ROGER POLACK

Complainant,

v.

JOSH PADE

Respondent.

VERIFIED RESPONSE TO CHALLENGE AND REQUEST TO REINSTATE SIGNATURES

#### Introduction

Respondent Josh Pade, Democratic Party candidate for U.S. Congress in Wisconsin's 1<sup>st</sup> Congressional District, by his attorneys Halling & Cayo S.C., by attorney Stacie H. Rosenzweig, submits this verified response to the complaint of Roger Polack ("Complainant") in the captioned matter, and also seeks to reinstate signatures that the Wisconsin Elections Commission (WEC) invalidated in error or otherwise contrary to its own guidance and code.

#### I. RESPONSE TO COMPLAINT

Complainant seeks to disenfranchise eligible voters by discounting their decision to sign candidate Pade's nomination papers, in the midst of a global pandemic no less, for simple political advantage. In fact, and as the law makes clear, the nomination process, including the review and challenge process, is not about the candidates or their campaigns. It is about protecting the central role voters hold in the process of deciding who is to represent them, and ensuring each voter's voice is counted.

The law and the facts confirm that nomination papers containing sufficient valid signatures were properly filed in support of the Pade candidacy. The Commission should decline Complainant's attempt to thwart the will of these voters.

The applicable legal standards are well established. The law requires "substantial compliance" with its requirements for nomination papers, not literal perfection. Where any required item of information on a nomination paper is incomplete, the filing officer shall accept the information as complete if there has been substantial compliance with the law. El 2.05(5). Contrary to the premise of the challenge, "[t]he object of election laws is to secure the rights of duly qualified electors and not to defeat them." *Stahovic v. Rajchel*, 122 Wis. 2d 3, 70, 376, 363 N.W.2d 243, 246 (Ct. App. 1984).

Wisconsin Administrative Code EL §§ 2.05(4) and 2.07(3)(a) provide: "Any information which appears on a nomination paper is entitled to a presumption of validity," and "[t]he burden is on the challenger to establish any insufficiency." Complainants must satisfy their burden with "clear and convincing evidence." Wis. Admin Code EL § 2.07(4). Complainant has failed to meet his burden in many respects, as will be set forth below.

A. COMPLAINANT HAS NOT MET HIS BURDEN TO DEMONSTRATE THAT THE SIGNATURES ON PADE'S PAPERS WERE SIGNED AFTER THOSE ON HIS PAPERS

Respondent acknowledges that if an elector signs the nomination papers for more than one candidate for the same office, the "2<sup>nd</sup> and subsequent signatures may not be counted." However, Wis. Admin Code EL 2.07(3) makes it clear that the onus is on the challenger to prove any insufficiency.

2

<sup>&</sup>lt;sup>1</sup> This is known as the "middle" burden of proof and it "requires a greater degree of certitude than that required in ordinary civil cases." *Kruse v. Horlamus Indus., Inc.,* 130 Wis. 2d 357,363,387 N.W.2d 64, 67 (1986).

As Complainant recites in his complaint, the following electors signed both candidates' papers on the same day:

Debra Hammes (Page 88, Line 1)—May 21, 2020<sup>2</sup> Gregory Hammes (Page 88, Line 2)—May 21, 2020 William Kroll (Page 96, Line 2)—May 18, 2020 Brooke Nerison (Page 96, Line 3)—May 18, 2020 Kailey Nerison (Page 96, Line 4)—May 20, 2020

Complainant has provided absolutely no proof, however, that the signatures on his papers were obtained first and that Respondent's papers contain the second or subsequent signatures. Accordingly, as signatures are entitled to a presumption of validity and it is the challenger's burden to demonstrate otherwise, the second-and-subsequent signature challenge as to these signatures fails.

### B. COMPLAINANT HAS NOT MET HIS BURDEN REGARDING THE LEGIBILITY OF RESIDENTIAL ADDRESSES

Legibility is, of course, a judgment call, but information is entitled to a presumption of validity. Each of these challenges is discussed below.

1) Page 31, line 6 is sufficiently legible for the Commission to count this signature. Commission guidance on the issue of legibility is clear—when a name can be discerned in part, the signature should be counted; it is not required that the full name be apparent and legible. The name appears to be Sheker Rakbendiyere. The address appears to be 7970 S. Main Street. Importantly, the municipality of residence is legible as Oak Creek, Wisconsin.

3

<sup>&</sup>lt;sup>2</sup> In addition, as will be discussed in a later section, Complainant's paper bearing the signatures of Debra Hammes and Gregory Hammes are handwritten, not certified by the circulator, and are a nullity.

- This address is within the 1<sup>st</sup> Congressional District as verified by the House.gov "Find my Representative" page. (Ex. A.<sup>3</sup>)
- 2) All of the information on Page 50, line 1 is legible on its face. It reads: Esther Turner, 1514

  Tyler Street, Janesville, WI. The name and address have been verified through

  Whitepages.com. (See Ex. B.)
- 3) There is sufficient information on Page 66, line 8, to determine that Felicia Broom resides within the district. She has listed her municipality of residence as Kenosha, Wisconsin, the entirety of which is in the 1<sup>st</sup> Congressional District. Additionally, her address obtained by the undersigned Respondent is 6524 25<sup>th</sup> Avenue, Kenosha, WI, which is within the 1<sup>st</sup> Congressional District.
- 4) All of the information on page 142, line 2, is legible on its face. It reads: Annie Ellison, 208 N. Main, Janesville, WI. The name and address have been verified through Whitepages.com. (See Ex. C.) Commission guidance does not require apartment numbers.
- 5) All of the information on page 153, line 4, is legible on its face. It reads: Jean Sickels, 1122 Elgin Avenue, Janesville, WI. The name and address have been verified through the Rock County tax database. (See Ex. D.)

These signatures should be counted.

<sup>&</sup>lt;sup>3</sup> Respondent's exhibits are identified by letters, as Complainant's are identified by numbers.

<sup>&</sup>lt;sup>4</sup> Whitepages.com is an online directory of contact and public record information for US residents. Basic contact information is available for free. However, in an abundance of caution, due to the public nature of WEC filings, we have redacted personal telephone numbers and other irrelevant identifying information from exhibits.

#### C. RESPONSE TO CERTIFICATION OF MAY 9 DOCUMENTS

Complainant has challenged 17 signatures<sup>5</sup> that were obtained May 9, 2020, as having insufficient certification. First, elector Walter H. Davidson (Ex. 22m, page 183, line 1) clearly certified his own signature. His signature should be counted.

Regarding the remaining signatures, these are claims made "information and belief" (see ¶¶ 21, 23, 24); such assertions are not "evidence" of any sort. Webb v. Ocularra Holding, Inc., 2000 WI App 25, ¶ 33, 232 Wis. 2d 495, 518, 606 N.W.2d 552, 563 (citing West Side Bank v. Marine Nat'l Exchange Bank, 37 Wis.2d 661, 665–66, 155 N.W.2d 587 (1968). Needless to say, statements that are not evidence do not begin to approach the "clear and convincing evidence" standard required.

Similarly, some of the challenges are premised on hearsay. (See ¶¶ 23, 24) Complainant attaches no affidavit or anything else from any of the electors he claims he contacted; he simply expects the Elections Commission to accept this hearsay evidence. It should not.

Respondent acknowledges that the remaining 16 signatures dated May 9, 2020 and subject to dispute were certified by Jessica Randazza-Pade, the Respondent's spouse. We note that the allegations that Ms. Randazza-Pade were not present at the May 9 circulating event were made "upon information and belief" and only with a hearsay statement of Ms. Cobb Madsen who was present at the event. This is insufficient evidence to support this challenge.

Nonetheless, Respondent, who has verified this response upon personal knowledge, acknowledges that he was present at this event and collected these signatures. To the best of his knowledge and belief, these pages were inadvertently inserted into a stack of Ms. Randazza-Pade's

<sup>&</sup>lt;sup>5</sup>Complainant has erroneously described these as "21 signatures," but only 17 were enumerated in paragraphs 22(a)-(o).

pages for her to certify, and she did so in error. We ask that the Commission accept Mr. Pade's verified correction of the certification and accept these signatures.

With regard to the signatures of Judith Lee (disputed in paragraph 24) and Frances Kroll<sup>6</sup> and William Kroll (disputed in paragraph 25) this allegation is made upon information and belief and based on the hearsay comment of Ms. Lee and one or more of the Krolls, none of whom have submitted an affidavit or other evidence supporting the contentions regarding the certification. This is insufficient to meet Complainant's burden.

With regard to the signatures of Debra Hammes and Gregory Hammes (disputed in paragraph 25, as well as above regarding the dates of signatures), we note that again, Complainant offers no actual admissible evidence in support of his contentions. The document submitted by Complainant (ex. 12.2), purporting to show a paper signed by the Hammeses in his favor, is completely handwritten (including the header, where Complainant's other papers are typewritten) and uncertified, and as such is a nullity; we only have the bare assertion of Complainant that it was mailed to him at some point. This is also insufficient to meet Complainant's burden to disqualify these signatures.

#### II. RESPONSE TO SIGNATURES DISQUALIFIED BY THE WEC

In responding to this challenge, Respondent obtained copies of signatures that were disqualified by the WEC. (The entire packet, as received via email by WEC, is appended as Exhibit Z.) However, these signatures, by and large, do not contain errors or deficiencies that Respondent could have remedied through corrective affidavits or otherwise. These signatures should have been presumed valid from the outset (see Wis. Admin Code EL §§ 2.05(4), and

<sup>&</sup>lt;sup>6</sup> Respondent acknowledges that Frances Kroll's signature on Respondent's paper was dated after her signature on Complainant's paper, as described in an earlier part of the challenge.

especially given the added difficulties of collecting signatures during a time of social distancing), indeed, are valid and should have been counted by WEC in the first place, pursuant to WEC's own guidance. We ask that these signatures, discussed below in the order in which they appear in Exhibit Z, be reinstated now.

- 1) The signature of Victor Cameron, page 151, line 7, was apparently disqualified due to incomplete printed name. However, the signature and printed name are present, and the address is legible and clearly in the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c).) This name and address have been verified through Kenosha county tax records. (Ex. R.)
- 2) The signature of Diane Gunderson, page 117, line 6, was apparently disqualified for an incorrect date. However, every signature on that page was collected on May 27, 2020; every other signature bears that date and Ms. Gunderson's signature is bracketed by the correct dates. We ask that the WEC defer to its guidance regarding signature date generally (Manual<sup>7</sup> p. 9, sec. 2(e)), determine from context that this signature was dated May 27, 2020, and count this signature.
- 3) The signature of on page 115, line 8, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature appears to read Rodney Waite. That the "printed name" is in cursive is not disqualifying. The address is legible and clearly in the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)).

<sup>&</sup>lt;sup>7</sup> "Manual" refers to the "Nomination Paper Challenges" document dated January 2018 and promulgated by WEC.

