7. <i>Heidi Farnis</i>	<i>3137 Fenceline Road</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia 53400 Racine</i>	<i>7/12/10</i>
8. <i>Oliverman</i>	<i>3117 Kenney Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine 53403</i>	<i>7/12/10</i>
9. <i>Jean Smelko</i>	<i>3303 Republic</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
10. <i>Nancy Rae Neill</i>	<i>2200 MONROE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>

### CERTIFICATION OF CIRCULATOR

*John Heckenlively*

(Name of circulator)

certify:

Reside at *410 Seventh Street #2, Racine WI 53403*

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

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.

*7/12/2010*

(Date)

*John Heckenlively*

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Sharon King</i>	2605 Gillen St. Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-12-10
2. <i>RAY SAWYER</i>	1901 COLTON ST Racine WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
3. <i>MARY ELLEN PARRISH</i>	150 PRAIRIE WY RACINE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/12/2010
4. <i>Christopher Medutiff</i>	<del>47</del> 3507 Victory Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
5. <i>Balene McCade</i>	2201 ARMAND AVE WY RACINE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Racine</b>	7/12/10
6. <i>Link Hulsman</i>	5507 S. 15 <sup>TH</sup> ST Apt 221	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
7. <i>Dee Koltman</i>	4045 Lakeview Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt Pleasant Racine</b>	9/12/10
8. <i>Carol J Smith</i>	2705 Taylor Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
9. <i>W.H. Orr</i>	4431 Highway Houder Racine	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt Pleasant</b>	7/12/10
10. <i>Linda Frick</i>	719 Cozzett Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10

### CERTIFICATION OF CIRCULATOR

I, John Heckenlively, certify:  
(Name of circulator)  
 I reside at 410 SEVENTH ST #2, Racine WI 53403  
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/2010  
(Date)

*John Heckenlively*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>May Palm</i>	<i>3601 West St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
2. <i>Linda Boyle</i>	<i>1649 Summit</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
3. <i>Mark Stegny</i>	<i>5305 PIPER LN</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>MT. PLEASANT</i> <input type="checkbox"/> City	<i>7-10-10</i>
4. <i>J Allen</i>	<i>1231 West Lawn</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
5. <i>Antin Dylak</i>	<i>2301 Gilson St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
6. <i>Mike MASTAUSKAS</i>	<i>3211 Ourand Ave</i> <i>r</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-10-10</i>
7. <i>Pat N...</i>	<i>2623 Taylor Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
8. <i>Robert Brenneman</i>	<i>904 ORCHARD ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-10-10</i>
9. <i>Jean Rohan</i>	<i>1612 S. Main St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
10. <i>Nicholas C. Jungo</i>	<i>1413 Grand Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>

**JOHN HECKENLIVELY** CERTIFICATION OF CIRCULATOR \_\_\_\_\_, certify:  
(Name of circulator)  
 reside at 410 SEVENTH ST #2, Racine, WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.

7/11/2010 (Date) *John Heckenlively*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Judy Wee</i>	<i>1246 Oregon St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>2/11/10</i>
2. <i>Frances Bedford</i>	<i>1744 Circlewood Dr.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia</i>	<i>7/11/10</i>
3. <i>Richard Culland</i>	<i>1744 Circlewood Dr</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia</i>	<i>7/11/10</i>
4. <i>Sammy Mott</i>	<i>6416 103rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>KENOSHA</i>	<i>7/11/10</i>
5. <i>Barbara Burghardt</i>	<i>3207 St. Clair St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
6. <i>Don Burghardt</i>	<i>3207 St Clair St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-10</i>
7. <i>Judy Smith</i>	<i>2116 Russet St. Racine WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
8. <i>Gene J. Smith</i>	<i>2116 Russet St Racine, WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/2010</i>
9. <i>Robert Hall</i>	<i>5308 88th St Pleasant Prairie</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7/11/2010</i>
10. <i>Nancy McHall</i>	<i>5308 88th street Pleasant Prairie</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7/11/10</i>

I, John Heckenlively (Name of circulator), certify:  
I reside at 410 Seventh Street #2 Racine WI 53403  
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/2010 (Date) John Heckenlively (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.	2029 Duane Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/11/10
2.	838 Hayes Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
3.	920 Prairie Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
4.	1107 H ST APT 813	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-11-10
5.	1630 1/2 Hamilton	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/11/10
6.	1307 Howe st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
7.	801 WINDOVS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-11-10
8.	525 Madison	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Burlington</b>	7/11/10
9.	820 Augusta St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/11/10
10.	409 6St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/11/10

### CERTIFICATION OF CIRCULATOR

I, John Heckenlively, certify:

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

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7-11-2010  
(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	6419 5th Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
2. <i>[Signature]</i>	2200 Washington Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
3. <i>[Signature]</i>	1829 Center St Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
4. <i>[Signature]</i>	3504 17th St Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
5. <i>[Signature]</i>	7801 88th Ave #304 Pleasant Prairie WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7/21/10
6. <i>[Signature]</i>	1890 Park Ave Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
7. <i>[Signature]</i>	1840 Park Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
8. <i>[Signature]</i>	4622 Oakdale Rd. Racine 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
9. <i>[Signature]</i>	2827-21st St. Racine WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
10. <i>[Signature]</i>	2300 Ashland Ave Racine WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10

**CERTIFICATION OF CIRCULATOR**  
 John Heckenlively, certify:  
(Name of circulator)  
 side at 410 Seventh St #2 Racine, WI 53403  
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7-11-2010 *[Signature]*  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>			Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>	
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)			Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Janet Olson</i>	5426-353 Ave Burlington WI	<input checked="" type="checkbox"/> Town <b>Wentland</b> <input type="checkbox"/> Village <input type="checkbox"/> City <b>Wentland</b>	7-12-10
2. <i>Barbara Alley</i>	8534 5 mile Rd Franksville Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Franksville</b>	7-12-10
3. <i>Ed Pease</i>	2829 KENTUCKY ST RACINE, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/12/10
4. <i>James Peterson</i>	1746 Deane Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-12-10
5. <i>Mary Meier</i>	4824 24th	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-12-10
6. <i>Jamie Lentz</i>	1203 107th Ave Union Grove	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Union Grove</b>	7/12/10
7. <i>Ernestina Bentura</i>	1729 GREEN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine WI 53402</b>	7-12-10
8. <i>Michelle Dan</i>	2400 - Washington Ave Racine Wis 5314	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine 53405</b>	7/12/10
9. <i>Ronda Bae</i>	3269 Pierce Blvd Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine 53406</b>	7/12/10
10. <i>Susan Vogt</i>	2410 Coolidge Ave Racine 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10

I, John Heckenlively (Name of circulator), certify:  
I reside at 410 Seventh Street #2, Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

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*John Heckenlively*  
(Signature of circulator)

10

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. Robert Shew	5947 - 740th Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10
2. Jodi Osgood	1933 Grange Ave. Lower Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-13-10
3. LINDA SPIEGL	10001 - 272nd Ave TREVOR, WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>SALEM</b>	7-13-10
4. WILLIAM ZACHAR	26514 - 104th St TREVOR, WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>SALEM</b>	7-13-10
5. Terese Sarker	4819 - 84th St Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	07-13-10
6. Michael R. ...	4819 - 84th St KENOSH A 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	07-13-10
7. Steve Ernst	1000 Florence Ave RACINE WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-13-10
8. Lester Pitt	7418 - 40th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10
9. ...	1233 Saginaw Pl. KENOSH A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10
10. Roger Barnes	3909 TAST Rd. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-13-10

### CERTIFICATION OF CIRCULATOR

I, Stephen Butts, certify:  
(Name of circulator)  
 I reside at 6003 17th Ave Kenosha 53143  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.10(3)(a), Wis. Stats.

7-13-2010  
(Date)

*[Signature]*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Michael M. Wood</i>	<i>N1204 Spring Creek Genoa City 53128</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bloomfield</i>	<i>7/12/10</i>
2. <i>Deanna J. Janko</i>	<i>N1804 Spring Creek Genoa City 53128</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bloomfield</i>	<i>7/12/10</i>
3. <i>Kristyn Skupper</i>	<i>6336 First Ave Lake Geneva WI 53147</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lyons</i>	<i>7/13/10</i>
4. <i>Corrie Schynner</i>	<i>441 Sue Ann Lake Geneva WI 53147</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lake Geneva</i>	<i>7-13-10</i>
5. <i>Beth Pratt</i>	<i>N2316 Windwood Ln Lake Geneva WI 53147</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Linn</i>	<i>7-13-10</i>
6. <i>Melissa Kamm</i>	<i>4208 Orange St Delaware WI 53115</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Delaware</i>	<i>7/13/10</i>
7. <i>Suzanne K. Gramm</i>	<i>317 Lookout Drive Lake Geneva, WI 53147</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lake Geneva</i>	<i>7/13/10</i>
8. <i>Kyle Dehn</i>	<i>820 Badger Lane Lake Geneva 53147</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lake Geneva</i>	<i>7/13/10</i>
9. <i>Patsy Weber</i>	<i>486 Fellows Rd. Genoa City, WI 53128</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Genoa City</i>	<i>7/13/10</i>
10. <i>Timothy J. Sueno</i>	<i>W208 South Rd Genoa City WI 53128</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Genoa City</i>	<i>7/13/10</i>

### CERTIFICATION OF CIRCULATOR

I, *Doug A. Harned*, certify:

I reside at *W1815 City Hwy B Genoa City WI 53128*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*7/13/10*  
(Date)

*Doug A. Harned*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. EMMA HOLBUS	1614 TAYLOR AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE WI	7-12-10
2. MARGARET MILLER	3740 DAISY LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7-12-10
3. <i>[Signature]</i>	5000 Graceand Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7-12-10
4. <i>[Signature]</i>	1243 Illinois	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
5. Frances Scott	3900 N Main St Apt 131 Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	2/12/10
6. Patricia Nielsen	RACINE 4104 Knoll Pl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/13/10
7. James Niipon	4104 KNOLL PL. RACINE WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/13/10
8. <i>[Signature]</i>	3101 Wheelock 53205	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/13/10
9. Kelly Coca	1918 Monroe Ave 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/13/10
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Christa A. Barrett **CERTIFICATION OF CIRCULATOR**, certify:  
 reside at 4016 Knoll Pl Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
July 13, 2010 Christa A. Barrett  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.	10409 LSD Prairie, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7/10/10
2.	1001 - Sherman Rd Kenosha, WI 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/10/10
3.	1121 Perry Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
4.	1121 PERRY AVE RACINE, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
5.	4817 5th Ave #1 Kenosha, WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha WI	7/11/10
6.	4817 5th Ave #1 Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha, WI	7-11-10
	5947 7th Ave Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha WI	7-11-10
8.	1001 44th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha WI	7-11-10
9.	7213-31st AVE. KENOSHIA, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHIA	7-11-10
10.	4102 29 AVE Kenosha WI 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-10

**CERTIFICATION OF CIRCULATOR**

\_\_\_\_\_ , certify:  
(Name of circulator)  
 Reside at 6003 7th Ave Kenosha, WI 53143  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 § 2.13(3)(a), Wis. Stats.

