

**STATE OF WISCONSIN
ELECTIONS COMMISSION**

COMPLAINT FORM

Please provide the following information about yourself:

Name Garrett Sowle

Address 712 McDonald St, Oconto, WI 54153

Telephone Number 920-737-3658

E-mail Garrett.Sowle@outlook.com

**State of Wisconsin
Before the Elections Commission**

The Complaint of Nominations (Premature extension of filing deadline)

_____, Complainant(s) against

Brittany Bickel (City of Oconto Administrator), Respondent, whose

address is 1210 Main St, Oconto, WI 54153.

This complaint is under 8.10(2)(a) (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, Garrett Sowle, allege that:

Brittany Bickel prematurely Announced the extension for the nomination paper submission deadline on 12/30/22. 8.10(2)(a) reads that "If an incumbent fails to file nomination papers..." then an extension shall be granted. She couldn't know for certain if an incumbent will fail to file until the deadline of 1/3/23. An incumbent's declaration of non-candidacy is NOT a failure to file nomination papers by the original prescribed deadline.

(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: 1/4/23

[Signature]
Complainant's Signature

I, Garrett Soule, 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.

[Signature]
Complainant's Signature

STATE OF ~~WISCONSIN~~ North Carolina

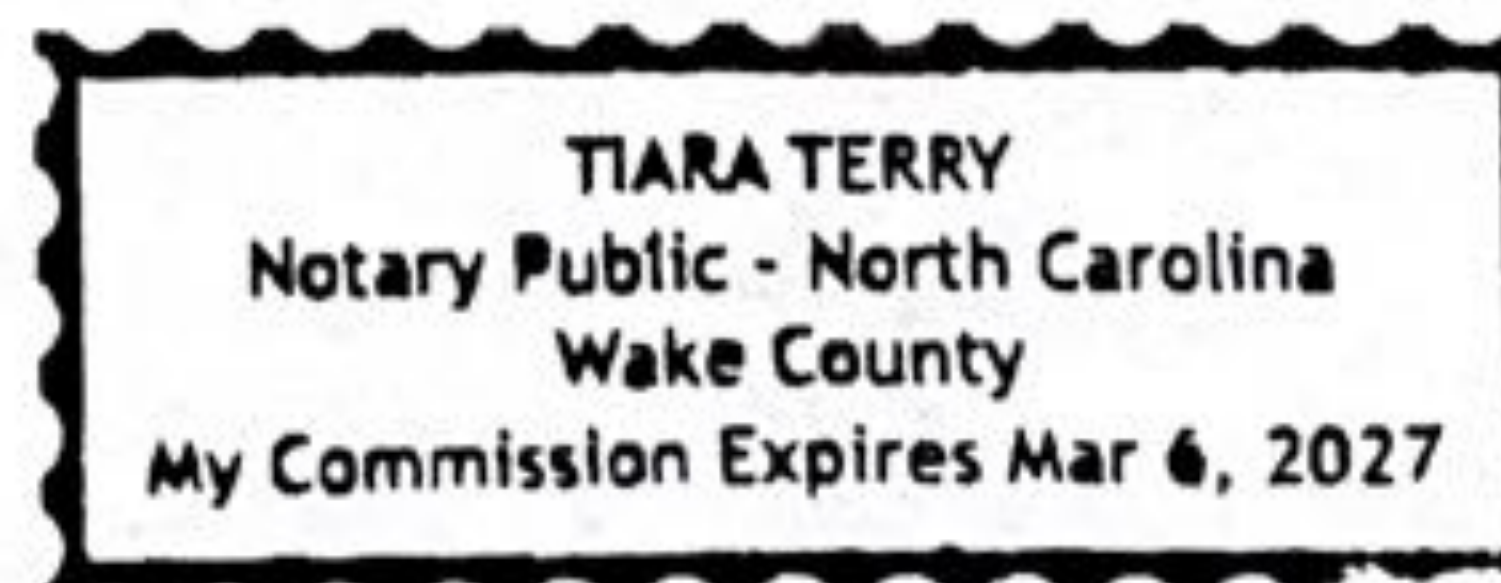
County of Wake,
(county of notarization)

Sworn to before me this 4th day of
January, 20 23.

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

My commission expires March 6, 2027, 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