- 4) The signature on page 112, line 7, was apparently disqualified due to illegibility or incomplete printed name. However, reading the signature in conjunction with the printed name, this signature appears to read Gabrielle Wouriels. The address is legible and clearly in the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c))
- 5) The signature on page 162, line 5, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Jaclyn Webster, who is known to the Respondent. The address is legible and clearly in the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)).
- 6) The signature on page 162, line 10, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Frank Pocaro, who is known to the Respondent. The address is 6535 Biscayne Avenue, Racine, WI, which is in the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)).
- 7) The signature on page 161, line 1, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Willie Maryland. The address is legible and in the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)). In addition, this name and address were verified through Racine County tax records. (Ex. E.)
- 8) The signature on page 161, line 7, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Federico Garcia. The address is legible and within the district. If a possible name can be discerned,

- the signature should be counted. (Manual p. 6, sec. 3(c)). In addition, this name and address were verified through Kenosha County tax records. (Ex. F.)
- 9) The signature on page 139, line 5, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Roxanne M. Brown. The address is legible and within the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)). In addition, this name and address were verified through Kenosha County tax records. (Ex. G.)
- 10) The signature on page 139, line 10, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Aranza Rivas. The address is legible and within the district. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)). In addition, this name and address were verified through Whitepages.com. (Ex. H.)
- 11) The signature on page 123, line 2, was apparently disqualified due to illegibility. This signature is partially legible and appears to be T. Hamizh. If a possible name can be discerned, the signature should be counted, even if it cannot be completely discerned. (Manual p. 6, sec. 3(c)).
- 12) The signature on page 172, line 2, was apparently disqualified due to a missing signature. However, the printed name Joanne Siebers is legible and the address is within the district.
- 13) The signature of Joan C. Mikecz on page 90, line 1, was apparently disqualified as being out of district. However, this address, S44 W25780 Underwood Court, Waukesha, is in the district. See House.gov "Find Your Representative" printout (Ex. I). This signature was apparently disqualified in error and should be counted.

- 14) The signature of Michael Mikecz on page 90, line 2, was apparently disqualified as being out of district. However, this address, S44 W25780 Underwood Court, Waukesha, is in the district. See House.gov "Find Your Representative" printout (Ex. I). This signature was apparently disqualified in error and should be counted.
- 15) The signature of William Steele on page 87, line 1, was apparently disqualified as being out of district. However, this address, S30W30474 Sunset Drive, Waukesha, is in the district. See House.gov "Find Your Representative" printout (Ex. J). We note that this property is located within in the Town of Genesee but the property address in the City of Waukesha as noted in tax records. See Waukesha County tax record (Ex. K.) This signature was apparently disqualified in error and should be counted.
- 16) The signature of Janice Krane on page 86, line 1, was apparently disqualified as being out of district. However, this address, 260 Caernarvon Rd., Wales, is in the district. The House.gov "Find Your Representative" site could not locate this address; however, the Village of Wales is located entirely within the 1<sup>st</sup> Congressional District. (See Ex. L). This signature was apparently disqualified in error and should be counted.
- 17) The signature of Daniel Hinick on page 86, line 2, was apparently disqualified as being out of district. However, this address is in the district. However, this address, 260 Caernarvon Rd., Wales, is in the district. The House.gov "Find Your Representative" site could not locate this address; however, the Village of Wales is located entirely within the 1<sup>st</sup> Congressional District. (See Ex. L). This signature was apparently disqualified in error and should be counted.
- 18) The signature of Ashley Buckner on page 73, line 3, was apparently disqualified due to an illegible address. However, the address is 4733 W. 6 ½ Mile Road, Caledonia, WI, is

- legible (using common and unambiguous abbreviations for "West," "Mile," and "Road"), and is within the 1<sup>st</sup> Congressional District. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)). In addition, this name and address were verified through Whitepages.com. (Ex. M.)
- 19) Dana Bruce Creed was the circulator of page 18. Abby Landgraf and Emily Sanders were out of town when he originally circulated this petition. He was asked to wait to send the page to the Respondent until they returned and could sign. They did so on May 19, 2020 and Mr. Creed witnessed these signatures (page 18, lines 7 and 8, respectively); however, the date on the certification is incorrectly listed as May 18, 2020. The proper date is May 19, 2020. A corrective affidavit of Mr. Creed is enclosed.
- 20) The signature of Mary Ori on page 98, line 3, was apparently disqualified due to the date of signing. The date reads 5/2/2020, which is within the circulation period and is entitled to a presumption of validity. Further, the signature immediately preceding it is dated May 21, 2020. The signatures on the page dated after that are exclusively from the circulator's family (see Rannow Aff., enclosed herewith) and were collected on May 26, 2020. This signature was apparently disqualified in error and should be counted.
- 21) Carol Rannow was the circulator of page 98. The date of her certification is incorrectly listed as May 21, 2020. She obtained and witnessed signatures from her family members, Kevin Rannow (line 4), Geraldine Rannow (line 5) and Kenneth Rannow Jr. (Line 6) on May 26, 2020. The date of certification is incorrectly listed as May 21, 2020. The proper date is May 26, 2020. A corrective affidavit of Carol Rannow is enclosed.
- 22) The signature on page 78, line 7, was apparently disqualified due to illegibility or incomplete printed name. However, reading the signature in conjunction with the printed

name, this signature is Carlos Diaz. If a possible name can be discerned, the signature should be counted. The intent for the printed name requirement was to "preserve the ability of opposing candidates to identify petition signers in order to consider filing challenges, and not to reject signatures that were legible." The signature and printed name requirement were substantially complied with. (Manual p. 6, sec. 3(c)). The address of 1533 Owen Av., Racine, WI is clearly legible and within the district. In addition, this name and address were verified through Whitepages.com. (Ex N.)

- 23) The signature on page 68, line 9, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Richard Burger. The address of 7718 22<sup>nd</sup> Avenue, Kenosha, is legible and within the 1<sup>st</sup> Congressional District. If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)). In addition, that the "printed name" is in cursive does not disqualify the signature, as the intent for the printed name requirement was to "preserve the ability of opposing candidates to identify petition signers in order to consider filing challenges, and not to reject signatures that were legible." (Manual p.5-6, Sec. 3.) This name and address were verified through Whitepages.com. (Ex. O).
- 24) The signature of Orlando Anderson on page 66, line 7, did not contain a street address. However, it did contain a municipality, Kenosha, Wisconsin, which is located entirely within the 1st Congressional District. There is sufficient information on the petition to determine that this elector resides in the district. Additionally, his address obtained by the undersigned Respondent is 4303 7<sup>th</sup> St, #119, Kenosha, WI, which is within the 1<sup>st</sup> Congressional District.

- 25) The signature of Aydan Farrell on 46, line 9, was apparently disqualified due to an incomplete printed name. However, reading the signature in conjunction with the printed name, this signature is clear, and the address is legible and within the 1<sup>st</sup> Congressional District. The intent for the printed name requirement was to "preserve the ability of opposing candidates to identify petition signers in order to consider filing challenges, and not to reject signatures that were legible." If a possible name can be discerned, the signature should be counted. (Manual p. 6, sec. 3(c)).
- 26) The signature of Stephanie Pride on page 42, line 7, was apparently disqualified due to a missing date. However, this signature is bracketed by signatures bearing a date of May 31, 2020, and thus dates can be determined based on reference to the other signatures on the page. (Manual, p. 8, sec. 3(e).) This signature was disqualified in error and should be counted.
- 27) The signature of Christine Ingham on page 42, line 8, was apparently disqualified due to a missing date. However, this signature is bracketed by signatures bearing a date of May 31, 2020, and thus dates can be determined based on reference to the other signatures on the page. (Manual, p. 8, sec. 3(e).) This signature was disqualified in error and should be counted.
- 28) The signature of Kim Graba on page 39, line 1, contains an incomplete date. However, the date of this signature can be determined by reference to the dates of other signatures per Wis. Admin. Code EL § 2.05(15)(a); as the Manual (p. 8) states, the Board can apply this principle even if the incomplete date appeared in the first or last signature line. The two dated signatures that follow were collected on May 29, 2020. Respondent Josh Pade

- circulated this page and verifies that he collected the first four signatures on this page on May 29, 2020.
- 29) The signature of Fabienne Mortier on page 39, line 2, is not dated. However, the date of this signature can be determined by reference to the dates of other signatures per Wis. Admin. Code EL § 2.05(15)(a); as the Manual (p. 8) states, the Board can apply this principle even if the incomplete date appeared in the first or last signature line. The two dated signatures that follow were collected on May 29, 2020. Respondent Josh Pade circulated this page and verifies that he collected the first four signatures on this page on May 29, 2020.
- 30) The signature on page 30, line 10, was apparently disqualified due to illegibility. However, reading the signature in conjunction with the printed name, this signature is Laura A. Tredup. The address, 1903 87<sup>th</sup> Place, Kenosha, WI is legible and is within the 1<sup>st</sup> Congressional District. If a possible name can be discerned, the signature should be counted, even if an exact spelling cannot be determined. (Manual p. 6, sec. 3(c)). In addition, this name and address were verified through Kenosha County tax records (Ex. P).
- 31) The signature of Jessica Ivy, 12010 258<sup>th</sup> Ave., Trevor, WI, on page 24, line 5, contains no apparent deficiency and appears to have been disqualified in error. In addition, Ms. Ivy is personally known to Respondent, and this name and address were verified through Whitepages.com (Ex. Q).

#### **Conclusion**

Respondent Josh Pade respectfully requests rejection of the challenges as described above, and reinstatement of the signatures that the WEC disqualified, as described above, and placement on the Fall 2020 ballot.

Dated June 8, 2020,

HALLING & CAYO, S.C. Attorneys for Respondent Josh Pade

Starie D. Roseyneiz

Stacie H. Rosenzweig State Bar No. 1062123 shr@hallingcayo.com

#### POST OFFICE ADDRESS:

320 E. Buffalo Street Suite 700 Milwaukee, WI 53202 (414) 271-3400 FAX (414) 271-3841

(Candidate verification on next page.)

#### **VERIFICATION**

I, Josh Pade, being first duly sworn upon oath, state that I personally read the above response and the exhibits appended thereto, and that the statements contained in the response are true and correct based on my personal knowledge, or that on my information and belief, I believe them to be true.

Executed in the State of Wisconsin, County of Kenasha, this day of June, 2020.

Subscribed and sworn to before me this 8 day of June, 2020.

Notary Public, State of Wisconsin My commission expires: 1/8/2022.

#### STATE OF WISCONSIN

#### **ELECTIONS COMMISSION**

ROGER POLACK

Complainant,

V.

JOSH PADE

Respondent.

#### AFFIDAVIT OF DANA BRUCE CREED

STATE OF WISCONSIN ) ss COUNTY OF waluacth )

I, Dana Bruce Creed, being duly sworn, deposes and states as follows:

- 1. I am an adult resident of Williams Bay, Wisconsin, and make this affidavit upon personal knowledge.
- 2. I circulated page 18 of the Nomination Paper for Partisan Office for Josh Pade. I initially circulated this page on May 18, 2020.
- 3. The signers on line 7, Abby Landgraf, and page 8, Emily Sanders were out of town on May 18, and requested that I wait to return the paper to the candidate until they signed the paper.
- 4. Ms. Landgraf and Ms. Sanders returned to town and signed the paper on May 19, 2020. I witnessed their signatures.
- 5. The date in my certification was erroneously listed as May 18, 2020. The correct date for certification was May 19, 2020.