11 July, 2010   
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

7

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Ann Jolicœur</i>	<i>10968 - 82nd Street Pleasant Prairie, WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>PLEASANT PRAIRIE</b>	<i>7/10/10</i>
2. <i>James Jolicœur</i>	<i>10968 - 82nd St Pleasant Prairie, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>PLEASANT PRAIRIE</b>	<i>7/10/10</i>
3. <i>Luella Proud</i>	<i>10926 82nd St Pl. Prairie WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>PLEASANT PRAIRIE</b>	<i>7-10-10</i>
4. <i>James R Proud</i>	<i>10916 82nd St Pl. Prairie WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>PLEASANT PRAIRIE</b>	<i>7/10/10</i>
5. <i>Christa Schroeder</i>	<i>5428 43rd Ave Kenosha, WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	<i>7-11-10</i>
6. <i>Kari Schneider</i>	<i>5428 43rd Ave KENOSHA WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	<i>7-11-10</i>
7. <i>Cheryl Shrieber</i>	<i>7906 - 49th Ave Kenosha, WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	<i>7-11-10</i>
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, *ANN JOLICOEUR* (Name of circulator), certify:  
I reside at *10968 - 82nd St. Pleasant Prairie, WI 53158* *Pleasant Prairie/Village*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*July 11, 2010*  
(Date)

*Ann Jolicœur*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

6

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Martha Kremmer</i>	<i>2901 Lincolnwood Dr. Racine, WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
2. <i>Rinda Burch</i>	<i>7118 13th Ave. Kenosha, WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
3. <i>Warber Creagetta</i>	<i>6702-3rd Avenue Kenosha, WI 53143</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-12-10</i>
4. <i>Raymond J. Adler</i>	<i>232 Grandview Ln Twin Lakes, WI 53181</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Twin Lakes</i>	<i>7-12-10</i>
5. <i>Sandra Helms</i>	<i>6030-128th Kenosha, WI 53144</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aokley</i>	<i>7-12-10</i>
6. <i>Tula Rae Friedman</i>	<i>10526 Second Ave Pleasant Prairie, WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7-12-10</i>
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

MARGARET J ANDRIETSCH, certify:  
(Name of circulator)  
Reside at 7100 MARINER DR #102 RACINE WI 53406  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.  
7/12/10  
*Margaret J Andrietsch*  
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
	6039 5th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
2.	6037-5th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
3.	5947 7 AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
4.	5947 7 AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
5.	6003 7th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
6.	6003 7th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-11-2010
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, Marian Rothstein, certify:  
(Name of circulator)  
I reside at 6003 7th Ave Kenosha, WI 53143  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/10  
(Date)

(Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

5

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Lameron Hayward</i>	<i>3510 Indiana St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt Pleasant</i>	<i>7/12/10</i>
2. <i>Beverly Hebel</i>	<i>5635 Erie St.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia</i>	<i>7/13/10</i>
3. <i>Bob Heinsley</i>	<i>2616 Virginia St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7/13/10</i>
4. <i>Rosalyn Lutz</i>	<i>3019 St. Andrews Ct. #202</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7/13/10</i>
5. <i>Carol Zubevich</i>	<i>3538 Coronado Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/13/10</i>
6. <i>Lori Taylor</i>	<i>4229 Chebanik Dr.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	<i>7/14/10</i>
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	

I, LAD E WITT **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
I reside at 11-11<sup>th</sup> St, 4cs - Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/13/2010 (Date) Jane L Witt (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

5

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	<i>5400 Lincoln Ave Racine WI 53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>7/1/10</i>
2. <i>[Signature]</i>	<i>5401 Whittaker Ln Racine WI 53402</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>7/1/10</i>
3. <i>[Signature]</i>	<i>1003 Palamino Dr Racine, WI 53402</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>7/11/10</i>
4. <i>[Signature]</i>	<i>Racine WI 53402 1015 Palamino</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>7-1-10</i>
5. <i>[Signature]</i>	<i>5500 Citrus Racine WI 53402</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>7-11-10</i>
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, *[Signature]*, certify:

(Name of circulator)

I reside at *5401 Whittaker Ln Racine WI 53402*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

5

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	3606 Sher Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7-11-10
2. <i>[Signature]</i>	3711 Sheridan Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7-11-10
3. <i>[Signature]</i>	3711 Sheridan Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/11/10
4. <i>[Signature]</i>	1620 Eros	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/11/10
5. <i>[Signature]</i>	1527 BRYN MAWR AV.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. PLEASANT	7-16-10
6. <i>[Signature]</i>	1527 Bryn Mawr Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	7-11-10
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, MARK M GIESE (Name of circulator) MT. PLEASANT, certify:  
I reside at 1520 BRYN MAWR AVE RACINE WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/10  
(Date)

*[Signature]*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

5

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Chris Messer</i>	<i>6244 250th Ave Salem WI 53168</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>7-11-10</i>
2. <i>Ann Swanson</i>	<i>4020 236th Ave Salem, WI 53168</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Salem</i>	<i>7-11-10</i>
3. <i>Christina Wilson</i>	<i>6931 225th Ave Paddock Lake WI 53168</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Paddock Lake</i>	<i>7-11-10</i>
4. <i>Julie H. Cobb</i>	<i>6807-108th Avenue KENOSHA, WISCONSIN 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
5. <i>Meredith Probst</i>	<i>5409 - 53rd Court Kenosha, WI 53144</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
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, *William f. Cobb*, (Name of circulator) \_\_\_\_\_, certify:

I reside at *6807-108th Ave, Kenosha, Wisc, 53142*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*July 11, 2010*

*William f. Cobb*

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

5

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Jacquelyn Neme</i>	<i>579 W 17433 Scenic Dr. Muskego WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Muskego</i>	<i>7/11/2010</i>
2. <i>Ramona Kitzinger</i>	<i>876 W 19701 Prospect Dr Muskego WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Muskego</i>	<i>7/11/10</i>
3. <i>Veronica J DeBuck</i>	<i>576 W 19577 PROSPECT DR MUSKEGO, WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MUSILEGO, WI</i>	<i>7/12/10</i>
4. <i>Robert Schmitt</i>	<i>576 W 19577 Prospect Dr Muskego, WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Muskego</i>	<i>7/12/10</i>
5. <i>Chip DeBuck</i>	<i>576 W 19577 Prospect Dr Muskego WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MUSKEGO</i>	<i>7/12/10</i>
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, *Ramona Kitzinger*, certify:  
(Name of circulator)  
I reside at *576 W 19701 Prospect Dr Muskego, WI 53150*  
(Circulator's residence - include number, street, and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*July 12, 2010*  
(Date)

*Ramona Kitzinger*  
(Signature of circulator)

4

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Maurice Drusel</i>	<i>26721 Julia St Wind Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Norway</i>	<i>7/11/10</i>
2. <i>David J. Drusel</i>	<i>26721 Julia St Wind Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Norway</i>	<i>7/11/10</i>
3. <i>John McFurder</i>	<i>315 N 5TH WATERFORD</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Waterford</i>	<i>7/11/10</i>
<i>Stephen M. Zurkovich</i>	<i>101 N. Front St Burlington, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Rockester</i>	<i>7/11/10</i>
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	

I, *Daniel J Drusel* **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
 I reside at *26721 Julia St Wind Lake WI, TOWN of Norway*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*7-11-2010*

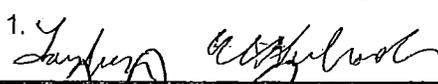
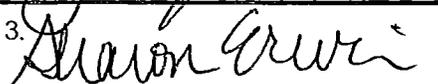
*Daniel J Drusel*  
(Signature of circulator)

3

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

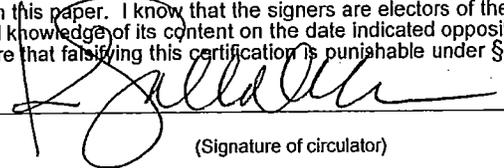
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. 	1528 Monroe Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
2. 	2710 LaSalle St Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/2010
3. 	2710 LaSalle St. Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**CERTIFICATION OF CIRCULATOR**

I, Kelly K. Gallaher, certify:  
(Name of circulator)  
 I reside at 4622 Knollwood Dr. Mt. Pleasant, WI 53405  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10  
(Date)

  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

3

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Patricia A. Swandrowski</i>	<i>5110 W 26202 Prairie Ave. Mukwonago WI 53149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>VERNON</b>	<i>7-13-10</i>
2. <i>F. Swandrowski</i>	<i>5110 W 26202 PRAIRIE AVE MUKWONAGO WI 53149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>VERNON</b>	<i>7-13-10</i>
3. <i>Sharon L. Nolta</i>	<i>581 W 19386 HIGHLAND PARK MUSKEGO, WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MUSKEGO</b>	<i>7/13/10</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**CERTIFICATION OF CIRCULATOR**

CHRISTINE PARENT \_\_\_\_\_, certify:

(Name of circulator)

reside at 1251 CROWN CT. MUKWONAGO, WI

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

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.

