WEG 05JUL2022 AV3.043.2

STATE OF WISCONSIN ELECTIONS COMMISSION

COMPLAINT FORM

Please provide the following information about yourself:
Name James Barrette
Address 9907 14 St, Kenosha, WI 53144
Telephone Number 262-498-2551
E-mail jimbarrette@wi.rr.com
State of Wisconsin
Before the Elections Commission
The Complaint of James Barrette
, Complainant(s) against
MICHELLE SHRAMEK-Clerk & Michael L Griswold-election inspector inspector , Respondent, whose
address is
This complaint is under 6.85 (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, James Barrette , allege that:
While working as an election inspector in the municipality of Paddock Lake, on April 5, 2022, I observed "upon information and belief"
Michael L Griswold remaking absentee ballots that had been rejected by the voting machine.
ALONE. This was a violation of Wis. Stats. 5.85(2)(b) (if they were remaking ballots with overvotes) or 5.85(3) if the ballots were otherwise damaged or defective.
Regardless of the reason for the remake, two inspectors should have been involved in the process (including one from each party, which were available).
It should be noted that I did talk to the chief election inspector and clerk about the issue but all of the ballots
had already been remade and counted. I asked Mr. Griswold what he was doing and told him he wasn't suppose to be
remaking ballots alone, however he kept doing it until I told the clerk what he was doing and she then stopped him.

(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 Anu Banut 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.
Janes Baruth
Complainant's Signature
STATE OF WISCONSIN
County of notarization) County of notarization)
Sworn to before me this 30 day of STANTON
June , 20 22.
The state of the s
(Signature of person authorized to administer oaths)
My commission expires 11/07/2024, or is permanent.
Notary Public or(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