ANNA HUERTA NOTARY PUBLIC STATE OF WISCONSIN

Dana Brue Creek

6/8/2020 12:31:02 PM From: To: 414-271-3841( 2/2 )

Dana Bruce Creed

Subscribed and sworn to before me this <u>8</u> day of June, 2020.

> ANNA HUERTA **NOTARY PUBLIC** STATE OF WISCONS!

ULILA (NOTARY)

Notary Public, State of Wisconsin
My commission expires: 100 10, 2000

ROGER POLACK

Complainant,

V.

JOSH PADE

Respondent.

#### AFFIDAVIT OF CAROL RANNOW

COUNTY OF Kennsha

- I, Carol Rannow, being duly sworn, deposes and states as follows:
  - 1. I am an adult resident of Kenosha, Wisconsin, and make this affidavit upon personal knowledge.
  - 2. I circulated page 98 of the Nomination Paper for Partisan Office for Josh Pade. I initially circulated this page on May 21, 2020.
  - 3. The signers on line 4, Kevin Rannow, line 5, Geraldine Rannow, and line 6, Kenneth Rannow Jr., are family members. I witnessed their signatures on May 26, 2020.
  - 4. The date in my certification was erroneously listed as May 21, 2020. The correct date for certification is May 26, 2020.

Carol Rannow

Subscribed and sworn to before me this \$\frac{1}{2} \tag{day of June. 2020.}

(NOTARY)

Notary Public, State of Wisconsin

My commission expires: 9

TRACEY A. WALCZAK Notary Public State of Wisconsin

### **EXHIBIT A**

Visitors Educators and Students Media Doing Business with the House Employment

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REPRESENTATIVE

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LOOK HE

116th Congress, 1st Session · The House is not in session.

REPRESENTATIVES LEADERSHIP COMMITTEES LEGISLATIVE ACTIVITY THE HOUSE EXPLAINED

### Find Your Representative

#### Information provided:

Street: 7970 S MAIN ST City: OAK CREEK, WI Zip Code: 53154-1917

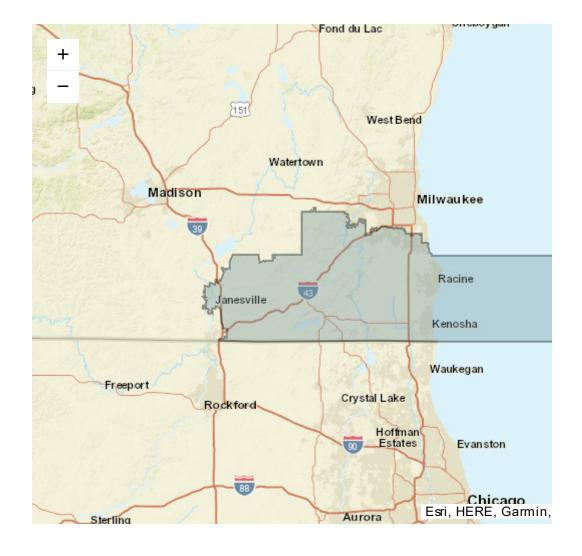
is located in the 1st Congressional district of Wisconsin.

The representative for this district is:



Bry an Steil Republican





1 of 2 6/7/2020, 6:21 PM

U.S. House of Representatives Washington, DC 20515 (202) 224-3121 TTY: (202)-225-1904

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## EXHIBIT B

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### **Esther Ann Turner**

Age 70s

Monitor

on

off

#### **Phone numbers**

**Landline** 

#### **Current address**

1514 Tyler St Janesville WI 53545-4963

#### **Previous Locations**

Evansville, WI

#### **Family & relatives**

Heidi Lynn Turner

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1 of 1 6/7/2020, 4:30 PM

### **EXHIBIT C**

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### **Annie F Ellison**

Age 60s

Monitor

on

off

#### Phone numbers

Landline

#### **Current addresses**

208 N Main St Apt 703 Janesville WI 53545-3054 208 N Main St Apt 409 Janesville WI 53545-3058

#### **Previous Locations**

Janesville, WI

#### Looking for a different Annie?

Annie F Ellison Ann Marie Peterson Anna M Allison

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## EXHIBIT D

#### Search Results

1 records matched your search criteria.

Click on the Tax ID number to see the parcel's detail information. Click on the Current taxes link to see the taxes for the Parcel listed in that row.

First Name	Last Name	Address	Tax ID	Parcel	
JEAN A	SICKELS	Mail: 1122 ELGIN AVE Site: 1122 ELGIN AVE	241 0123300057	0123300057	Current Taxes

Go to top

Rock County provides this information with the understanding that it is not guaranteed to be current, complete or accurate. Conclusions drawn from this information are the responsibility of the user. While every reasonable effort has been made to ensure the timeliness and accuracy of the information, Rock County takes no responsibility for errors and omissions.

For questions regarding Outstanding Taxes and Tax Payment records, contact the County Treasurer office at (608)757-5670. For questions regarding Tax Listing Information, please contact the Real Property Lister office at (608)757-5610.

1 of 1 6/7/2020, 4:35 PM

## EXHIBIT E

Racine	County
Ascent Land	Records Suite

Access Type: Choose Category: What do you want to do?

Public Real estate property & tax Search properties

Browser Setup Help

Help

Return to search results **Property Summary** Owner (s): Location:  ${\sf MARYLAND,WILLIE,JR}$ Section, Sect. 31, T3N, R23E TUSSLER, SUSAN M Mailing Address: School District: WILLIE MARYLAND JR 4620 - UNIFIED SCHOOL DISTRICT SUSAN M TUSSLER 5352 ZACHARY DR RACINE, WI 53403-0000 Request Mailing Address Change Tax Parcel ID Number: Tax District: Status: 151-03-23-31-050-050 151-VILLAGE OF MT PLEASANT Active Alternate Tax Parcel Number: 0.4600 Description - Comments (Please see Documents tab below for related documents. For a complete legal description, see recorded document.): PT SE 1/4 CSM #1320 REC IN V4 P152 LOT 2 FROM 008032331050007 IN 88 FOR 89 ROLL \*\*TOTAL ACRES\*\* 00.46 Site Address (es): (Site address may not be verified and could be incorrect. DO NOT use the site address in lieu of legal description.) 5352 ZACHARY DR RACINE, WI 53403 Select Detail --> Make Default Detail Printer Friendly Page <Select Detail> View Property Info Sheet View Interactive Map Summary of Subject Details: NOTE: Not all subject details are available at every county. Assessments: Assessment detail by year. Tax history by year, links to tax payment history, and payoff calculator. Zoning: Rural zoning map for the selected parcel. Zoning is intended to be used as a reference only. Only rural zoning information is provided. For information about city or village zoning, please contact local officials. Districts: Special District information (Lake, Sanitary, TIF, BID). Parcel History: History of tax parcel changes. Parcel history is not available for changes made prior to January 15, 2006. Changes made prior to this are available only by visiting the County. Documents:  $Documents\ related\ to\ selected\ tax\ parcel.\ There\ may\ be\ other\ documents\ related\ to\ this\ parcel\ that\ are\ not\ shown.$ List of surveys performed on selected parcel or on parents of selected parcel. There may be surveys performed that are not available electronically through this portal.Sales History: List of all sales related to the selected parcel. There may be documents related to this parcel that are not shown. Parcel Map: Interactive map of the selected tax parcel. Maps are available for 'Active' parcels only. Permits: Listing of sanitary and/or land use permits associated with the parcel.

Log in

View Disclaimer

Racine County
Ascent Land Records Suite

Access Type: Choose Category: What do you want to do? Help
Public Real estate property & tax Search properties ?

Browser Setup Help

2 of 2

## EXHIBIT F

Search powered by

(http://www.co.kenosha.wi.us/)

# Kenosha County Property Information Web Portal (http://www.gcssoftw

Tax Year	Prop Type	Parcel Number	Municipality	Property Address	Billing Address
2020	Real Estate	07-222-23-406-057	241 - CITY OF KENOSHA	4230 27TH ST	FEDERICO GARCIA JR LINDSAY DEWITT GARCIA 4230 27TH ST KENOSHA WI 53144
Tax Year Legend:	<b>(+\$</b> ]=	owes prior year taxes	💢 = not assessed	= not taxed	Delinquent Current

#### **Property Summary**

Parcel #:	07-222-23-406-057
Alt. Parcel #:	0722223406057
Parcel Status:	Current Description
Creation Date:	1/1/1994
Historical Date:	
Acres:	0.230
Zoning:	
Frontage (ft):	71.000
Depth (ft):	139.000

#### Property Addresses

Primary A	Address
<b>~</b>	4230 27TH ST KENOSHA 53144-1342

#### Ow ners

Name	Status	Ownership Type	Interest
GARCIA JR, FEDERICO	CURRENT OWNER		
DEWITT GARCIA, LINDSAY	CURRENT CO-OWNER		
DEWITT, MICHAEL F	FORMER OWNER		
DEWITT, PAMELA	FORMER OWNER		

#### Parent Parcels

Parent Parcels were found
---------------------------

#### Child Parcels

lo Child Parcels were found
-----------------------------

#### Workflow History and Messages

No Flag/Messages were found		
-----------------------------	--	--

#### Abbreviated Legal Description

1 of 2

Search powered by

(http://www.gcssoftw

2 of 2

### EXHIBIT G

Search powered by

(http://www.co.kenosha.wi.us/)

# Kenosha County Property Internation Web Portal (http://www.gcssoftw

Tax Year	Prop Type	Parcel Number	Municipality	Property Address	Billing Address
2020	Real Estate	93-4-123-183-0285	174 - VILLAGE OF PLEASANT PRAIRIE	1918 90TH ST	BRUCE A BROWN ROXANNE M BROWN 1918 90TH ST KENOSHA WI 53142
Tax Year Legend	· (+\$)=	owes prior year taxes	💢 = not assessed	s = not taxed	Delinquent Current

#### **Property Summary**

Parcel #:	93-4-123-183-0285
Alt. Parcel #:	9341231830285
Parcel Status:	Current Description
Creation Date:	1/1/1994
Historical Date:	
Acres:	0.220
Zoning:	
Frontage (ft):	70.000
Depth (ft):	135.000

#### Property Addresses

Primary A	Address
·_/	1918 90TH ST KENOSHA 53143

#### Ow ners

Name	Status	Ownership Type	Interest
BROWN, BRUCE A	CURRENT OWNER		
BROWN, ROXANNE M	CURRENT CO-OWNER		

#### Parent Parcels

No Parent Parcels were found		
------------------------------	--	--

#### Child Parcels

No Child Parcels were found

#### Workflow History and Messages

No Flag/Messages were found

#### Abbreviated Legal Description

(See recorded documents for a complete legal description)