7/13/10

(Date)

*Christine Parent*

(Signature of circulator)

AB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:

Government Accountability Board  
212 East Washington Avenue, 3<sup>rd</sup> Floor  
P.O. Box 7984  
Madison, WI 53707-7984 608 266-8005  
<http://gab.wi.gov> Email: [gab@wi.gov](mailto:gab@wi.gov)

3

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>			District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Richard Heise</i>	<i>579 W 17433 Scenic Dr. Muskego, WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Muskego</i>	<i>7-12-10</i>
2. <i>James Barden</i>	<i>W162 S 7928 Bay Lane Pl Muskego, WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Muskego</i>	<i>7-12-10</i>
3. <i>James Barden</i>	<i>W173 S 7935 Scenic Dr Muskego WI 53150</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Muskego</i>	<i>7-13-10</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓

### CERTIFICATION OF CIRCULATOR

I, JACQUELYN HEISE, certify:  
(Name of circulator)  
 I reside at JACQUELYN 579 W 17433 SCENIC DR MUSKEGO WI 53150  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-13-2010  
(Date)  
*Jacquelyn Heise*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

3

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1.	<b>1012 BLAINE AVE RACINE WI 53405</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	<b>7/12/10</b>
2.	<b>426 MAIN ST. RACINE</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	<b>7/13/10</b>
3.	<b>611 E. 5TH ST #1</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Kenosha</b>	<b>7/13/10</b>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/

I, John Heckenlively **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
 I reside at 410 Seventh Street #2, Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Signature of circulator)

7-13-2010  
(Date)

### NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>James L. Smith</i>	111-11 <sup>th</sup> St. 4CS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
2. <i>Jeff Van Koyen</i>	3227 Regency Pl	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓

I, MARGARET ANDRIUSCH (Name of circulator), certify:  
I reside at 7100 MARNEZ DR #102 RACINE WISCONSIN (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
Date: 7/12/10  
Signature: *Margaret Andriusch* (Signature of circulator)

3

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Christine Parent</i>	1251 CROWN CT. MUKWONAGO, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7/12
2. <i>Jessica Parent</i>	1251 CROWN CT MUKWONAGO, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7/12
3. <i>Bob P. Packard</i>	1202 River Park (C/L) MUKWONAGO, WI 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7/13
4. <i>Trent Mitchell</i>	1202 River Park (C/L) MUKWONAGO, WI 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7/13
5. <i>Bob Sockrippe</i> <i>Robert A. Fichide</i>	114 Eagle Lake MUKWONAGO WI 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7/13
6. <i>Claudia Caves</i> <i>Claudia Caves</i>	119 Eagle Lake MUKWONAGO WI 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7/12
7. <del><i>[Signature]</i></del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
8. <i>Charles D. Duhon</i>	1126 RAINBOW CT MUKWONAGO WI 53149	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MUKWONAGO <input type="checkbox"/> City	7-13-10
9. <i>Kay Hoyer</i>	5110 W 26210 CRAIG AVE MUKWONAGO WI, 53149	<input checked="" type="checkbox"/> Town VERNON <input type="checkbox"/> Village <input type="checkbox"/> City	7-13-10
10. <i>Russell Hoyer</i>	5110 W 26210 CRAIG AVE MUKWONAGO WI, 53149	<input checked="" type="checkbox"/> Town VERNON <input type="checkbox"/> Village <input type="checkbox"/> City	7-13-10

CERTIFICATION OF CIRCULATOR

CHRISTINE PARENT, certify:  
(Name of circulator)  
reside at 1251 CROWN CT. MUKWONAGO, WI  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7/13/10  
*Christine Parent*

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

2

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Josephine</i>	4125 Nantuxet Pl Racine WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Wt Pleasant</b>	7/12/10
2. <i>Harry Martini</i>	2508 20th St RACINE, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/12/10
3. <i>Jerome H. Gresh</i>	346 So. 60th St. Caledonia WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RAYMOND</b>	7/13
4. <i>Carol Drees</i>	346 So. 60th St. Caledonia, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RAYMOND</b>	7/13
5. <i>Susan Lemke</i>	14326 50th Sturtevant, WI 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Yorkville</b>	7-13
6. <i>Ray Jack</i>	17437 58TH RD. UNION GROVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Yorkville</b>	7-13
7. <i>Carl Mill</i>	3993 LAKEVIEW Racine WI 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Wt Pleasant</b>	7-13
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	

I, John Heckenlively **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
I reside at 410 Seventh Street #2, Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/13/2010  
(Date)

*John Heckenlively*  
(Signature of circulator)

AB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats. This form is prescribed by:  
Government Accountability Board  
212 East Washington Avenue, 3rd Floor  
P.O. Box 7984  
Madison, WI 53707-7984 608 266-8005  
<http://gab.wi.gov> Email: [gab@wi.gov](mailto:gab@wi.gov)

## NOMINATION PAPER FOR PARTISAN OFFICE

2

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Bingel Helgerson</i>	<i>6328 - 7th Ave Kenosha, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	<i>7/12/10</i>
2. <i>Phillip Haney</i>	<i>6328 7 Ave Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	<i>7/12/10</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Phillip Haney* (Name of circulator), certify:  
 I reside at *6328 7 Ave Kenosha WI 53143*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*7/12/10*  
(Date)

*Phillip Haney*  
(Signature of circulator)

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

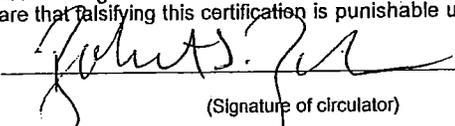
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. 	62015 <sup>th</sup> Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/

I, Rob Zerban (Name of circulator) certify:  
I reside at 5406 2nd Ave 3B Kenosha WI 53140  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-10  
(Date)

  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

1

Candidate's name; no titles may be used.		Street, fire, or rural route number, box number (if rural route); and name of street or road		Name of municipality for voting purposes	
<b>John Heckenlively</b>		<b>410 Seventh Street #2</b>		<b>Racine</b>	
Name of municipality for mailing purposes	State	zip code	Type of election	Election date	Name of Party or Statement of Principle (5 words or less)
<b>Racine</b>	<b>WI</b>	<b>53403</b>	<input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	<b>November 2</b>	<b>Democratic Party</b>
Title of office			District or Jurisdiction		Name of jurisdiction or district in which candidate seeks office
<b>US Representative</b>			<input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		<b>Wisconsin, 1st Congressional</b>

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

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

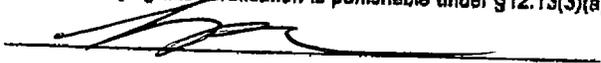
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Steve Borczyk</i>	6504 39th Ave. KENOSHA	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	7-12-10
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**STEVEN HERR** CERTIFICATION OF CIRCULATOR

I, Steven Herr (Name of circulator), certify:  
 reside at 7918 60th Ave. #201 Kenosha WI 53142  
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10

  
 (Signature of circulator)

AB-168 (Rev. 09/2008) The information on this form is required by §§. 8.15, 8.20, & 6.60, Wis. Stats.  
 This form is prescribed by:  
 Government Accountability Board  
 212 East Washington Avenue, 3<sup>rd</sup> Floor  
 P.O. Box 7984  
 Madison, WI 53707-7984 608 266-8005  
<http://gab.wi.gov> Email: [gab@wi.gov](mailto:gab@wi.gov)

# NOMINATION PAPER FOR PARTISAN OFFICE

1

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Karen L. LAIN</i> (KAREN LAIN)	8743 Sher. Rd. #69 Kenosha, WI-53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/13/10
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### CERTIFICATION OF CIRCULATOR:

I, Norman Siler, certify:  
(Name of circulator)  
 I reside at 3712 11th Avenue, city of Kenosha WI 53140  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under S 12.13(3)(a), Wis. Stats.

July 13, 2010

*Norman Siler*

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

1

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>William Thompson</i>	<i>3223 Indiana St Apt 10</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *John Heckenlively* **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
 I reside at *410 SEVENTH STREET #2, Racine WI 53403*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
*7/13/2010* *John Heckenlively*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Mary Ann Junk</i>	2824 55th ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-11-10
2. <i>Jeff Dorman</i>	8735 Old Green Bay Rd P1 Prairie WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>P1 Prairie</b>	7.11.10
3. <i>Joyce A. Kuhn</i>	3316 S. Milk Rd Racine WI 53408	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7/11/10
4. <i>Ken Weber</i>	3316 Five Mile RACINE WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>CALEDONIA</b>	7/11/10
5. <i>Wm F. Spreberg</i>	3650 Vermont St Racine, WI 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7/11/10
6. <i>Mary Jo Spreberg</i>	3650 Vermont Racine WI 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7/11/10
7. <i>Julie J. McKenna</i>	724 Crabtree Racine, WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
8. <i>James R. Rudman</i>	4114 Wood Rd Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/12/10
9. <i>John R. Bona</i>	2781 Frontier Drive Racine, WI 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7/12/10
10. <i>Vincent Perrin</i>	8340 Old Spring St Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MT Pleasant</b>	7/12/10

### CERTIFICATION OF CIRCULATOR

*Colin McKenna*

(Name of circulator)

certify:

I reside at 724 Crabtree Lane 53406

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

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-12-2010

*Colin McKenna*

(Date)

(Signature of circulator)

AB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.

