



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

Date: 6/30/2022 James Barrette  
Complainant's Signature

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

James Barrette  
Complainant's Signature

STATE OF WISCONSIN  
County of Kenosha,  
(county of notarization)

Sworn to before me this 30 day of  
June, 2022.



[Signature]  
(Signature of person authorized to administer oaths)

My commission expires 11/07/2024, or is permanent.

Notary Public or N/A  
(official title if not notary)

**Please send this completed form to:**  
Mail: Wisconsin Elections Commission  
P.O. Box 7984  
Madison, WI 53707-7984  
Fax: (608) 267-0500  
Email: [elections@wi.gov](mailto:elections@wi.gov)