2363-D-2-35 LOT 53 FIRST ADD TO LAZY ACRES SUB SEC 18 T 1 R 23 V 1546 P 511 DOC #1437413

1 of 2 6/7/2020, 4:43 PM



(http://www.gcssoftw

2 of 2

# EXHIBIT H

/www.google.com/maps/search/?api=1&query=4617 23RD AVE KENOSHA, WI)

# **Aranza Rivas**

Kenosha, WI

Unlock
background report
(https://premium.whitepages./
/billing
/purchase\_credits
/?record\_id=Uru4aJt90r2v0krxVgqerqtlQ2hWvjCdP8V

(https://premium.whitepages.com/billing/purchase\_credits **Criminal records** /?record\_id=Uru4aJt90r-2v0krxVgqerqtlQ2hWvjCdP8WJnu1r7M%3D& referrer\_tag=criminal+records) Traffic records (https://premium.whitepages.com/billing/purchase\_credits /?record\_id=Uru4aJt90r-2v0krxVgqerqtIQ2hWvjCdP8WJnu1r7M%3D& referrer\_tag=traffic+records) (https://premium.whitepages.com/billing/purchase\_credits Financial records /?record\_id=Uru4aJt90r-2v0krxVgqerqtIQ2hWvjCdP8WJnu1r7M%3D& referrer\_tag=financial+records) (https://premium.whitepages.com/billing/purchase\_credits /?record\_id=Uru4aJt90r-2v0krxVgqerqtIQ2hWvjCdP8WJnu1r7M%3D& referrer\_tag=properties) Legal records (https://premium.whitepages.com/billing/purchase\_credits /?record\_id=Uru4aJt90r-2v0krxVgqerqtIQ2hWvjCdP8WJnu1r7M%3D& referrer\_tag=legal+records) (https://premium.whitepages.com/billing/purchase\_credits /?record\_id=Uru4aJt90r-2v0krxVgqerqtIQ2hWvjCdP8WJnu1r7M%3D&referrer\_tag=licenses)

HOME

Monitor

1 of 4 6/7/2020, 4:44 PM

4617 23rd Ave Dec 2019 - Dec 2019 Kenosha, WI 53140 (https://premium.whitepages.com /results/address /?type=person\_address\_query& address=4617+23RD+AVE+KENOSHA%2C+WI)

# **PHONE NUMBERS**

No current or past phone numbers found

## **RELATED PEOPLE**

No related people found

# ADDRESS & PROPERTY HISTORY

**DECEMBER 2019 - DECEMBER 2019** 4617 23rd Ave Kenosha, WI 53140 (https://premium.whitepages.com /results/address /?type=person\_address\_query&

Property Records in Whitepages background reports may include:

Details about the properties Property ownership info Details about the mortgages Eviction records

address=4617+23RD+AVE+KENOSHA%2C+WI)

**DECEMBER 2019 - DECEMBER 2019** 6207 12th Ave Kenosha, WI 53143 (https://premium.whitepages.com /results/address /?type=person\_address\_query& address=6207+12TH+AVE+KENOSHA%2C+WI)

🔓 Unlock background report (https://premium.whitepages.com /billing/purchase\_credits /?record\_id=Uru4aJt90r-2v0krxVgqerqtlQ2hWvjCdP8WJnu1r7M%3D& referrer\_tag=property+records)

#### **DETAILS**

#### **CRIMINAL & TRAFFIC HISTORY**

# referrer\_tag=criminal+%26+traffic+records) FINANCIAL HISTORY



# Criminal & Traffic Records in

Whitepages background reports may include:

Arrests, warrants, and verdicts
Mugshots when available
Details about the offense and
case
Traffic violations, incl. DUIs and

Traffic violations, incl. DUIs and DWIs

Unlock background report
(https://premium.whitepages.com

//billing/purchase\_credits
//record\_id=Uru4aJt90r2v0krxVgqerqtlQ2hWvjCdP8WJnu1r7M%3D&



# **Financial Records** in Whitepages background reports may include:

Details about bankruptcies Details about foreclosures Attorney and court info

Unlock background report

(https://premium.whitepages.com

SM/billing/purchase\_creditses

/?record\_id=Uru4aJt90r2v0krxVgqerqtlQ2hWvjCdP8WJnu1r7M%3D&
referrer\_tag=financial+records)

## **LEGAL HISTORY**



# **Legal Records** in Whitepages background reports may include:

Details about liens and judgments

Case and court info

Unlock background report

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//billing/purchase/creditses

/?record\_id=Uru4aJt90r
2v0krxVgqerqtlQ2hWvjCdP8WJnu1r7M%3D&

referrer\_tag=legal+records)



#### Licenses & Permits in

**LICENSES & PERMITS** 

Whitepages background reports may include:

Professional licenses Hunting permits Concealed weapon permits

Unlock background report

(https://premium.whitepages.com

SM/billing/purchase\_creditses

/?record\_id=Uru4aJt90r2v0krxVgqerqtlQ2hWvjCdP8WJnu1r7M%3D&
referrer\_tag=licenses+%26+permits)

3 of 4 6/7/2020, 4:44 PM

Questions or concerns? Get in touch: (800) 991-3077 (tel:8009913077) | support@whitepages.com (mailto:support@whitepages.com)

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4 of 4

# EXHIBIT I

Visitors Educators and Students Media Doing Business with the House Employment

Search:



FIND YOUR
REPRESENTATIVE

Enter your zip code

LOOK HE

116th Congress, 1st Session · The House is not in session.

REPRESENTATIVES LEADERSHIP COMMITTEES LEGISLATIVE ACTIVITY THE HOUSE EXPLAINED

# Find Your Representative

# Information provided:

Street: S44W25780 UNDERWOOD CT City: WAUKESHA, WI Zip Code: 53189-7703

is located in the 1st Congressional district of Wisconsin.

The representative for this district is:



Bry an Steil Republican



1 of 2 6/7/2020, 4:48 PM

U.S. House of Representatives Washington, DC 20515 (202) 224-3121 TTY: (202)-225-1904

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# **EXHIBIT J**

Visitors Educators and Students Media Doing Business with the House Employment

Search:



FIND YOUR
REPRESENTATIVE

Enter your zip code

LOOKII

116th Congress, 1st Session · The House is not in session.

REPRESENTATIVES LEADERSHIP COMMITTEES LEGISLATIVE ACTIVITY THE HOUSE EXPLAINED

# Find Your Representative

## Information provided:

Street: S30W30474 SUNSET

DR

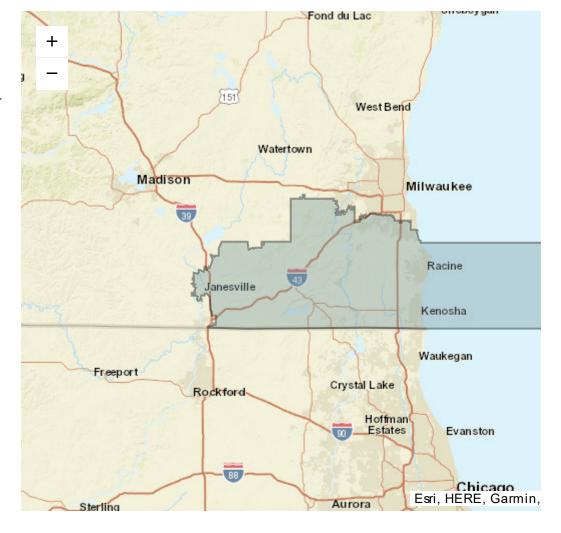
City: WAUKESHA, WI Zip Code: 53189-9009

is located in the 1st Congressional district of Wisconsin.

The representative for this district is:



Bry an Steil Republican



1 of 2 6/7/2020, 4:56 PM

U.S. House of Representatives Washington, DC 20515 (202) 224-3121 TTY: (202)-225-1904

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2 of 2

# EXHIBIT K

Firefox

#### **Property Details**

Tax Key: **GNT 1480065** 

Tax Year: 2020

6/7/2020 4:53:06 PM WAUKESHA COUNTY TOWN OF GENESEE

#### **OWNER NAME AND MAILING ADDRESS PROPERTY ADDRESS**

WILLIAM STEELE S30W30474 SUNSET DR JENNIFER STEELE WAUKESHA, WI 53188

S30W30474 SUNSET DR WAUKESHA, WI 53188

**Contact Us to Update Mailing Address** 

LEGAL DESCRIPTION

LOT 25 BLK 7 SKYLINE HEIGHTS PT SE1/4 SEC 10 T6N R18E DOC# 3028407

**ASSESSMENT STATUS** 

OWNERSHIP/LEGAL DESCRIPTION EXCEPTION DOCUMENTS

Assessment Year: 2020

Assessment Status:

Assessment Attributes:

NONE

Deeded Acres:

**ASSESSMENT INFORMATION** 

**Links to WI Dept of Revenue Resources:** Assessed By: SCHULTZ APPRAISAL AGENCY

> 262-392-9828 **Guide for Property Owners**

SCHULTZAPPRAISAL@EARTHLINK.NET Property Assessment Appeal Guide

Board of Review Date: 7/14/2020 **Board of Review Calendar** 

PROPERTY VALUES

Total **Property Class** Acres Land Improvement The current property valuation is in process. You will find the contact information for the Municipal Assessor shown above. The Links to WI Dept of

Revenue will provide more information about the property assessment process. You can see assessment values for a previous year by changing the tax year at the top of this screen.

#### DISTRICTS

<b>District Type</b> TOWN	<b>District Name</b> TOWN OF GENESEE	DOR Code 008
SCHOOL	WAUKESHA SCHOOL 6174	6174
SCHOOL	SCHOOL REFERENDUM 4680	
TCDB	WAUKESHA TECH COLLEGE	08
FIRE	WALES GENESEE FIRE	
UTIL	GARBAGE / RECYCLING	

This program accesses data from databases maintained by several County Departments and Local Municipalities. There may be inconsistencies in data depending on the date the information was gathered or the purpose for which it is maintained. Due to variances in sources and update cycles, there is no guarantee as to the accuracy of the data. For questions regarding Outstanding Taxes and Tax Payment records, contact the County Treasurer's office at (262)548-7029.

For Tax Listing and GIS Viewer related issues, please see our FAQs click here. If you still have tax listing questions, contact: taxlisting@waukeshacounty.gov. If you still have GIS Viewer questions, contact: landinformation@waukeshacounty.gov.