This form is prescribed by:

Government Accountability Board  
212 East Washington Avenue, 3<sup>rd</sup> Floor  
P.O. Box 7984  
Madison, WI 53707-7984 608 266-8005  
<http://gab.wi.gov> Email: [gab@wi.gov](mailto:gab@wi.gov)

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Sally A. [Signature]</i>	<i>429 Melvin Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
2. <i>Andrea Dickens</i>	<i>3200 Indiana St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
3. <i>Christine J. [Signature]</i>	<i>700 Lawn St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
4. <i>Danielle Cooper</i>	<i>3033 Coolidge Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
5. <i>Holly [Signature]</i>	<i>3810 Spring St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
6. <i>[Signature]</i>	<i>519 W. [Signature] Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
7. <i>[Signature]</i>	<i>9003 Florence Dr</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Sturtevant</i>	<i>7-12-10</i>
8. <i>[Signature]</i>	<i>3416 Republic St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
9. <i>Jessie [Signature]</i>	<i>2250 Hazard Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
10. <i>Suzanne Larson</i>	<i>1102 N. Sunnyvale Dr #202 Racine, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>St. Pleasant</i>	<i>7-12-10</i>

### CERTIFICATION OF CIRCULATOR

I, Colin McKenna (Name of circulator), certify:  
 I reside at ~~6014 [Signature]~~ 724 Crabtree Lane S 53406 (Circulator's residence - include number, street, and municipality.)  
 I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
 Date: 7-12-2010 (Date)  
 Signature: Colin McKenna (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Shari Obest</i>	<i>4836 Schoen Rd Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-10</i>
2. <i>Barb Lanaber</i>	<i>4118 Waukegan Rd Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wt Pleasant</i>	<i>7-12-2010</i>
3. <i>Bobbie Seeg</i>	<i>1308 N. Stuart Rd Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>mt pleasant</i>	<i>7-12-2010</i>
4. <i>Marta Cortales</i>	<i>1917 THURSTON Ave Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-12-2010</i>
5. <i>Jane Tra</i>	<i>4050 19th St Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
6. <i>Joanna</i>	<i>2101 Gilles St Racine WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
7. <i>Darlene Dwyer</i>	<i>2716 Concord Dr Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/12/10</i>
8. <i>Mara Vandeman</i>	<i>4330 N. Green Bay Rd Racine, WI 53404</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia</i>	<i>7-12-10</i>
9. <i>John Vandeneau</i>	<i>4330 N. Green Bay Rd Caledonia, Racine 53404</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Caledonia</i>	<i>7/12/10</i>
10. <i>Alice Turnock</i>	<i>1214 Roosevelt Ave Wis 53416</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	

### CERTIFICATION OF CIRCULATOR

Colin McKernan  
(Name of circulator)

certify.

reside at 724 Crabtree Lane  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.

7-12-2010  
(Date)

Colin McKernan  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Angela J. [Signature]</i>	1802 PARK AVE 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7-11-10
2. <i>Damon McClann</i>	4931 Joan Ave 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WIND POINT	7-11-10
3. <i>Tamika Skipper</i>	409 1/2 6th St 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
4. <i>TASON GIBBS</i>	1845 19th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>RACINE</del> JASON GIBBS	7-11-10
5. <i>Chris Davis</i>	1906 Durand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
6. <i>Jamie [Signature]</i>	1541 Grand Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
7. <i>Michelle Folkner</i>	1212 Blake Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-2010
8. <i>Khrushchev Mayweather</i>	800 water st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-2010
9. <i>Barbelle Ashton</i>	1407 Hamilton St 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10
10. <i>Marie Klappauf</i>	4816 Crystal Springs	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-11-10

**CERTIFICATION OF CIRCULATOR**

*Calen McKenna*  
(Name of circulator) certify:

side at 724 Crabtree Lane (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction in which 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 §12.13(3)(a), Stats.

7-11-2010 (Date)

*Calen McKenna* (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Michael Graft</i>	2800 Gillen St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-12-10
2. <i>[Signature]</i>	3650 CAMBRIDGE LP	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MT PLEASANT</b>	7-12-10
3. <i>[Signature]</i>	3425 90TH SW	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>STUKTEVAN</b>	7-12-10
4. <i>Arona - [Signature]</i>	511 3 mile	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-12-10
5. <i>[Signature]</i>	9330 JEROME BLVD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
6. <i>Michael Kumin</i>	4125 Nantucket pl.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mount Pleasant</b>	7-12-10
7. <i>Diane Gonzalez</i>	1832 Franklin Ave Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-12-10
8. <i>JAYME RADDATZ</i>	2324 CLEVELAND AVE RACINE, WI - 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[Signature]</i>
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[Signature]</i>

I, Colin McKenna, certify:  
(Name of circulator)  
I reside at 724 Crabtree Lane  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-12-2010 Colin McKenna  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Susan Reed</i>	5835 Leeward Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-10-10
2. <i>Jordan Howell</i>	6210 Berkshire Dr 11 11	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Mt. Pleasant</b>	7-10-10
3. <i>Roy Lewis</i>	6210 Berkshire Ln.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Mt. Pleasant</b>	7-10-10
4. <i>Paul A. ...</i>	2406 Monroe Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Racine, WI</b>	7-10-10
5. <i>Carol ...</i>	1209 ...	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine WI</b>	7-10-10
6. <i>Richard White</i>	4575 ... Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine WI</b>	7-10-10
7. <i>Anna ...</i>	904 Racine St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Racine</b>	7-10-10
8. <i>Paul A. ...</i>	911 Racine St. 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
9. <i>M. W. ...</i>	1536 Quincy Ave 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
10. <i>Lucy Myers</i>	3620 North Bay Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>NORTH BAY</b>	7-11-10

I, Colin McKenna (Name of circulator), certify:  
I reside at 724 Crabtree Lane 53406 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-11-2010 (Date) Colin McKenna (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Katisha Zerzinek</i>	5705 Sandiew Ln. Racine, WI 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7-11-10
2. <i>Rhonda Robery</i>	925 Grand Ave. Racine WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
3. <i>Margaret Lynn</i>	200 Illinois St Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
4. <i>Kinzie Rukiewicz</i>	2915 Cott St Racine WI 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-4-10
5. <i>Charmaine M. Powell</i>	4350 Kennedy Dr 201 Racine, WI 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
6. <i>Desiree Beckett</i>	1239 Kentucky St Racine, WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
7. <i>Monica Ceja</i>	1121 Feurchild Ave Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
8. <i>Jeranuma Ramirez</i>	1121 Feurchild Ave Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-11-10
9. <i>Catherine Kottke</i>	1692 Mission Woods Ct Franklin, WI 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Franklin</b>	7-11-10
10. <i>Ka Kottke</i>	7692 Mission Woods Ct Franklin WI 53132	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Franklin</b>	7-11-10

I, Colin MCKenna, certify:  
(Name of circulator)  
I reside at 724 Crabtree Lane  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
Date: 7-11-2010 Signature of circulator: Colin McKenna

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Bela Evers</i>	<i>5635 Erie St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/4/10</i>
2. <i>Barbara Kukla</i>	<i>4210 N. Main 211</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Caladonia</i> <input type="checkbox"/> City	<i>7-12-10</i>
3. <i>Jeann Burg</i>	<i>5635 Erie St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7.11.10</i>
4. <i>Kathleen Cook</i>	<i>1810 LaSalle St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
5. <i>Nancy Willing</i>	<i>2122 Superior</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
6. <i>Nancy Reese</i>	<i>3752 St. Andrews</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
7. <i>Henry W. Rees</i>	<i>3752 St Andrews Blvd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
8. <i>Julia Rees</i>	<i>3716 Washington Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
9. <i>Marian Gray</i>	<i>1727 W. Lawn Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
10. <i>John Huges</i>	<i>1727 W LAWN AVE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7/11/10</i>

### CERTIFICATION OF CIRCULATOR

I, Colin McKenna, certify:  
(Name of circulator)  
I reside at 724 Crabtree Lane 53406  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-11-2010  
*Colin McKenna*  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.	1645 <del>Hammer Ave</del> Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
2.	245 Wilmette Spwy Racine WI 53408	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
3.	1644 Fleet Ave Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
4.	1644 Fleet Ave Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
5.	1216 W. Colonial Dr. Racine, WI 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/10/10
6.	4409 Patzko Pk Racine WI 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/10/10
7.	3126 Spruce St Racine WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
8.	11227 <del>Stonybrook</del> Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	7/10/10
9.	1231 West Lawn Ave Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/10/10
10.	5318 Valley Tr Racine WI 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wind Point	7/10/10

### CERTIFICATION OF CIRCULATOR

I, Colin McKenna, certify:  
(Name of circulator)  
 I reside at Colin McKenna 724 Crabtree Lane 53405  
(Circulator's residence - Include number, street, and municipality.)  
 I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-10-2010  
Colin McKenna  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Margaret Smith</i>	110 7th St. #601	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/10/10
2. <i>Bob J. Scharke</i>	Racine WI 53403 1745 N. Main St. 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	07/10/10
3. <i>Sally K Jamsworth</i>	1010 Hagerer St. Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/10/10
4. <i>Wendy Souers</i>	214 E. Four Mile Racine, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Windpoint</b> <input type="checkbox"/> City	7-10-10
5. <i>John Christensen</i>	8710 Mary Dr Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Mt Pleasant</b> <input type="checkbox"/> City	2-10-10
6. <i>Margaret Christensen</i>	8710 Mary Dr Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>mt Pleasant</b> <input type="checkbox"/> City	7/10/10
7. <i>Albert W Hartog</i>	5827 Caridge Ct #6 Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Mt Pleasant</b> <input type="checkbox"/> City	7/10/10
8. <i>Janice Loren</i>	7424 Lakeshore Racine 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Chalona</b> <input type="checkbox"/> City	7/10/10
9. <i>Rose P. Thur</i>	4907th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/10/10
10. <i>Mike Zelnicki</i>	630 Riverbrook Racine 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/10/10

### CERTIFICATION OF CIRCULATOR

I, Colin McKenna, certify:  
(Name of circulator)  
 I reside at 724 Crabtree Lane (1)  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-10-2010 Colin McKenna  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Dzelencki</i>	<i>832 Riverside Dr Racine WI 53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
2. <i>Ron Tranello</i>	<i>110 7TH ST Racine WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
3. <i>Bonnie Prochaska</i>	<i>5133 Rosdale lan Racine, WI 53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
4. <i>Darlene Jensen</i>	<i>5421 WEST HIRE DR RACINE 53406 WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
5. <i>L. H. H.</i>	<i>464 Melvin Ave W. Racine, WI 53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
6. <i>Nancy J. Herrera</i>	<i>708 North St. Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
7. <i>JAMES KUNOFF</i>	<i>129 AUGUSTA ST.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7.10.10</i>
8. <i>Jonda Juellett</i>	<i>629 AUGUSTA ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
9. <i>Lenne Farach</i>	<i>1130 Carlisle Ave #110 Racine, WI 53404</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
10. <i>Ashley Baldwin</i>	<i>245 WILMOT SPRING</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>

