Official Election Complaint Form



Complaint Type

Please select the statutory process that governs your complaint:



Note: you should choose only one statutory process per complaint; if you feel that your allegations fall under more than one statutory process, you should submit separate complaints under each process.

5.05 (Election Law Violation)

5.06 (Violations by Election Officials or Appeals of Decisions of Election Officials)

5.061 (Help America Vote Act Violation)



Complainant Contact Information

Please provide the following information about yourself.

Note: Anyone filing this complaint with you can add their information on a separate page (see page 4).

| Fi | rs | t I | VC | ın | ne |
|----|----|-----|----|----|----|
| | _ | _ | _ | | |

Greg

Last Name

Doverspike

Residential Address

2206 Sherwood Ave, Schofield, WI 54476

Mailing Address (if different)

1582 Kronenwetter Dr., Kronenwetter, WI 54455

Telephone (optional)

(715) 693-2530

Email

gdoverspike@mosineeschools.org



Respondent

Please provide the following information about the individual or individuals whom you allege violated or improperly administered election laws:

Note: For 5.06 complaints, each respondent must be an election official. If there are multiple respondents, you can add their information on a separate page (see page 5).

Respondent Name

Respondent Title (5.06 complaints)

Bobbi Jo Birk-LaBarge Village Clerk

Mailing Address

1582 Kronenwetter Dr., Kronenwetter, WI 54455

Telephone (if available)

Email (if available)

715-693-4200

bbirklabarge@kronenwetter.org

Applicable Statutes

Please cite each statute within Chapters 5 to 10 and 12 of the Wisconsin Statutes, as well as any other laws relating to elections, other than laws relating to campaign financing, that you allege were violated or improperly administered.

Note: The Commission cannot accept a complaint that does not cite specific provisions, including the correct subsections, of election law.

State Statute: 5.51(6); 5.51(2)(am)(c)

Allegations

Set forth in detail the facts that establish probable cause to believe that a violation occurred. Be as specific as possible as it relates to dates, times, individuals, and actions involved. Use as many separate pages as needed and attach copies of any supporting documentation, evidence, or affidavits.

I am the superintendent of the Mosinee School District and we have a referendum on the Nov. 5th ballot. We have two instances thus far where municipalities in our school district have failed to include our referendum question to early voting and absentee voters. The two municipalities are the Town of Reid and the Village of Kronenwetter.

In the case of the Town of Reid the clerk failed to follow the directions of the County Clerk and did not put our referendum ballot in the absentee ballot materials. In the case of the Village of Kronenwetter the clerk handed out DC Everest School District ballots to all residents despite the fact that around 1/3 of the residents of the village are in the Mosinee School District.

Sign Each complainant must complete either step 6a, "Unsworn Statement," or Step 6b "Sworn Statement." For either option, you may enter your digital signature by clicking the box and following the instructions, or you may print the form and sign it. Unsworn Statement I declare under penalty of false swearing under the law of Wisconsin that the foregoing is true and correct. Signed on the 24 2024 Mosinee, WI (city or other location and state or country). Greg Doverspike Printed Name Sworn Statement (to be completed in the presence of a notary) , 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. Complainant's Signature Note: Each complainant listed above in section 6b must have this form sworn before a notary or other official able to swear oaths. STATE OF WISCONSIN County of, (county of notarization) Sworn to before me this day of, 10/24 (Signature of person authorized to administer oaths) My commission expires on 10/13 or is permanent. Notary Public or (official title if not notary)

Filing the Complaint
Please send this completed form to the Wisconsin Elections Commission

Email:

elections@wi.gov

Please put your name and "Complaint" in the email subject field

Mail:

Wisconsin Elections

Commission P.O. Box 7984

Madison, WI 53707-7984

Fax:

608-267-0500

Additional Complainants

| First Name | Last Name | | | |
|--|--------------------|--|--|--|
| Kittie | Milanowski | | | |
| Residential Address | | | | |
| 175411 Prover River Rd. Hatley, WI 54440 | | | | |
| Mailing Address (if different) | | | | |
| | | | | |
| Telephone (optional) | Email | | | |
| | kitmil46@yahoo.com | | | |
| | | | | |
| First Name | Last Name | | | |
| | | | | |
| Residential Address | | | | |
| | | | | |
| Mailing Address (if different) | | | | |
| Tolophono (ontional) | Email | | | |
| Telephone (optional) | Erridiij | | | |
| | | | | |
| First Name | Last Name | | | |
| FIIST NAME | Lastivarrio | | | |
| Residential Address | | | | |
| | | | | |
| Mailing Address (if different) | | | | |
| | | | | |
| Telephone (optional) | Email | | | |
| | | | | |

| Additional Respondents | | | | |
|--------------------------|------------------------------------|--|--|--|
| Respondent Name | Respondent Title (5.06 complaints) | | | |
| Mailing Address | | | | |
| Telephone (if available) | Email (if available) | | | |
| Respondent Name | Respondent Title (5.06 complaints) | | | |
| Mailing Address | | | | |
| Telephone (if available) | Email (if available) | | | |
| Respondent Name | Respondent Title (5.06 complaints) | | | |
| Mailing Address | | | | |
| Telephone (if available) | Email (if available) | | | |
| Respondent Name | Respondent Title (5.06 complaints) | | | |

Email (if available)

Mailing Address

Telephone (if available)