1 of 1 6/7/2020, 4:54 PM

# EXHIBIT L

# Legislators for Wales

Web sites for information and to send emails

State: www.legis.state.wi.us

Federal: <u>www.senate.gov</u> or <u>www.house.gov</u> State Legislative Hot Line 1-800-578-1457

# 33<sup>rd</sup> Senate District

Chris Kapenga

Room 15 South, State Capitol

P.O. Box 7882, Madison, WI 53707-7882 Madison Office Telephone: 608-266-9174

Email: Sen.Kapenga@legis.wisconsin.gov

# U.S Representative – 1st Congressional District

Bryan Steil

20 South Main Street, Suite 10

Janesville, WI 53545

District Office: 608-752-4050, Washington Office: 202-225-3031

Toll Free Hot Line: 1-888-909-7926

## U.S. Senate

Tammy Baldwin

14 West Mifflin Street, Suite 207

Madison, WI 53703

District Office: 608-264-5338, Washington Office: 202-224-5653

# 99th Assembly District

**Cindy Duchow** 

Room 121 West, State Capitol P.O. Box 8952, Madison, WI 53708

Madison Office Telephone: 608-266-3007 or 1-888-534-0099

Fax: 608-282-3633

Email: Rep.Duchow@legis.wisconsin.gov

# U.S. Senate

Ronald H. Johnson 2 Russell Courtyard Washington, DC 20510

Washington Office: 202-224-5323

Wisconsin Governor

Tony Evers P.O. Box 7863

Madison, WI 53707

Telephone: 608-266-1212 Email: govgeneral@wisconsin.gov

# Legislators for Wales

# County Clerk

Meg Wartman 1320 Pewaukee Road Administration Center Room 120 Waukesha, WI 53188 262-548-7010

# **Sheriff**

Eric Severson 515 W Moreland Blvd Justice Addition Waukesha, WI 53188 262-548-7126

# Waukesha County Board Supervisor

Peter M Wolff W286 N991 Shephards Way Waukesha, WI 53188 262-896-9891 pwolff@waukeshacounty.gov

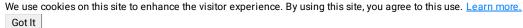
# **County Treasurer**

Pamela Reeves 1320 Pewaukee Road Administration Center Room 148 Waukesha, WI 53188 262-548-7029

# Register of Deeds

James Behrend 1320 Pewaukee Road Administration Center Room 110 Waukesha, WI 53188 262-548-7583

# **EXHIBIT M**



×

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×

# **Ashley M Buckner**

Age 20s

Monitor

on

off

# **Current address**

4733 W 6 1/2 Mile Rd Caledonia WI 53108-9726

# Family & relatives

Ronald G Buckner Mary Ann Buckner Ron Buckner Ronald L Buckner

# Looking for a different Ashley?

<u>Ashley N Buckner</u> <u>Ashley Nicole Beckner</u>

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1 of 1 6/7/2020, 5:09 PM

# **EXHIBIT N**

/www.google.com/maps/search/?api=1&query=1533 OWEN AVE RACINE, WI)

# **Carlos H Diaz**

Unlock
background report
(https://premium.whitepages./
/billing
/purchase\_credits
/?record\_id=k5TXmALR5tSiwl
6mttuLmS4stUHRdU%3D)



Monitor ON

Get Report (https://premium.whitepages.cc/billing/purchase\_credits/record\_id=k5TXmALR5tSiwP042mes\_IR7h6mttuLmS4stUHRdU%3D)

1 of 5

# **HOME**

1533 Owen Ave
Oct 1993 - Mar 2020
Racine, WI 53403
(https://premium.whitepages.com
/results/address
/?type=person\_address\_query&
address=1533+OWEN+AVE+RACINE%2C+WI)

## **PHONE NUMBERS**

# **FIXEDVOIP**

(https://premium.whitepages.com/phone/

**DETAILS** 

# **RELATED PEOPLE**

×

# We have these records on Carlos



1 other record

Get Report (https://premium.whitepages.cc/billing/purchase\_credits/?record\_id=k5TXmALR5tSiwPO42mes\_IR7h6mttuLmS4stUHRdU%3D)

2 of 5 6/7/2020, 6:09 PM

# **EXHIBIT O**

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x

×

# **Richard Dawayne Burger**

Age 80+ Monitor on off

## **Current address**

7718 22nd Ave Kenosha WI 53143-5719

Neighborhood: Sunnyside

## **Previous Locations**

Alton, TX Kenosha, WI Brooklyn, NY Mission, TX

# Family & relatives

<u>Dawn M Saarnio</u> <u>John Mathew Burger</u>

# Looking for a different Richard?

Richard Norman Burger Richard N Te Burger Richard Berger

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1 of 1 6/7/2020, 5:29 PM

# **EXHIBIT P**

Search powered by

(http://www.co.kenosha.wi.us/)

# Kenosha County Property Information Web Portal (http://www.gcssoftw

Tax Year Legend:	( <b>♣\$</b> ) = c	owes prior year taxes	💢 = not assessed	s = not taxed	Delinquent Current
2020	Real Estate	06-123-18-251-008	241 - CITY OF KENOSHA	1903 87TH PL	STEVEN J TREDUP LAURA A TREDUP 1903 87TH PL KENOSHA WI 53143
Tax Year	Prop Type	Parcel Number	Municipality	Property Address	Billing Address

# **Property Summary**

Parcel #:	06-123-18-251-008
Alt. Parcel #:	0612318251008
Parcel Status:	Current Description
Creation Date:	1/1/1994
Historical Date:	
Acres:	0.160
Zoning:	
Frontage (ft):	60.000
Depth (ft):	120.000

## **Property Addresses**

Primary 🔺	Address
<b>~</b>	1903 87TH PL KENOSHA 53143-1901

## Ow ners

Name	Status	Ownership Type	Interest
TREDUP, STEVEN J	CURRENT OWNER		
TREDUP, LAURA A	CURRENT CO-OWNER		

## Parent Parcels

No Parent Parcels were found	
------------------------------	--

#### Child Parcels

No Child Parcels were found

## Workflow History and Messages

No Flag/Messages were found

## Abbreviated Legal Description

(See recorded documents for a complete legal description)

LOT 29 VERNON LAW NS FIRST ADD NW 1/4 SEC 18 T 1 R 23 V 1514 P123 DOC#1052302 DOC#1063790

Public Land Survey - Property Descriptions

1 of 2 6/7/2020, 5:37 PM



(http://www.gcssoftw

2 of 2

# EXHIBIT Q

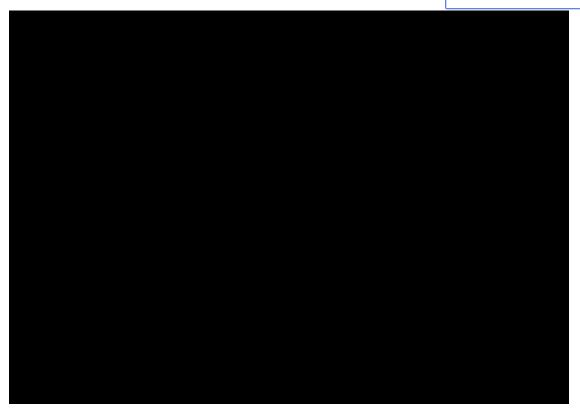
/www.google.com/maps/search/?api=1&query=12010 258TH AVE TREVOR, WI)

# **Jessica Lynn Ivy**

**†** 28 11/26/1991

Trevor, WI

Unlock
background report
(https://premium.whitepages./
/billing
/purchase\_credits
/?record\_id=4NDKKa7Q6ns6t



Monitor

ON

**HOME** 

1 of 5

12010 258th Ave Feb 2010 - Mar 2020 Trevor, WI 53179 (https://premium.whitepages.com/results/address/?type=person\_address\_query& address=12010+258TH+AVE+TREVOR%2C+WI)

# **PHONE NUMBERS**

**RELATED PEOPLE** 

MOBILE
(https://premium.whitepages.com/phone/
(https://premium.whitepages.com/phone/
(https://premium.whitepages.com/phone/

2 of 5 6/7/2020, 6:24 PM

# **EXHIBIT R**

Search powered by

(http://www.co.kenosha.wi.us/)

# Kenosha County Property Internation Web Portal (http://www.gcssoftw

Tax Year	Prop Type	Parcel Number	Municipality	Property Address	Billing Address
2020	Real Estate	10-223-19-251-026	241 - CITY OF KENOSHA	2032 18TH AVE	VICTOR H CAMERON CONNIE R CAMERON 2032 18TH AVE KENOSHA WI 53140
ቼx Year Legend:	<b>←\$</b> =	owes prior year taxes	💢 = not assessed	= not taxed	Delinquent Current

# **Property Summary**

Parcel #:	10-223-19-251-026
Alt. Parcel #:	1022319251026
Parcel Status:	Current Description
Creation Date:	1/1/1994
Historical Date:	
Acres:	0.170
Zoning:	
Frontage (ft):	57.800
Depth (ft):	128.000

## Property Addresses

Primary 🔺	Address
<b>~</b>	2032 18TH AVE KENOSHA 53140-4718

#### Ow ners

Name	Status	Ownership Type	Interest
CAMERON, VICTOR H	CURRENT OWNER		
CAMERON, CONNIE R	CURRENT CO-OWNER		

## Parent Parcels

No Parent Parcels were found

#### Child Parcels

No Child Parcels were found

## Workflow History and Messages

No Flag/Messages were found

#### Abbreviated Legal Description

(See recorded documents for a complete legal description)

LOT 192 VILLA CAPRI UNIT #5 NW 1/4 SEC 19 T 2 R 23 DOC#1088140

1 of 2 6/8/2020, 2:22 PM

Search powered by

(http://www.gcssoftw

2 of 2

# EXHIBIT Z

Candidate's name (required); no titles may be used.

# **NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's residential address (required) No P.O. box addresses ☐ Town of M Village of Candidate's municipality for voting purposes (required).

or road Street, fire, or rural route number; box number (if rural route); and name of street 18920 128th Street

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) PO Box 2243

Title of office (required)

Kenosha 53141

Representative in Congress

District number

District or Jurisdiction (required if applicable)

☐ Jurisdiction (county)

**1st** 

Josh Pade State (required)

≦

53104

special

Type of election (required) general

Zip code

(name of municipality). City of

General Election date

(Required) Name

(required) Mo/Day/Year

Bristo

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required)

of Party or Statement of Principle (5 words or less) Democratic

Wisconsin's First Congressional District

office at this election. I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed

	nunicipality)	(Circulator's residential address - Include number, street, and municipality)		(Name of circulator)
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Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I wave a resident ethis state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying this certification is guintshable upder Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

(Date) C

Page No.

Candidate's name (required); no titles may be used.