### CERTIFICATION OF CIRCULATOR

I, Colin McKenna, certify:  
(Name of circulator)  
 I reside at 724 Crabtree Lane 53406  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
 Date: 7-10-2010  
 Signature: Colin McKenna  
(Date) (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Susan Lambert</i>	<i>3918 1/2 N. Bay Dr Racine, WI 53406</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Racine</i>	<i>7/10/10</i>
2. <i>David Holm</i>	<i>2614 Kearney Ave. Racine, WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
3. <i>Greg Holm</i>	<i>5525 Charles St. Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Caledonia</i>	<i>7-10-10</i>
4. <i>Becky Welton</i>	<i>3420 Southwood Dr Racine, WI 53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
5. <i>Debbie Beaupre</i>	<i>2060 Shane Racine WI 53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
6. <i>[Signature]</i>	<i>2617 98th Pl Pl. Racine, WI 53158</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7-10-10</i>
7. <i>Daniel Spada</i>	<i>1532 30th Ave Kenosha WI 53141</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-10-10</i>
8. <i>Bill Beckett</i>	<i>1608 Bayview Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>McPessard</i>	<i>7-10-10</i>
9. <i>Lyndell Byrd</i>	<i>2270 Crown point Dr. Racine, WI 53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>
10. <i>Jordan Westrich</i>	<i>3836 Rapids Pkwy Racine, WI 53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-10-10</i>

### CERTIFICATION OF CIRCULATOR

I, *Colin McKenna* certify:  
 (Name of circulator)  
 I reside at *724 Crabtree Lane Racine WI 53406*  
 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

*7-10-2010*

(Signature of circulator)

*Colin McKenna*

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1.	122 S. 2nd Street Delavan, WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/11
2.	152 S 2nd Street Delavan WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/11
3.	122 1/2 S 2nd St. Delavan WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/11
4.	317 S 5th St Delavan WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/11
5.	W7955 Creek Rd Delavan WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/12
6.	W-7955 Cr Rd 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/12
7.	N1692 Six Corners Rd Delosworth WI 53184	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delosworth	7/12
8.	91 Potawatomi Rd WMS Bay WI 53191	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WMS Bay	7/12
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, R. GRAY Betzer (Name of circulator), certify:

I reside at DELAVAN, WI 53115 2718 Willow Pt.  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §42.13(3)(a), Wis. Stats.

7/11/10  
(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

1

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Mare Weiss</i>	<i>21000 15th St. Union Grove</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Paris</i>	<i>7/11/10</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Karen Erb* **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
 I reside at *204 W NORTH ST Silver Lake, WI*  
(Circulator's residence - Include number, street, and municipality.)  
 I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
*Karen Erb*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>J. Pinderholtz</i>	<i>1215 W. Colonial Dr. Racine, WI 53405</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mt. Pleasant</i>	<i>7-13-10</i>
2. <i>Cheryl Jensen</i>	<i>1226 W. Colonial Dr Racine WI 53405</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>7-13-10</i>
3. <i>Marn R. Jensen</i>	<i>1226 W. Colonial Dr Racine WI 53405</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MT Pleasant</i>	<i>7-13-10</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### CERTIFICATION OF CIRCULATOR

I, Michael Krautkramer, (Name of circulator) certify:  
I reside at 1216 West Colonial Drive, Racine (Village of Mt. Pleasant)  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

13-JULY-2010  
(Date)

*Michael Krautkramer*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

6

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county): _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Timothy Robertson</i>	567 W12559 Larkspur Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MUSKEGO</b>	7-12-10
2. <i>Aaron Robertson</i>	567 W12559 Larkspur Road.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Muskego</b>	7/12/10
3. <i>Ann Kean</i>	564 18903 School Dr. Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MUSKEGO</b>	7/12/10
4. <i>Amanda B. Baker</i>	W190 S6342 Preston Ln Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Muskego</b>	7/12/10
5. <i>Shellen Ralston</i>	881 W19386 Highland Park MUSKEGO WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Muskego</b>	7/12/10
6. <i>Scott Bubeck</i>	W190 S6342 Preston Ln MUSKEGO WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MUSKEGO</b>	7/12/10
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

THOMAS L. RALSTON, (Name of circulator) certify:  
reside at 581 W19386 HIGHLAND PARK DR. MUSKEGO WI 53150  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/13/10

*Thomas L. Ralston*

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

6

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Ralph Cole</i>	1002 38 <sup>th</sup> St Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-10-10
2. <i>James O'Neil</i>	1009 38 <sup>th</sup> Street Kenosha WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-10-10
3. <i>Robert</i>	3708-11 <sup>th</sup> Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-10-10
4. <i>Tom Hensch</i>	3521 11th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/10/10
5. <i>Ruth Scazz</i>	3521-11 Avenue Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/10/10
6. <i>Willy C. Brown</i>	3921 14 <sup>th</sup> Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
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, **Norman Siler**, (Name of circulator) \_\_\_\_\_, certify:  
 I reside at **3712 11th Avenue, city of Kenosha WI 53140**  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

**10 July 2010**  
(Date)

*Norman Siler*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

7

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Jean Henderson</i>	<i>W 4723 Pine Ct. Elkhorn, WI 53121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>La Grange</i>	<i>7/10/10</i>
2. <i>Mary Williams</i>	<i>235 Martin St. Sharon WI 53185</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Sharon</i>	<i>7/10/10</i>
3. <i>James Anton</i> <b>JAMES ANTON</b>	<i>W 2742 ST RDG7 WMS. BAY 53191</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Geneva</i>	<i>7/11/10</i>
4. <i>Mike Randall</i>	<i>5282 STATE RD 50 DELAWARE WI 53115</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>DELAWARE</i>	<i>7/11/10</i>
5. <i>Cornie Reader</i>	<i>809 Ryan Lane Elkhorn WI 53121</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Elkhorn</i>	<i>7/11/10</i>
6. <i>Yuri Pashtov</i>	<i>526 Local St Janesville WI 53545</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Janesville</i>	<i>7/11/10</i>
7. <i>John A. Pater</i>	<i>30805 CEDAR DR Burlington WI 53105</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Burlington</i>	<i>7/11/10</i>
8. <i>Juliet Ryan</i>	<i>208 S. 3rd St Delaware WI 53115</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Delaware</i>	<i>7/11/10</i>
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, *Susan McKeegan - Guinn* (Name of circulator), certify:  
I reside at *57 E. Sedge Meadows St. Elkhorn, WI 53121*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*7/12/10* (Date)  
*Susan McKeegan - Guinn* (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

8

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>John E. Wells</i>	3711-15th Street #1 Kenosha, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
2. <i>Ed Lubans</i>	28430 188th St TREVOR WI 53179	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Salem</b>	7/12/10
3. <i>Bradley Prust</i>	513 66th Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
4. <i>Sandra Ruffalo</i>	4205-32nd Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
5. <i>Janyll Clements</i>	4605 8 Avenue Kenosha, WI 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
6. <i>Joseph Michta</i>	1525 enos Racine, WI 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Racine</b>	7/12/10
7. <i>Richard O'Connor</i>	1074 Sheridan rd 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12/10
8. <i>Jack O'Connor</i>	1074 1/2 Sheridan RD 53146	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7-12-10
9. <i>Mike [unclear]</i>	1139 87th Ave 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Somers</b>	7/12/10
10. <i>Amanda Harper</i>	1139 57 Ave Kenosha WI 53144	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Somers</b>	7/12/10

### CERTIFICATION OF CIRCULATOR:

I, **Norman Siler**, \_\_\_\_\_, certify:  
(Name of circulator)  
 I reside at **3712 11th Avenue, city of Kenosha WI 53140**  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

**July 12, 2010**

*Norman Siler*

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

8

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Rosemarie Schaefer</i>	<i>517 Randolph St Racine WI 53404</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>07/14/10</i>
2. <i>Laura Tabory</i>	<i>1013 Villast. Racine, WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
3. <i>Vincent Schaefer</i>	<i>834 Park Ave Racine, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
4. <i>Ruth Derby</i>	<i>2510 4 1/2 Mile Racine, Wis Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
5. <i>Bill Bartlett</i>	<i>2465 4 1/2 Mile Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/2010</i>
6. <i>Dave Dargent</i>	<i>2413 West Paul Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-2010</i>
7. <i>Rose Russell</i>	<i>368 Cliff Av. Racine 53404</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-2010</i>
8. <i>Antonio S. Gonzalez</i>	<i>2436 SHoop (RACINE)</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-2010</i>
9. <i>Richard Schaefer</i>	<i>445 Woff Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-2010</i>
10. <i>Anne Moushouse</i>	<i>5635 Erie St Racine 53402</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-10</i>

I, *Colin McKenna* CERTIFICATION OF CIRCULATOR, certify:

I reside at *724 Crabtree Lane Racine*  
(Circulator's residence - include number, street, and municipality.) *53406*

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 §12.13(3)(a), Wis. Stats.

*7-11-2010* (Date) *Colin McKenna* (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

8

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>			Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>	
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____			Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Lony Chaput</i>	5947-7AVE APT 25 KENOSHA, WI. 53140	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/11/10
2. <i>Reelex Cowan</i>	5947-7AVE APT. 25 KENOSHA, WI. 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/11/10
3. <i>Paul C. Johnson</i>	6618 - KENOSHA BLVD KENOSHA WI. 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
4. <i>Janette Winstock</i>	<del>8844 34th Ave</del> 8844-34th Ave Kenosha	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7-12-10
5. <i>[Signature]</i>	5701 20th ave Racine Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
6. <i>Bobby Simpson</i>	6011 33rd AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	7-12-10
7. <i>David Kergan</i>	8225 238th AVE Salern WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	7-12-10
8. <i>Patricia Hart</i>	5409-52 AVEK Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7-12-10
9. <i>[Signature]</i>	1120 69th street 53142 Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
10. <i>[Signature]</i>	5618 11th AVE Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10

I, Stephen Butts CERTIFICATION OF CIRCULATOR, certify:  
(Name of circulator)  
I reside at 6003 7th Ave Kenosha, WI 53143  
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
12 July, 2010 (Date) Stephen Butts (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>SS</i> Sonja Schlesner	N4950 County Rd O Delavan, WI 53115	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delavan	7/10/10
2. Kristine Karlson-Flyn	N7321 Nine Indian Tr. Elkhorn, WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City La Grange	7/10/10
3. Christina Hartman	W3377 Potter Rd Elkhorn WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lafayette	7/10/10
4. Mary Bub	W3319 Potters Rd Elkhorn, WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lafayette	7/10/10
5. Susan McKeegan-Guinn	57 E. Sedgemeadow St. Elkhorn, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elkhorn	7/10/10
6. Kathy Sullivan	N5962 Spruce Dr Elkhorn WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lafayette	7/10/10
7. Kathryn S. Brunel	W1815 County Rd W Genoa City WI 53128	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bloomfield	7/10/10
8. Cheryl Hansen	N4104 Chestnut Elkhorn WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Creek	7/10/10
9. Bruce R. Hansen	N7104 EVERGREEN ELKHORN, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUGAR CREEK	7/10/10
10. Ann M. Fritze	N7163 Poplar Ln. Elkhorn WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Creek	7/10/10

