

July 19, 2010

Government Accountability Board
212 E Washington Ave, 3rd Floor
Madison, WI 53707-7984

Dear G.A.B. Members:

I am writing to formally respond to a challenge to my nomination papers that was filed by Eric Koch of 31 N Randall Ave., #2, on July 16, 2010, at 4:30 p.m. Mr. Koch did not list the municipality of his residence in his complaint, so I am to assume he lives in Madison, Wisconsin.

Mr. Koch alleges that I violated Wisconsin State Statute Ch. 8.15(2), which, in part, requires the signer of a nomination paper "...to list his or her municipality of residence for voting purposes, the street and number, if any, on which the signer resides..." He alleges that I violated this provision by typing in the addresses of some electors on my nomination papers, rather than have each elector write their address in themselves.

Allegation

Mr. Koch alleges that violations of Wisconsin State Statute Ch. 8.15(2) occur on pages 22, 23, 24, 25, 26 and 27 of my nomination papers because I typed in the municipality in which each elector listed on those pages resides.

Response

I typed in the municipality in which electors resided (either Milwaukee or Greenfield) and the year in which they signed on my nomination papers (10) as a courtesy to the electors. On May 17, 2010, G.A.B. staff approved of this practice, as indicated by the attached two sample nomination papers that are initialed by G.A.B. staff. All of the signatures on my nomination papers, including those on pages 22, 23, 24, 25, 26 and 27 are authentic and were collected with the full consent of the signer.

Allegation

Mr. Koch also alleges that violations of Wisconsin State Statute Ch. 8.15(2) occur on pages 28, 29, 30, 31, 33, 37 and 38 of my nomination papers because I typed in electors' addresses, rather than having each elector write in their full address themselves.

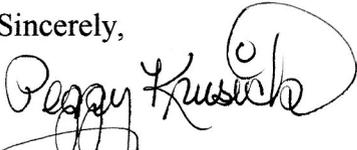
Response

The electors who signed my nomination papers on pages 28, 29, 30, 31, 33, 37 and 38 reside in large complexes for the elderly. As a courtesy for these electors, I typed in the street address (but not the unit number) at which these electors reside. Each of these electors wrote in the unit number of their home themselves. Again, all of the signatures on my nomination papers, including those on pages 28, 29, 30, 31, 33, 37 and 38 are authentic and were collected with the full consent of the signer.

A copy of this statement has been mailed to the complainant, Eric Koch.

I am submitting this as a sworn statement and the facts are true to the best of my knowledge.

Sincerely,



Peggy Krusick
3426 S 69th St
Milwaukee, WI 53219
414-543-0017
peggy@friendsofpeggy.com

Paid for by Friends of Peggy Krusick
James Waldoch, Treasurer

July 19th 2010
Milwaukee, Wisconsin
Maria Tarantino
my commission expires April 6, 2014

MARIA P. TARANTINO
Notary Public
State of Wisconsin

NOMINATION PAPER FOR PARTISAN OFFICE

*Approved as
to Form 5/17/11*

Candidate's name; no titles may be used. Peggy Krusick		Street, fire, or rural route number; box number (if rural route); and name of street or road 3426 South 69th Street		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village Milwaukee <input checked="" type="checkbox"/> City	
Name of municipality for mailing purposes Milwaukee	State WI	zip code 53219	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date 11/2/10	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office Representative to the Assembly		District or Jurisdiction <input checked="" type="checkbox"/> District number <u>7th</u> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 7th Assembly District	

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

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

CERTIFICATION OF CIRCULATOR

I, Peggy Krusick, (Name of circulator) _____, certify:
 I reside at 3426 South 69th Street, Milwaukee, WI 53219
 (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.
 June , 2010

(Date)

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

*Approved
AS to form
20 5/17/10*

Candidate's name; no titles may be used. Peggy Krusick		Street, fire, or rural route number; box number (if rural route); and name of street or road 3426 South 69th Street		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	
Name of municipality for mailing purposes Milwaukee	State WI	zip code 53219	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date 11/2/10	Name of Party or Statement of Principle (5 words or less) Democratic Party
Title of office Representative to the Assembly		District or Jurisdiction <input checked="" type="checkbox"/> District number 7th <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 7th Assembly District	

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

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

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

CERTIFICATION OF CIRCULATOR

I, Peggy Krusick, (Name of circulator), certify:
I reside at 3426 South 69th Street, Milwaukee, WI 53219
(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.
June, 2010

(Date)

(Signature of circulator)

GAB-168 (Rev. 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

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