Josh Pade

Kenosha 53141 PO Box 2243 address or voting municipality)

Title of office (required)

Representative in Congress

M District number

District or Jurisdiction (required if applicable)

□ Jurisdiction (county)

**1**St

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

**≦** 

53104

State (required)

Zip code

# NOMINATION PAPER FOR PARTISAN OFFICE

or road

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

☐ Town of M Village of Candidate's municipality for voting purposes (required) (name of municipality) City of

Bristo

Type of election (required) special general General Election date (required) Mo/Day/Year

(Required) Name

11/03/2020

of Party or Statement of Principle (5 words or less) Democratic

Wisconsin's First Congressional District

Name of jurisdiction or district in which candidate seeks office (required

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed 10. 7. ġ JENCA Historia Randater-Pade chinakin issmann 000 **Printed Name of Electors** Richard well JENCO. 1 to Chart Conne LESVE! 10 m aliyan Amy Porto ackson CAMERON 1 W/ Keissmann 3 Tennant Christian 1/5/V CERTIFICATION OF CIRCULATOR 999 Wood Rd Street and Number or Rural Route (Rural address must also include box or fire no) Residential Address (No P.O. Box Addresses) 1322 231/3 5924 2032 大公子 本の \$ みのた 7446 3 S S 128th Street ave 500 □ Town □ Village **℃**City □ Village XCity □ Town
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Village XICITY. □ Town Municipality of Residence Check the type and write the name of your municipality for voting purposes なべか Kenosha salem Leves ななのがか (CT/257) LUOSIG Kenosha Samo 620 in lein Lakes 22 5 Date of Signing Mo/Day/Year 5 5 130 12020 5/30/2020 5/3/2020 ン /≾∂/2020 130/2020 B 0/2020 ISI2020 /5020 / ₹*0*/2020 *1*₩ 12020

(Name of circulator)

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further certify I am either a gualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of besides, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signets are electors of the jurisdiction or district the candidate seeks to represent. I know what person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from which person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from which person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from which person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported that the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from voting under Wis. Stat. § 12.1.3(3)(a). (Circulator's residential address - Include number, street, and municipality)

(Signature of circulator

certify: I reside at

Page No. 13



no titles may be used Candidate's name (required);

Josh Pade

PO Box 2243

53104

State (required)

Zip code

address or voting municipality)

Representative in Congress

Title of office (required) Kenosha 53141 Candidate's mailing address, including municipality for mailing purposes (required if different than residential

# NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

or road

18920 128th Street

☐ Town of ▼ Village of ☐ City of General Election date (name of municipality).

Candidate's municipality for voting purposes (required) Bristo

B Type of election (required) general special (required) Mo/Day/Year 11/03/2020

> (Required) Name of Party or Statement of

Name of jurisdiction or district in which candidate seeks office (required)

Principle (5 words or less) **Democratic** 

Wisconsin's First Congressional District

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

■ District number

□ Jurisdiction (county)

1st

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.	rent than municipality of residence, is not sufficient. Th	e name of the municipality of residence must always l	ne listed	
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses)  Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year
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2 Jordan Richards	MARIEN	6925 64th ayp	ACION OF ON Section Of the Common of the Com	5 /3 /2020
Dimo Entrope	France	1281 a 28th 51	Brilling Deuch port	/ /2020
"Salah Townsund	D. Janes	2016/101 March	WAS Saggings umon a	5 /35/2020
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Swilly Andress	Skylley Made	17949-49th Ale	Village MM05MC	5 15 y2020
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Jessica Randazon-Pade	certify	CERTIFICATION OF CIRCULATOR - STreet, Brit	₹ •	

(Name of circulator)

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of the state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained know their respective residences given. I intend to support this candidate. I am aware that falsifying this entitication is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator

## NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

or road

8920 128th Street

Z Type of election (required) special genera ☐ Town of

Willage of
☐ City of General Election date (required) Mo/Day/Year (name of municipality)

Candidate's municipality for voting purposes (required) Bristo

(Required) Name Principle (5 words or less) of Party or Statement of

11/03/2020

**Democratic** 

Wisconsin's First Congressional District

Name of jurisdiction or district in which candidate seeks office (required)

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for In him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Representative in Congress

District number Jurisdiction (county)

District or Jurisdiction (required if applicable)

**1st** 

Title of office (required)

PO Box 2243 address or voting municipality)

≦

53104

State (required)

Zip code

Kenosha 53141

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

Josh Pade

10. 9 00 Signatures of Electors 2 Jessica Pandatta-حَ -index JOHO! Madeline Her layoutsmeser Prole PICKO! Printed Name of Electors MAN 2 2 で で を を -plach smore 1786/C/S そのと onea a pl 4 CERTIFICATION OF CIRCULATOR TO Greet となると 7601 5360 St. 6933 2316 7661 S3YC 9933 1900 15% Show (Rural address must also include box or fire no) Street and Number or Rural Route B Residential Address (No P.O. Box Addresses) ななな Fh7 あるし De-Koven 29th Avy 7 53144 AJE からす O Village O Village D VIllage Schilage Wassint Prince O Village O Village Town Configuration of the Manager M DOWN PYOUVIE D Village HOSPA Municipality of Residence Check the type and write the name of your voting purposes municipality for Konosha Prairie Kacine enosho Kenista MEDIE 5 SI 5/50/2020 5/3 /2020 Date of Signing Mo/Day/Year 5/35/2020 /30/2020 15012020 /3\5\/2020 / কৈ /2020 2 *|*₹⟩ /2020 /2020 /2020

(Name of circulator)

(Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, each of the signatures on this paper. I know that the signers are electors of the jurisdiction or disknow their respective residences given. I intend to support this candidate. I am aware that faish were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained for the candidated seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I might scertification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

certify: I reside at\_

(Date)



Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

State (required)

Zip code

Type of election (**required**)

General Election date

(Required) Name

**Democratic** 

PO Box 2243 address or voting municipality)

Kenosha 53141 Title of office (required)

# NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses Candidate's municipality for voting purposes (required).

18920 128th Street

or road

City of ☐ Town of ☑ Village of (name of municipality)

Bristo

≦ □ Jurisdiction (county) District number District or Jurisdiction (required if applicable) 1st 53104 Name of jurisdiction or district in which candidate seeks office (required) B special genera (required) Mo/Day/Year 11/03/2020 Principle (5 words or less) of Party or Statement of

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same Representative in Congress Wisconsin's First Congressional District

10. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Signatures of Electors De Roug Ga Reside Laword **Printed Name of Electors** DAma 35 えてふく Alolla ~ 1 Congone 5 Doota A THE th-2-44 XXX CERTIFICATION OF CIRCULATOR 200 2984 Chicay 296H 2045 (Rural address must also include box or fire no) Street and Number or Rural Route Residential Address (No P.O. Box Addresses) NO TIPRISPATION MOSICA all is war SN1831 700 10 SUKIO □ Town
□ Village O VIIIago D Town U Village Willy Cocin U Town Village City O Town D Town O Town O Village UMC/M ☐ Town Municipality of Residence Check the type and write the name of your voting purposes municipality for Kenosha 大の口な 1000an Prance 10M-5 5 /30/2020 12020 Mo/Day/Year Date of Signin /30/2020 /犬(//2020  $B\!\!\supset\!$  /2020 12020 /3K /2020 /**⊘/2020** *\*S≯12020 13/12020

(Signature of circulator)

30 (Date)

(Name of circulator)

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I further ertify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Circulator's residential address - include number, street, and municipality)

1 % F

Street

Brist

certify: I reside at



Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

PO Box 2243 address or voting municipality)

≦

53104

8

special genera ype of election (required)

State (required)

Zip code

Representative in Congress

District number

District or Jurisdiction (required if applicable)

Title of office (required) Kenosha 53141

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's residential address (required) No P.O. box addresses
Street, fire, or rural route number; box number (if rural route); and name of street

or road

18920 128th Street

☐ Town of **M** Village of (name of municipality)

Candidate's municipality for voting purposes (required) Bristo

(required) Mo/Day/Year General Election date (Required) Name of Party or Statement of

Principle (5 words or less)

Democratic

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required Wisconsin's First Congressional District

. the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Jurisdiction (county)

181

œ 10. 4 ω 5 Signatures of Electors Fesica Rand 1272 1 Bade Printed Name of Electors Janesan ) d/man Alexander Taylor \$ \$ NO/01 TONKOKY とて、大 でいるか うなられる CERTIFICATION OF CIRCULATOR STYPELT BYISTO 550 5. F. (Rural address must also include box or fire no) Street and Number or Rural Route Residential Address (No P.O. Box Addresses) HC 0)0 5403 120 403 32nd かって 4 Solve Stree Street Fre D town Village □ Town
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O Village O VIllage (C C ( C S ha U VIIIage D Village municipality for Municipality of Residence Check the type and write the name of your voting purposes renosha Kindha Kenos THEOD! Chesha 20 Ŋ 5 12020 5 /30 /2020 Date of Signing **(1)** /<sub>3</sub> /<sub>3</sub> /<sub>2</sub> 02020 2 B  $I_{S_S}$  /2020 13<sub>0</sub>/2020 130/2020 **1** 12020, /2020 /2020 /2020

(Name of circulator)

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from voting under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

certify: I reside at\_

#### **JOSH PADE**

#### Candidate's name (required); no titles may be used.

NOMINATION PAPER FOR PARTISAN OFFICE Street, fire, or rural route number; box number (if rural route); and name of street or road Candidate's residential address (required) No P.O. box addresses

City of 👿 Village of ☐ Town of Candidate's municipality for voting purposes (required)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Representative in Congress Kenosha 53141 Title of office (required) **Josh Pade** 8 Jurisdiction (county) District number District or Jurisdiction (required if applicable) State (required) 18920 128th Street Zip code **1st** 53104 ype of election (required) special genera

PO Box 2243

(Required) Name Principle (5 words or less) of Party or Statement of Democratic

General Election date

(name of municipality)

(required) Mo/Day/Year

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required

Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

9. 00 10 The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Signatures of Electors 2:3 FRIC Pandager 2 2 (Name of circulator) かな ander pade Printed Name of Electors IM S Michael - L カイクロ Winter certify: I reside at 71210 CERTIFICATION OF CIRCULATOR PO 1607 TO SEA (Rural address must also include box or fire no) Street and Number or Rural Route REST SO SON Residential Address (No P.O. Box Addresses) 5207 28th St 4410 Wildens NORN 7 730 スタンとうの 010tx Treads 2861 The second □ Town
□ Village
☑ City □ Town
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□ Village O Village D Town U Village type and write voting purposes municipality for Municipality of Residence Check the Kenosha Didhord かべず en sva the name lies 잋 i ) your 5/3/2020 Mo/Day/Year Date of Signing 5 13012020 77 6/2020 /⊋∂ /2020 /少/2020 RJ/2020 √2020 (人)/2020 /2020 /2020

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I we each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district to know their respective residences given. I intend to support this candidate. I am aware that falsiving the istort the He a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. | personally circulated this nomination paper and personally obtained the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I his certification is punished to under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

Page No. / W

Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

Title of office (required)

Representative in Congress

PO Box 2243 Kenosha 53141

## NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street or road Candidate's residential address (required) No P.O. box addresses

18920 128th Street

53104 Type of election (required) special general (required) Mo/Day/Year General Election date

State (required)

Zip code

Candidate's municipality for voting purposes (required).

Town of

Village of

City of

City of (name of municipality).