### CERTIFICATION OF CIRCULATOR

I, Ellen M. Holly, certify:  
(Name of circulator)  
 reside at W5108 Wandawega Drive Elkhorn, WI 53121  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

Ellen M. Holly 07/12/10 Ellen M. Holly  
(Date) (Signature of circulator)

AB-168 (Rev. 09/2009) The information on this form is required by §§. 8.15, 8.20, 8.50, Wis. Stats.  
 This form is prescribed by:  
 Government Accountability Board  
 212 East Washington Avenue, 3<sup>rd</sup> Floor  
 P.O. Box 7984  
 Madison, WI 53707-7984 608 266-8005  
<http://gab.wi.gov> Email: [gab@wi.gov](mailto:gab@wi.gov)

# NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Shawna Wyatt</i>	1302 Kingston Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
2. <i>Sharonda Jackson</i>	2941 Santa Fe Trl.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/11/10
3. <i>Beth Oliver</i>	208 Peters Parkway	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	7/11/10
4. <i>Ronald Tull</i>	2348 KINZIE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
5. <i>Ernette Taylor</i>	2348 Kinzie Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
6. <i>Richard Green</i>	4712 Charles Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
7. <i>Anthony K. Gady</i>	4223 29th KENOSHA WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7-11-10
8. <i>Janet Ross</i>	1264 Village Ctr Dr Kenosha 53144	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Somers	7/11/10
9. <i>John Clark</i>	1264 VILLAGE CNTR DR #5 KENOSHA WI 53144	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City SOMERS	7/11/10
10. <i>Jay Rattle</i>	224 12th St. Lower RACINE WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7-11-10

I, John Heckenlively **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
 I reside at 410 Seventh St #2, Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-11-2010 *John Heckenlively*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Cynthia Doney</i>	110 7th ST APT 613	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/10/10
2. <i>Rose Petrus</i>	110 7th St APT 804	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-10-10
3. <i>Carly Boehr</i>	7041 Lombard Rt	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Goldens</b>	7-10-10
4. <i>Emilia Sal</i>	1808 N. Main St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/10/10
5. <i>David Heckenlively</i>	4743 W. Glenet Franklin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Franklin</b>	7/10/10
6. <del><i>[Signature]</i></del>	<del>2508 [Address]</del> 1020 Mich. Blvd Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	<del>7-10-10</del> 7-10-10
8. <i>Amanda Pufford</i>	1828 Michigan Blvd Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-10-10
9. <i>Kirk P. Hinze</i>	2422 Hanson Ave Racine WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-10-10
10. <i>Diane Hinze</i>	2422 Hanson Ave Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-10-10

*John Heckenlively*

CERTIFICATION OF CIRCULATOR

, certify:

reside at 410 Seventh Street #2, Racine, WI 53403

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

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/10/2010

(Date)

*John Heckenlively*

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Stan Flashinski</i>	5508 RIVER HILLS RD RACINE, WI 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/12/10
2. <i>Rubert Ehlert</i>	5749 Little Timber Dr Mt Pleasant 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7-12-10
3. <i>Colleen Lassiter</i>	2100 Kearney ave, Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7-12-10
4. <i>Stan Flashinski</i> <small>LINDA FLASHINSKI</small>	5508 RIVER HILLS RD RACINE, WI 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	7/12/10
5. <i>Carl Lassiter</i>	2100 Kearney Avenue Racine, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7-12-10
6. <i>Larry &amp; Peggy</i>	1310 Crossway Rd Burlington WI 53105	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Burlington	7-12-10
7. <i>Jan Van Kongsveld</i>	3727 Regency Dr. Racine, WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
8. <i>Janice Hurd</i>	1312 Tallgrass Lane Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/12/10
9. <i>Corina Buckley</i>	819 VALERIE CT RACINE, WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10
10. <i>Mary Magrath</i>	2322 Kentucky Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/12/10

I, LINDA FLASHINSKI, certify: VILLAGES OF  
(Name of circulator)  
 I reside at 5508 RIVER HILLS RD, RACINE, WI 53402 - CALEDONIA  
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
 Date: 7/12/10  
 Signature: Linda Flashinski

# NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>M. Shinn</i>	4802 75th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. <i>Keith Lowy</i>	3205 74th St. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>Amy Lowy</i>	3205 74th St. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>Rosemary Heubach</i>	5721-64th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/10/10
5. <i>Melinda Malone</i>	6423 22nd Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
6. <i>Laticia Grant</i>	6423 22nd Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. <i>Kira Atwell</i>	7106 98th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
8. <i>Richard Brennan</i>	8088-98th Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	7/12/10
9. <i>Annie Gross</i>	6331 50th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
10. <i>Nella K...</i>	3433 68th street Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10

Stephen Butts CERTIFICATION OF CIRCULATOR, certify:  
(Name of circulator)  
 reside at 6003 70th Ave Kenosha WI 53143  
(Circulator's residence - Include number, street, and municipality.)

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 §12.13(3)(a), Wis. Stats.  
7-12-2010  
(Date)  
*Stephen Butts*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

9

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>			Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>	
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>		

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Ruth Van Dyke</i>	6831 5th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
2. <i>Levin Kurz</i>	4328 - 73 St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
3. <i>Allen</i>	8330 82ND ST. Kenosha Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant P.	7/13/10
4. <i>Angie Bilotti</i>	5232 Cooper Rd Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant P.	7/12/10
5. <i>Angie Bilotti</i>	8232 Cooper Rd Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7/12/10
6. <i>Jimmy Martinez</i>	4003 5th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
7. <i>Diane Lunderson</i>	5215 - 58th Ave #15 Kenosha, Wis. 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
8. <i>Valeri Ludon</i>	5222 63rd St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
9. <i>Peggy Mellowes</i>	5222 63rd St Kenosha WI - 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
10. <i>Mary Ann Day</i>	619 58th St. Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10

### CERTIFICATION OF CIRCULATOR

Stephen Butts certify:  
 reside at 6003 7th Ave Kenosha, WI 53143  
(Circulator's residence - include number, street, and municipality.)

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. Stats. § 2.13(3)(a).  
 7-12-2010  
*Stephen Butts*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Mark Pienkos</i>	703 S. Lake Shore Dr. IE LAKE GENEVA, WI 53147	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LAKE GENEVA	7-13-10
2. <i>Patricia Chiche</i>	W18258330 Racine #2 Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MUSKEGO	7-13-10
3. <i>Mary Jean Pienkos</i>	W18158248 PIONEER DR MUSKEGO WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/13/10
4. <i>Joyce Guth</i>	W18058238 Pioneer Dr. Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/13/10
5. <i>Suzanne Kuhn</i>	W18058236 Pioneer Dr. Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/13/10
6. <i>Brandy Hauke</i>	W18058236 Pioneer Dr. 13786 5420 Kristin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MUSKEGO	7/13/10
8. <i>Sarah Miller</i>	W17857773 Kittery Ct Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/13/2010
9. <i>Karen Stattenbury</i>	W17857770 KITTERY MUSKEGO WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/13/2012
10. <i>Kyle Miller</i>	W17857809 Kittery Muskego, WI 53150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Muskego	7/13/10

### CERTIFICATION OF CIRCULATOR

I, MARK PIENKOS (Name of circulator), certify:  
I reside at 703 S. LAKE Shore Drive, IE LAKE GENEVA, WI 53147 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-13-10 (Date)  
*Mark Pienkos* (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Thomas Romprey</i>	110 7th St #1011 Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	07-10-10
2. <i>Susan Welling</i>	5027 Erie St. Racine, WI 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	07-10-10
3. <i>Lynne Hamada</i>	6041 Berkshire Ln Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7-10-10
4. <i>Mike Krautkramer</i>	1216 West Colonial Dr. Racine WI 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	7-10-10
5. <i>Linda Alexander</i>	4805 Kingdom Ct Racine WI 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/10/10
6. <i>[Signature]</i>	6210 Berkshire Lane Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	7/10/10
7. <i>Betty Breneman</i>	904 Orchard St Racine, WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
8. <i>Donna Peterson</i>	5245 Kinzie Ave Racine 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/11/10
9. <i>Vern Peterson</i>	8826 Northwestern Ave Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7-11-10
10. <i>Michael Knauff</i>	2100 Taylor Ave Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10

**CERTIFICATION OF CIRCULATOR**

\_\_\_\_\_  
*John Heckenlively*, certify:  
(Name of circulator)

reside at 410 Seventh St #2, Racine WI 53403  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/2010 (Date) *John Heckenlively*  
(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Rob Darwin</i>	<i>7400-25 Ave Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13-10</i>
2. <i>Mark Olson</i>	<i>7108-32 AVE Kenosha 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13-10</i>
3. <i>Frank</i>	<i>5428 WILKINSON LN RACINE, WI 53402</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Caledonia RACINE</i>	<i>7-13-10</i>
4. <i>Alan</i>	<i>7061-87th St Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/13/10</i>
5. <i>W. Keegan</i>	<i>5001-76st Kenosha</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>PL PRATINE</i>	<i>7/13/10</i>
6. <i>Bob</i>	<i>7612 3rd Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/13/10</i>
7. <i>John</i>	<i>6534 8th Ave Kenosha WI 53142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13-10</i>
8. <i>James Wilson</i>	<i>1935 Hickory Grove 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-13-10</i>
9. <i>Bob</i>	<i>4204 16th Ave Kenosha 53410</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13-10</i>
10. <i>Nelva Stevens</i>	<i>5524 WASHA KENOSHA WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>KENOSHA</i>	<i>7-17-10</i>

CERTIFICATION OF CIRCULATOR:

I, Norman Siler, certify:  
 (Name of circulator)  
 I reside at 3712 11th Avenue, city of Kenosha WI 53140  
 (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

