STATE OF WISCONSIN ELECTIONS COMMISSION

COMPLAINT FORM

Please provide the following information about yourself:
Name Junior Roburgel
Address E 8597A Hy 136 Rock Springs, W. 53961
Telephone Number 608-522 4212
E-mail Wife's email / gurge/ @ outlook, Com
State of Wisconsin
Before the Elections Commission
The Complaint of Juniar R Gurgel
, Complainant(s) against
Tlerk Sandra Meyer Smanson, Respondent, whose
address is Town of Excelsion 100 B Broadway Rock Springs, W. 53961
This complaint is under 5, 84 (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)
I, Junior R Gurgel, allege that:
No notice of the ofesting Equipment was given
No notice was published in a newspaper
No notice posted at the Town Hall Office
No notice on town website.
www Town of Excelsion wingor
this complaint is for the Feb 21, 2023
primary election.

individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)
Date: 3-13-2023 Complainant's Signature
I, Junior R Gurge, 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.
2 in R boal
Complainant's Signature
STATE OF WISCONSIN
County of (county of notarization)
Sworn to before me this \ day of
March, 2023.
(Signature of person authorized to administer oaths)
(Signature of person authorized to administer oaths) My commission expires 10 9 22, or is permanent. Notary Public or
Trotal y Label of
(official title if not notary)

(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

Please send this completed form to:

Mail: Wiscons

Wisconsin Elections Commission

P.O. Box 7984

Madison, WI 53707-7984

Fax:

(608) 267-0500

Email: elections@wi.gov