Bristol

0

11/03/2020

(Required) Name Principle (5 words or less) of Party or Statement of Democratic

Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

■ District number
□ Jurisdiction (county)

S

District or Jurisdiction (required if applicable)

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

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/ /2020 \	ଟ ନ	☐ Town ☐ Village ☐ City		
5 / 5/2020	ge Kenostun	CSM3 29 Drown Dullage Octiv	Caylie Mem!	10. MM/N
5 15/2020	In South as	368 30 th Arrana OTOWN	Heather Kunnkaski 1368	9. Mathy
₹ 17\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ee Lenosty	TOWN ON ALL DINNING TOWN	John Gelver (Coll )	8.8
5 /25/2020	tenos ha	9207 39th KLU 53/42 Drown	Justin Ball a	the link
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5/25/2020	see Kenosta	7930 CIO IM AJE	JONAH NYARY	5 Horas Mary
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	ege kengh	CONSTRUCT ON STAND OF CONTROL OF	JUDIAN MONOM	MAN TO THE WAY TO THE
5 128/2020	age Pache	1821 Superior St. Kichy Brings	12 Jaronan marioner 12	THE COUNTY
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses)  Street and Number or Rural Route (Rural address must also include box or fire no)  voting	Printed Name of Electors Stree (Ru)	1.

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be disqualified from voting under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

(Date)

Josh Pade

PO Box 2243

≦

53104

special general State (required)

Zip code

Type of election (required)

Representative in Congress

Title of office (required) Kenosha 53141 address or voting municipality)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

## NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

☐ Town of

Willage of
☐ City of Candidate's municipality for voting purposes (required). (name of municipality)

Bristo

General Election date (required) Mo/Day/Year

(Required) Name Principle (5 words or less) of Party or Statement of

Name of jurisdiction or district in which candidate seeks office (required) 11/03/2020

**Democratic** 

**1st** Wisconsin's First Congressional District

l, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for 
in him or □ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

■ District number

Jurisdiction (county)

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Printed Name of Electors (Rural address must also include box or fire no) Street and Number or Rural Route Residential Address (No P.O. Box Addresses) Municipality of Residence Check the type and write the name of your voting purposes municipality for Date of Signin Mo/Day/Year

10. Madeyn Eca Ch masier, 2 Juny KSSICA PANDAPTE-PORCE Just De Carr 3 No. madelyn beach 2 CAO ATPICK LANGSTON I いにはるへ ) Givryn フィタスカ LANGS WITTION ついたていたり 2 20 Brauch . La mis by 301 LE JUNDERSON ) France LASTALJ CERTIFICATION OF CIRCULATOR In STREET, Bristo 3 7538 24th Ave 6115 Steridan 3524 - 7th 09 67 4720 BYRD Ave, #203 700 1 J V 97 S D 450 187 M 5 Lieroshis, WEB3143 5 カクロ 1116 100 AVE AVE U Town
Uillage Q-Village City Drillage Lemosma D Village Dyllage Lenska □ Town
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(Name of circulator)

(Date)

2/20/2

(Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signer's are electors of the jurisdiction or district who candidate each persons. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported to the paper with full knowledge of its content on the date indicated opposite his or her name.

(Signature of circulator)

certify: I reside at

Candidate's municipality for voting purposes (required).

Town of

Village of

City of

City of

Bristol



PO Box 2243

≦

53104

general special

> General Election date (required) Mo/Day/Year

> > (Required) Name

Principle (5 words or less) of Party or Statement of (name of municipality).

Representative in Congress

Title of office (required) Kenosha 53141 address or voting municipality)

Candidate's name (required); no titles may be used. Josh Pade Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

Candidate's mailing address, including municipality for mailing purposes (required if different than residential State (required) 18920 128th Street Zip code Type of election (required)

District or Jurisdiction (required if applicable) Name of jurisdiction or district in which candidate seeks office (required) 11/03/2020 **Democratic** 

■ District number
□ Jurisdiction (county) **1st** Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

HINGUIGH INCLES CERTIFICATION OF CIRCULATOR #211
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8. O Felle Chuthan Kilke Artis Jay Kin 10115 18th Ave.
1 Jesica Lente bossica Lente 510 60mst
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know their respective residences given. I intend to support this candidate. I am aware that faisifying this certification is punishable under Wis Stat. \$1.03. (personally circulated this nomination paper and personally obtained given. I intend to support this candidate. I am aware that faisifying this certification is punishable under Wis Stat. \$12.13(3)(a).

(Signatur

of circulator)

(Date)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

PO Box 2243 Kenosha 53141

≦

53104

State (required)

Zip code

Representative in Congress

Title of office (required)

Candidate's name (required); no titles may be used.

Josh Pade

or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

(name of municipality)

Candidate's municipality for voting purposes (required).

□ Town of

M Village of

□ City of

Bristol

Bristo

Type of election (required) General Election date (required) Mo/Day/Year 11/03/2020

(Required) Name Principle (5 words or less) of Party or Statement of

**Democratic** 

Wisconsin's First Congressional District

Name of jurisdiction or district in which candidate seeks office (required)

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

■ District number
□ Jurisdiction (county)

**1**St

District or Jurisdiction (required if applicable)

10. 4 ω Signatures of Electors Jasper Jessica Pardison-Pade Oshon ob Jul tra 1111111 T Sasper Luitze Timaneta # Jarah Printed Name of Electors RGJ Ewch 2 Anta 1 rauks certify: I reside at CERTIFICATION OF CIRCULATOR 9×1 30 1607 873 (Rural address must also include box or fire no) Street and Number or Rural Route Residential Address (No P.O. Box Addresses) SIS BM S 4516h 22 SISP western western Ave Burton 7 77.88 4+7 The Street きゃ \*VO By Village RAUNC O VIII-8e U Village U Village U Town
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□ City Municipality of Residence Check the type and write the name of your voting purposes municipality for Bust Nankasha ackestra Kerosha 2708/2 SULVE 200 S/2572020 S DY2020 512572020 Mo/Day/Year Date of Signing 5/2/2020 05/2/2020 S/2672020 **₹**₹/2020 19712020 125/2020 */ ≥ (*//2020

(Name of circulator)

(Date)

(Circulator's residential address - Include number, street, and municipality

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the capacitate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I am aware that falsifying this capital purple judger Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

mailing purposes (required if different than residential

≦

53104

special

State (required)

Zip code

Candidate's mailing address, including municipality for

PO Box 2243

address or voting municipality)

Title of office (required) Kenosha 53141

Representative in Congress

Candidate's name (required); no titles may be used. **Josh Pade** 

> or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

Type of election (required) general ☐ Town of

M Village of General Election date

Candidate's municipality for voting purposes (required). (name of municipality) Bristo

(required) Mo/Day/Year

(Required) Name of Party or Statement of Principle (5 words or less) Democratic

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

M District number □ Jurisdiction (county)

**1st** 

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed Signatures of Electors Printed Name of Electors Residential Address (No P.O. Box Addresses) Municipality of Residence Check the

and personally obtained	TENST	I reside at 18990 128 The Street Key (Circulator's residential address - Include number, street, and municipality) ent of this state wouldnot be discussified from voting under VVis Stat 66.03   necessarial	certify: I reside at	(Name of circulator)  (Name of circulator)  (Name of circulator)  (Circulator's resident of this staff, would not be disculatified from voting under Wis, Start 6, 03. I necessary this nomination paper and necessary of the staff of this staff.
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Date of Signing Mo/Day/Year	type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses)  Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

Turther certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 13 or older who, if I were a resident of this safe, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signates are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

(Date)



address or voting municipality)

Title of office (**required**) Kenosha 53141 PO Box 2243

## **NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's residential address (**required) No P.O. box addresses** ☐ Town of M Village of Candidate's municipality for voting purposes (required).

(name of municipality) City of

11/03/2020

Bristo

(Required) Name of Party or Statement of Principle (5 words or less) Democratic

Candidate's mailing address, including municipality for mailing purposes (required if different than residential Representative in Congress Candidate's name (required); no titles may be used. Josh Pade ≦ District number or road Street, fire, or rural route number; box number (if rural route); and name of street District or Jurisdiction (required if applicable) State (required) 18920 128th Street Zip code 1st 53104 Name of jurisdiction or district in which candidate seeks office (required) Type of election (required) special general Wisconsin's First Congressional District General Election date (required) Mo/Day/Year

office at this election. I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

□ Jurisdiction (county)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed Municipality of Residence Check the

	Bristol	CERTIFICATION OF CIRCULATOR 129 to Street, Bristol	certify:	Jessian Randurer - Rade
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Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

(Name of circulator)

C (Date)

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this pertification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)



Josh Pade

or road

Kenosha 53141 PO Box 2243

Title of office (required)

Representative in Congress

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

address or voting municipality)

## NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses 18920 128th Street □ Town of ▼ Village of Candidate's municipality for voting purposes (required).

□ City of

Bristol

Type of election (required) General Election date (required) Mo/Day/Year (name of municipality).

(Required) Name of Party or Statement of Principle (5 words or less)

11/03/2020

**Democratic** 

Wisconsin's First Congressional District

Name of jurisdiction or district in which candidate seeks office (required)

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

■ District number
□ Jurisdiction (county)

**1st** 

District or Jurisdiction (required if applicable)

**\S** 

53104

special general State (required)

Zip code

(Circulator's residential address - include number, street, and me if further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if Lwerd a resident of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussified from writing under wife Sect. 5.6.00 in a section of this state, would not be discussed in the section of this state.	Jessia Rondazza-Pade		The Misself that the said of t	Lader lets Al	Sofre Puterlage	all had	- XX	200	4. James Months		· Marian	o Birannes of Electrons	Claraturas of Electric
S. citizen, age 18 or older who, if Were's resident of this state, w	certify	CES and thom ARS	Julie Tradus	London Boyle	Sofia Puterbaugh	John Holimon	Lady Holimon	Dariel Rante	Sonia Marillo	Jovan E. Ribust	Marie A. Richards	Printed Name of Electors	
(Circulator's residential address - Include number, street, and municipality)	CERTIFICATION OF CIRCULATOR 128th Stract	11022 75 87	1903 87th Pi	4866 89th PL	8346 47th Avenue	92230 62-187	923062454		3 x 455 BCACH PORKIL 6000 1 a City	Diasant Prairie	10/19 28th recitle	Residential Address (No.P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	The state of the s
unicipa	by stol	Drivinge Lenosta	Drillage Keno sod)	Nullage Con	D Town	Ovillage Kenosha	D Town Apply Tra	□ Town □ Village □ City	O TOWN BEACH BUX	Bryllage Alasant Actile	G Village Oct 51	Municipality of Residence Check the type and write the name of your municipality for voting purposes	TO HOUSE
	23 24	> / ½ /2020	5 /36/2020	5 /30/2020	5 /3 0 /2020	S /3/2020	5 K 12020	/ /2020	5/20/2020	513/2020	5 18/12020	Date of Signing Mo/Day/Year	

further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if Werda resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be discovered by the paper with full knowledge of its content on the date indicated opposite his or her name. 196

(Signature of circulator)

(Date)

Page No. 1 48



Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

PO Box 2243

Representative in Congress

Title of office (required) Kenosha 53141

### **NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's municipality for voting purposes (required).

≦ Street, fire, or rural route number; box number (if rural route); and name of street or road State (required) Candidate's residential address (required) No P.O. box addresses 18920 128th Street Zip code 53104 Type of election (required) general ☐ Town of

Willage of
☐ City of (required) Mo/Day/Year General Election date (name of municipality).