July 13, 2010

*Norman Siler*  
 (Signature of circulator)

(Date)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>[Signature]</i>	4045 Sheridan Rd Racine WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/11/10
2. <i>[Signature]</i>	4444 N. Green Bry Racine, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/11/10
3. <i>[Signature]</i>	Joseph Cushing 4045 Sheridan Rd R	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT Racine	7/11/10
4. <i>[Signature]</i>	Sandra Pendell 700 Waters Edge	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	7/11/10
5. <i>[Signature]</i>	200 Vincennes E	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City North Bry	7/11/10
6. <i>[Signature]</i>	1737 N. Osborne Bl Racine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
7. <i>[Signature]</i>	1237 N. Osborne Bl. Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
8. <i>[Signature]</i>	6200 Charles Racine, WI 53401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	7/11/10
9. <i>[Signature]</i>	2608 Byron Ave Racine WI 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10
10. <i>[Signature]</i>	1107th St. #705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	7/11/10

I, Joseph Cushing (Name of circulator) \_\_\_\_\_, certify:  
I reside at 4045 Sheridan Rd Racine WI 53401  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats. 7/11/2010

*[Signature]*  
\_\_\_\_\_  
(Signature of circulator)

### NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>M. A. Riedel</i>	<i>Marlynn #706 Riedel 1107 Mt Racine WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
2. <i>Shirley Reynolds</i>	<i>1940 Menomonee Ave Racine</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wt Pleasant</i>	<i>7-11-10</i>
3. <i>Miriam Bugnack</i>	<i>622 43rd St. Caledonia WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Raymond</i>	<i>7/11/10</i>
4. <i>Luan S. Wells</i>	<i>2712 Mitchell St Racine 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7-11-10</i>
5. <i>M. J. Eubank</i>	<i>6840 N. Western Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
6. <i>Travis Linn</i>	<i>3701 Spruce St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
7. <i>David Wheel</i>	<i>424 Lake Ave Apt 302</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>
8. <i>Earl J. Ford</i>	<i>460 Mill Ave #103 Union Grove</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Union Grove</i>	<i>11/4/2010</i>
9. <i>Lynne Kithleiter</i>	<i>424 LAKE AVE APT 502 RACINE WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7/11/10</i>
10. <i>Dennis Chabon</i>	<i>69 McKinley Ave Racine WI 53409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>7/11/10</i>

#### CERTIFICATION OF CIRCULATOR:

I, *Josh R. Ashby*, (Name of circulator) \_\_\_\_\_, certify:  
 I reside at *4045 Sheridan Rd Racine WI 53402*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*7/11/2010* (Date) \_\_\_\_\_ (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Wayne Krueger</i>	<i>4800 13th Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
2. <i>Heidi Bradley</i>	<i>2025 76th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>[blacked out]</i>
3. <i>Paul Boy</i>	<i>2025 76th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>
4. <i>Gene Lefersma</i>	<i>1712 136 Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Paris</i>	<i>7-11-10</i>
5. <i>Don Stollings</i>	<i>8111 111th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Pleasant Prairie</i>	<i>7/11/10</i>
6. <i>Kyla Parke</i>	<i>8111 111th Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pleasant Pt.</i>	<i>7/11/10</i>
7. <i>Joe F. [unclear]</i>	<i>5500 3rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
8. <i>Mildred P. Dickstedt</i>	<i>5800 3rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
9. <i>Kathleen Dayton</i>	<i>5800 3rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/11/10</i>
10. <i>Edward Streit</i>	<i>5800 3rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-11-10</i>

I, Stephen Butts, certify:  
(Name of circulator)  
I reside at 6003 7th Ave Kenosha, WI 53143  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
11 July 2010 (Date) *Stephen Butts* (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>M. Marahan</i>	<i>1139 Sage St. Lake Geneva WI 53147</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lake Geneva WI</i>	<i>7/13/10</i>
2. <i>Goya Sutton</i>	<i>3176 EAST DRIVE Lake Geneva WI 53147</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lyons</i>	<i>7/13/10</i>
3. <i>Paul Pfeil</i>	<i>740 SHERIDAN RD LAKE GENEVA</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>L. Geneva</i>	<i>7/13/10</i>
4. <i>Scott Reiff</i>	<i>400 Sage St. LAKE Geneva</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>LAKE Geneva</i>	<i>7/13/10</i>
5. <i>Walter H. H. H.</i>	<i>5680 Cranberry Road Arlington, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lyons</i>	<i>7/13/10</i>
6. <i>James E. G. G.</i>	<i>W3479 Wildwood Dr. Lake Geneva, WI 53147</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Geneva</i>	<i>7/13/10</i>
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, *Doug A. H. H.*, certify:  
(Name of circulator)  
 I reside at *W1815 4th Ave, Racine, WI 53128*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Juvel Papp</i>	5627 Meyer Ct #3 Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/13/2010
2. <i>Kathleen Whitson</i>	3037 Meyer Ct Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	7/13/10
3. <i>Tom Whitson</i>	3037 MEYER CT. RACINE, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt PLEASANT	7/13/10
4. <i>James P. O'Neil</i>	3026 MEYER CT #3 RACINE, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	7/13/10
5. <i>Jean Benedict</i>	3017 Meyer Ct #2 Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City mt Pleasant	7/13/10
6. <i>Carol Meehan</i>	3017 Meyer Ct #1 Racine 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	7/13/10
7. <i>Patricia Zimmerman</i>	3016 Meyer Ct #8 Racine, WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	7/13/10
8. <i>Jean Marie Julewskowski</i>	3016 Meyer Ct #2 Racine WI 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	7/13/10
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	

I, Rachel B. Trobaugh **CERTIFICATION OF CIRCULATOR**, certify:  
(Name of circulator)  
 I reside at 3027 Meyer Ct. #4  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
7-13-2010  
*Rachel B. Trobaugh*  
(Signature of circulator)

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number, box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Quentin Bell</i>	1238 Williams St Lake Geneva WI 53117	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Lake Geneva	7/11
2. <i>Colbert Carley</i>	110 Franklin Delavan, WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DELAVAN	7/11
3. <i>Arsen Walsky</i>	N6996 Evergreen Elkhorn WI 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arcadia Creek	7/11
4. <i>Mary Galy</i>	Delavan, WI 53115 525 Turtle Creek Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Delavan	7/11
5. <i>Len Cobason</i>	537 Morgan Dr Wm's Bay 53191	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WMS BAY	7/11
6. <i>John Hoffman</i>	721 John B Birch Way Wm Bay WI 53179	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wm Bay	7/11
7. <i>Lisa Schmetz</i>	1508 80 Shore Dr Delavan WI 53115	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delavan	7/11
8. <i>Margaret Huff</i>	195 Plafuel Walworth WI 53189	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Walworth	7/11
9. <i>De Schuba</i>	2428 N. Shore Dr DELAVAN 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DELAVAN	7/11
10. <i>Barbara M. Seelinger</i>	2432 N. Shore Dr Delavan 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Delavan	7/11

I, R. GRAY Betzer (Name of circulator), certify:  
I reside at DELAVAN, WIS 2718 Willow Pt DR.  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/11/10  
(Date)

*[Signature]*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Maria Tupton</i>	<i>1715 Birch Rd Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
2. <i>Henry Turtk</i>	<i>9022-27 79 Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
3. <i>Elizabeth Perollo</i>	<i>2022 27 AVE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
4. <i>Jeanette Bello</i>	<i>2009-22nd St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
5. <i>John Munson</i>	<i>1618-38th St. Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
6. <i>Wm Hensley</i>	<i>1870 22nd Ave #905</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
7. <i>[Signature]</i>	<i>[Signature]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[Signature]</i>
8. <i>Larry Raith</i>	<i>1723-215th Ave Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
9. <i>David Mc Bernhardt</i>	<i>1860-27 ave, apt. 213 Kenosha, WI 53140</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7-13</i>
10. <i>David Simmons</i>	<i>2800 DURAND AVE. RACINE, WI 53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RACINE</i>	<i>7-13</i>

### CERTIFICATION OF CIRCULATOR

\_\_\_\_\_ *Stephen Butts*, certify:  
(Name of circulator)  
 reside at *6003 7th Ave Kenosha 5-3143*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*7-13-2010*

*[Signature]*  
(Signature of circulator)

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Donna Rasch</i>	<i>1909-22 AV</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
2. <i>Edward R. Highland</i>	<i>426 18th PL</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Somerset</i>	<i>7/12</i>
3. <i>Debra H. Hoyer</i>	<i>5816 83rd ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
4. <i>Jamie Mochler</i>	<i>2017 27th ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
5. <i>Rebecca Stebbins</i>	<i>5400-Washington Rd Apt 204</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/12</i>
6. <i>Joseph L. ...</i>	<i>5403 Westmore Dr Kenosha WI 53146</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/13</i>
7. <i>Robert L. ...</i>	<i>1429 Geneva Ave Kenosha WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/13</i>
8. <i>Michelle B. ...</i>	<i>8846 221st Ave Salmon WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Salmon</i>	<i>7/13</i>
9. <i>Joseph D. ...</i>	<i>1735 21st AVE Kenosha</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>7/13</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### CERTIFICATION OF CIRCULATOR

I, Michael J Goebel, certify:  
(Name of circulator)  
 I reside at 1735 21st AVE Kenosha WI 53140  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/13/10  
(Date)

*Michael J Goebel*  
(Signature of circulator)

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Myra Cox</i>	6410 - 5 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	07/11
2. <i>Ken Martin</i>	4780 Nicholson Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	07-11
3. <i>Ken Martin</i>	4780 Nicholson Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7/11
4. <i>Brian Boehm</i>	5015 SPRINGBROOK RD.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>PLEASANT PRAIRIE</b>	7/11
5. <i>Carol Boehm</i>	5015 Springbrook Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Pleasant Prairie</b>	7/11
6. <b>MARK ZUHLKE</b>	7406 - 18 <sup>th</sup> AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>KENOSHA</b>	7/11
7. <i>Mark Zuhlke</i>	5224 KEEPER AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Keno</b>	7/12
8. <i>Michael J. Shell</i>	6406 - 5 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Kenosha</b>	7/12
9. <i>Michael J. Shell</i>	6406 5 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Kenosha</b>	7/12
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### CERTIFICATION OF CIRCULATOR

I, FRANCIS M. KAVENIK, (Name of circulator) certify:

I reside at 6411 SE Ave Kenosha (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7/12/10  
(Date)

*FM Kavenik*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Mary Gallaker</i>	3358 Taylor Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Park Elmwood</i> <input type="checkbox"/> City	7/12
2. <i>Mary J. Kaverian</i>	4038 Mallard Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt Pleasant</i> <input type="checkbox"/> City	7/12
3. <i>Sandra Prochaska</i>	4104 Mallard Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt Pleasant</i> <input type="checkbox"/> City	7/12
4. <i>Kelly M. Kayer</i>	4633 Knollwood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt Pleasant</i> <input type="checkbox"/> City	7/12
5. <i>A J Hummel</i>	4528 Knollwood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt Pleasant</i> <input type="checkbox"/> City	7/12
6. <i>Mark L...</i>	4526 Knollwood Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt Pleasant</i> <input type="checkbox"/> City	7/12
7. <i>Kim M. Freund</i>	4528 Knollwood Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt. Pleasant</i> <input type="checkbox"/> City	7/12
8. <i>Roseann Mason</i>	4403 Happy Hollow	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mount Pleasant</i> <input type="checkbox"/> City	7/12/10
9. <i>Cindy Jimmel</i>	4831 Wildlife Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Mt Pleasant</i> <input type="checkbox"/> City	7/12/10
10. <i>Kelly K...</i>	4831 Wildlife Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>MT Pleasant</i> <input type="checkbox"/> City	7/12/10

### CERTIFICATION OF CIRCULATOR

Kelly K Gallaher certify:  
(Name of circulator)  
 reside at 4622 Knollwood Dr, Mt Pleasant, WI 53405  
(Circulator's residence - Include number, street, and municipality.)

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 §12.13(3)(a), Wis. Stats.

7/12  
(Date)

*[Signature]*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Mary Trentadue</i>	6416 Wanda Lane Racine WI 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
2. <i>Vanora Taylor</i>	4900 Emston Hill Racine WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
3. <i>Velma To</i>	53405 2825 Russet St Racine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
4. <i>Charles Horvath</i>	1411 Kniper Lane Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
5. <i>Alan Fisher</i>	1641 Kniper Lane Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7/12/10
6. <i>if Conkey</i>	1534 Isabelle Ave Racine WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
7. <i>Jr</i>	1300 PARK AV RACINE WI 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	7-12-10
8. <i>Connie A Malbeck</i>	4612 Erie St. Racine WI 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Caledonia</b>	7-12-10
9. <i>Thomas C. Fisher</i>	1614 Taylor Ave Racine, Wis.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7-12-10
10. <i>Richard Miller</i>	3740 Daisy Lane Racine WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Mt Pleasant</b>	7/12/10

### CERTIFICATION OF CIRCULATOR

I, *Christa A Barrette* *Christa Barrette*, certify:  
(Name of circulator)  
I reside at *4016 Knoll Place Racine WI 53403*  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

*July 10, 2010*  
(Date)

*Christa A. Barrette*  
(Signature of circulator)

## NOMINATION PAPER FOR PARTISAN OFFICE

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Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Isaac Fritz</i>	9707 64th St Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/11/10
2. <i>Rachael M. Kinch</i>	2437 Mt. Pleasant St Racine, WI 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/12/10
3. <i>Nick [Signature]</i>	9707 64th St Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>Sandy Bremer</i>	16064 Johnson Burlington Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spring Prairie Walworth County	7/12/10
5. <i>Ron Wells</i>	5315 Clover Ln Racine 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11
6. <i>Paula Wells</i>	5315 Clover Ln Racine 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11
7. <i>Debrae McLemore</i>	1629 - Villa St. RACINE 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/13/10
8. <i>Mary R McNeil</i>	1641 Villa	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11
9. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11

### CERTIFICATION OF CIRCULATOR

I, *Glenn Kinch* (Name of circulator) *Kinch*, certify:  
I reside at *1638 Villa St* (Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.  
*July 11-12-2010* (Date) *Glenn Kinch* (Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Meagan Farrin</i>	<i>W16813 County Rd. A Elkhorn WI 53121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Creek</i>	<i>7/10/10</i>
2. <i>[Signature]</i>	<i>3103 Bartelger Dr. Janesville WI 53</i>		<i>10</i>
3. <i>[Signature]</i>	<i>1327 Ruger Ave Janesville WI</i>		<i>10</i>
4. <i>Ross Gackstater</i>	<i>1327 Ruger Ave Janesville WI 5</i>		<i>10</i>
5. <i>Raquel Salinas</i>	<i>404 So 4th St Delaware WI</i>		<i>10</i>
6. <i>[Signature]</i>	<i>404 S. 4th DEL. WI 5</i>		<i>10</i>
7. <i>[Signature]</i>	<i>4240 Chadswell Janesville WI</i>		<i>10</i>
8. <i>[Signature]</i>	<i>4240 Chadswell JANESVILLE, WI 53546</i>	<input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>JANESVILLE</i>	<i>10/10</i>
9. <i>[Signature]</i>	<i>233 Markin St Shannon WI 53585</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Shannon</i>	<i>7/10/10</i>
10. <i>[Signature]</i>	<i>5232 S. 1st Rd S Delaware WI 53115</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Delaware</i>	<i>7/6/10</i>

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& shannon is  
correct  
CITY

### CERTIFICATION OF CIRCULATOR

Ellen M. Holly, certify:  
(Name of circulator)  
 reside at W5108 Wandaueg Drive Elkhorn, WI 53121  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.

07/11/10  
(Date)  
*Ellen M. Holly*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

10

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Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Kenneth J. Yorgan, D.C.</i>	2118 Summit Ave. Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
2. <i>Phyllis Cannon</i>	2108 Summit Ave Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
3. <i>James R. Aron</i>	2117 Summit Ave Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
4. <i>Kathy Schlichting</i>	2117 Summit Ave. Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
5. <i>Dorothy Nandyin</i>	2128 Summit Ave Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
6. <i>Jerome Cannon</i>	2108 Summit Ave Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
7. <i>[Signature]</i>	250 Island Ave Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
8. <i>ERIC DAHLKE</i>	5507 MARBORO DR RACINE, WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
9. <i>[Signature]</i>	2414 1/2 Charles Racine, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010
10. <i>[Signature]</i>	3468 OAKTREE LN RACINE WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>RACINE</b>	July 13 2010

### CERTIFICATION OF CIRCULATOR

I, Kenneth J. Yorgan, D.C. (Name of circulator) \_\_\_\_\_, certify:  
I reside at 2118 Summit Ave. Racine, WI 53404  
(Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

7-13-2010

(Date)

Kenneth J. Yorgan, D.C.  
(Signature of circulator)

## NOMINATION PAPER FOR PARTISAN OFFICE

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Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Goger W. Mazzola</i>	821 GORMAN ST ELKHORN WI 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Elkhorn</b>	07/10/10
2. <i>John Bell</i>	54 ARBOR RIDGE DR. DELAWARE, WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>DELAWARE</b>	7/10/10
3. <i>Susan Winters Bell</i>	54 Arbor Ridge Delaware, WI 53115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Delaware</b>	7/10/10
4. <i>Eileen M. Holly</i>	105108 Wandawega Dr Elkhorn, WI 53121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Sugar Creek</b>	07/10/10
5. <i>Doug A. Harold</i>	W1815 City Hwy B Genoa City, WI 53128	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>Bloomfield</b>	7/10/10
6. <i>Alex Narish</i>	416 E COURT ST ELKHORN, WI 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>ELKHORN</b>	7/10/10
7. <i>Maryanne Ingalls</i>	6812 Lant Elm Racine WI 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	7/10/10
8. <i>Frank Walter</i>	N6986 HODGES ELKHORN 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>LAFAYETTE</b>	7/10/10
9. <i>Michael Della</i>	N6986 HODGES RD ELKHORN, WI 53121	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>LAFAYETTE</b>	7/10/10
10. <i>Barker Davis</i>	1237 Wilmington Hwy L.M. 53147	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>[Signature]</b>	7/10/10

**CERTIFICATION OF CIRCULATOR**

\_\_\_\_\_  
SUSAN MCKEEGAN-GUINN, certify:  
(Name of circulator)  
reside at 57 E. SEDGEMEADOW ST. ELKHORN, WI 53121  
(Circulator's residence - include number, street, and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction 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 §12.13(3)(a), Wis. Stats.

7/10/2010  
(Date)

*Susan McKeeGAN-Guinn*  
(Signature of circulator)

# NOMINATION PAPER FOR PARTISAN OFFICE

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Candidate's name; no titles may be used. <b>John Heckenlively</b>		Street, fire, or rural route number; box number (if rural route); and name of street or road <b>410 Seventh Street #2</b>		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Racine</b>	
Name of municipality for mailing purposes <b>Racine</b>	State <b>WI</b>	zip code <b>53403</b>	Type of election <input checked="" type="checkbox"/> general <input checked="" type="checkbox"/> special	Election date <b>November 2</b>	Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office <b>US Representative</b>		District or Jurisdiction <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>Wisconsin, 1st Congressional</b>	

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	614 S Park St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
2. <i>[Signature]</i>	7525 26th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7-12-10
3. <i>[Signature]</i>	7525-26th Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
4. <i>[Signature]</i>	1225 HAMILTON ST Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	7/12-10
5. <i>[Signature]</i>	11415 22nd Ave Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7-12-10
6. <i>[Signature]</i>	5427-70th St Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Kenosha</del>	7/12/10
7. <i>[Signature]</i>	2401 Spring Brook Rd Pleasant Prairie	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant R.	7/12/10
8. <i>[Signature]</i>	3312-86 St Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	7/12/10
9. <i>[Signature]</i>	5579-88 St Pleasant Prairie WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	7/12/10
10. <i>[Signature]</i>	5026 Harrison Rd. Kenosha WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant P.	7/12/10

I, Stephen Butts (Name of Circulator) certify:  
I reside at 6003 7th Ave Kenosha WI 53143  
(Circulator's residence - include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under S 12.13(3)(a), Wis. Stats.  
7-12-2010 (Date)  
*[Signature]* (Signature of circulator)