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for In him or In her for the office listed above, I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same Wisconsin's First Congressional District

▼ District number
□ Jurisdiction (county)

**1st** 

District or Jurisdiction (required if applicable)

Name of jurisdiction or district in which candidate seeks office (required)

11/03/2020

(Required) Name

Bristol

 $\alpha$ 

Principle (5 words or less) of Party or Statement of

Democratic

special

office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

(Name of circulator)  (Name of circulator)	10. Mangel Kan	9. Godon Bright	8. Catelly	7. Angela Cassify 1	6. Itephanie Byown	5.90	4. James Jameson	3. K 1 Con 1	2. Les aldère K. Connelly	In I Hosson	JESH FESON	Signatures of Electors Pi
certify:	Monde Pring	Crush Briggs	late Im	Anasta Cassity	TEPHANIE Brown	Les amostos	JAMES HANSON		Geraldine. K. Connelly	Toni L. Hanson	Toni L.	Printed Name of Electors
CERTIFICATION OF CIRCULATOR  (Circulator's residential address - Include number, street, and municipality)	3/E Jue	2503 AJ 4055	3303 47 me	2775 11th place 807	5D19 674 St	1518.9054.	9/26 PRAINIEU/MAREDA	1672-38 A CF.	1622-38Th (t, R	9126 Prairie Village Dr	Street and Number or Rural Route (Rural address must also include box or fire no)	Residential Address (No P.O. Box Addresses)
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Ţ	S 1/10 12020	S /10 /2020	J 11/2020	5 1/6 12020	£ 1/6/2020	51/6/2020	5 1/6 12020	S1/2/2020	Lemosha 5 1 / 12020	5 1K 12020	Mo/Day/Year	Date of Signing

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. | personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

(Date)

#### **OSH PADE** Ju CONGRESS Candidate's name (required); no titles may be used.

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

Josh Pade

PO Box 2243 Kenosha 53141

≦

53104

State (required)

Zip code

Type of election (required)

general special

Representative in Congress

Title of office (required)

# NOMINATION PAPER FOR PARTISAN OFFICE

or road

18920 128th Street

Candidate's residential address (required) No P.O. box addresses

Street, fire, or rural route number; box number (if rural route); and name of street ☐ Town of M Village of □ City of Candidate's municipality for voting purposes (required).

(name of municipality).

General Election date (required) Mo/Day/Year 11/03/2020 (Required) Name of Party or Statement of

Principle (5 words or less)

Name of jurisdiction or district in which candidate seeks office (required) **Democratic** 

Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

■ District number
□ Jurisdiction (county)

**1st** 

District or Jurisdiction (required if applicable)

1	municipality)	(Circulator's residential address - Include number, street, and municipality)	Cather page	I further certify I am either a qualified elector of Wisconsin or all Scitt
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/ /202	□ Town □ Village □ City		Kassidy Nood	hassishy weight
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Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

nurner certify am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained know their respective residences given. I intend to support this candidate. I am aware that falsifying his pertification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

PO Box 2243 address or voting municipality)

≦

53104

special general State (required)

Zip code

Representative in Congress

Title of office (required) Kenosha 53141

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's residential address (required) No P.O. box addresses ☐ Town of

■ Village of
☐ City of Candidate's municipality for voting purposes (required).

Street, fire, or rural route number; box number (if rural route); and name of street 18920 128th Street

or road

Type of election (required) General Election date (name of municipality)

Bristo

(required) Mo/Day/Year 11/03/2020

(Required) Name Principle (5 words or less of Party or Statement of **Democratic** 

Wisconsin's First Congressional District

Name of jurisdiction or district in which candidate seeks office (required)

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or □ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

▼ District number
□ Jurisdiction (county)

**1**St

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Signatures of Electors issica Pardatto - Prole Rel CHRISTINA **Printed Name of Electors** かってて WRA. certify: I reside at CERTIFICATION OF CIRCULATOR 1538 LOWINDVE DV 2/2 0 (Rural address must also Include box or fire no) Street and Number or Rural Route Residential Address (No P.O. Box Addresses) 0015 630d St 1200 NOS MAN いからる ×メキンか 12 - Street, Bristol Cour Kenosha Dyllage RACINCE 2011 JU D Town DY City □ Town
□ Village
□ City Ulliage City Dyllage Pache D Village Town □ Town UVewn Uillage D Village type and write Municipality of Residence Check vating purposes municipality for tenoma Pacina renosta かるっても Streevart Raine Racke the name of k the 0 5 1/1/2020 5/26/2020 S /2ct2020 Mo/Day/Year Date of Signing 5 /25 /2020 S12H2020 /25/2020 /25 /2020 /25/2020 **12020** /2020

(Name of circulator)

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the sanddate seeks know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is provided the control of the candidate. 30 would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained sent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I lefunder WIs. Stat. § 12.13(3)(a).

Signature of circulator)

Page No.)/2

Josh Pade

PO Box 2243

address or voting municipality)

Kenosha 53141

Title of office (required

#### NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

or road

18920 128th Street

State (required)

Zip code

Type of election (required)

General Election date

(Required) Name

Principle (5 words or less) of Party or Statement of

**Democratic** 

☐ Town of

Willage of
☐ City of Candidate's municipality for voting purposes (required) (name of municipality)

Bristo

Candidate's mailing address, including municipality for mailing purposes (required if different than residential Representative in Congress ■ District number
□ Jurisdiction (county) ≦ District or Jurisdiction (required if applicable) 1st 53104 Name of jurisdiction or district in which candidate seeks office (required) B special genera Wisconsin's First Congressional District (required) Mo/Day/Year 11/03/2020

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

9. 10. Ġ μ 2 Signatures of Electors mara イント lane JERRICA . Par Randa zen Prode Melissa Printed Name of Electors 3×1 L Diahe 1 hours 2h iamaia noppue CAROLE Z Bujniewicz Brook 032 Par Ker him strengen Mouricz certify: I reside at CERTIFICATION OF CIRCULATOR Top -1835 -Kenosha Street and Number or Rural Route (Rural address must also include box or fire no) Residential Address (No P.O. Box Addresses) 113-44KN 全し 1332 Indiana St 1476 120) t Summit Alve 一点のいろい Jariora Jariora dand 3 7 0 128th Street, Bristo 53140 Kennesson 5314 Orionn City 4 7 6 attown Conosha D VIllagee CA □ Town
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□ Village Municipality of Residence Check the type and write the name of your vating purposes municipality for Recit Warkeger NEWBOW Box 1 reg ton Kenosha Kerosha  $^{\sim}$ 5 3 Mo/Day/Year Date of Signing S > / 30/2020 5 5/3<sub>0</sub>/2020 130/2020 /30/2020 *| 5* ≥ *|* 12020 / 🖧 /2020 *1 ₹∂ 1*2020 130/2020 12020 **12020** 

(Name of circulator)

(Date)

(Circulator's residential address - Include number, street, and municipality)

I further errify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if ware a resident of wis state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the fandidate. Each of the person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I was a faising this pertification is purished the paper with full knowledge of its content on the date indicated opposite his or her name. I

(Signature of circulator)

Page No.  $12\beta$ 



Candidate's name (required); no titles may be used. Josh Pade Candidate's residential address (required) No P.O. box of dresses
Street, fire, or rural route number; box number (if rural route); and name of at set
or road

18920 128th Street Beneral special ypa of election (required)

(name of municipality).

Candidate's municipality for voting purposes (required).

Town of

M village of

City of

Bristol

(required) Mo/Day/Year General Election date (Required) Name of Party or Statement of Principle (5 words or less) Democratic

11/03/2020

District or Jurisdiction (required if applicable) St Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the bailed at the election described above as a candidate representing the party or datament of principle indicated above, so that voters will have the opportunity to vote for Mahm or Dher for the office listed above. I am eligible to vote in the juridiction or district in which the candidate named above seets office. Have not signed the nomination paper of any other candidate for the same affect at this election. ■ District number

□ Jurisdiction (county)

Representative in Congress

tle of office (required

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53104

The prophet pality used for mailing purposes, when different then municipality of residence, is not sufficient. The name of the municipality of residence must always be listed ö Mean recin Carrie 21700 LOREEN COLLINS 2 10161 0000 rolan certify: Treside at CERTIFICATION OF CIRCULATION PS + Williams Bay ass Torest Dr w 139 FICE ST, WISSIA GOOD WILLIAM Street and Number or Rural Routs (Rural address must also lexisde box or tire no) Residential Address (No P.O. Ben Addresses) ot by disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained (Now that early derron signed the paper with full knowledge of its content on the date indicated opposite his or her name. I "yis. Sat. § 27.3 (1914). Williams Lan NOT 53191 Municipality of Rasidence Check the type and write the name of your numicipality for Bridge WILLIAMS O Town O Village O City D Your DCM WHINMS O Town O City O Town D Vifuge O Town Ma/Day/Year 5 1,5 12020 5 /14/2020 5/14/2020 /2020 /2020 /2020 /2020 /2020 /2020 /2020

hestors Commission, N.O. Star 7884, Mockeys, WI SCRIFF/RIII | (100-286-6026) | web

ed elector of Wisconsin, or a U.S. citien, age 18 or older who, if I were at r. I know that the algorisaire electors of the Juricalization or district the gar wen. I intend to support this candidate. I am aware that faishfying this for

Page No. )



Josh Pade

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53104

Type of election (required)

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special

District or Jurisdiction (required if applicable)

Candidate's name (required); no titles may be used. Candidate's residential address (required) No P.O. box addresses
Street, fire, or rural route number; box number (if rural route); and name of street
or road

18920 128th Street

Candidate's municipality for voting purposes (required).

I Town of

Willage of

Octiv of

(name of municipality).

Bristol

General Election date (required) Mo/Day/Year 11/03/2020 (Required) Name of Party or Statement of Principle (5 words or less) **Democratic** 

Name of jurisdiction or district in which candidate seeks office (required Wisconsin's First Congressional District

the undersigned, requies that the candidate, whose name and residential address are listed above, be placed on the ballet at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will need to export unity to vote for \$\mathbb{X}\$ him or \$\mathbb{U}\$ her for the office listed above, a me eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same fine at this election. ■ District number

Jurisdiction (county)

1st

Representative in Congress

itle of office (required)

10 The municipality used for melling purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. DUZGNAE SUZGINNE Printed Name of Electors JOANNE SIEVELS Hrnol CERTIFICATION OF CIRCULATOR Resklantid Address (No.P.C. Bur Addresso) Street and Reimber or Rural Routs (Rural address must also lepisde box or fire no) 361 36/ 16/81 Forest Rave Orlean
Orlean BUILD WILLIAMS DAY Button William Buy Manidpality of Raddines Check the type and write the name of your municipality for BAY NE 53191 V Date of Signing
Mis/Daw/Year 1/3/2020 11312020 /2020 /2020 /2020 /2020 /2020 /2020 /2020 /2020

thed elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a fe-per. I know that the signers are electors of the jurisdiction or district the pind given. I intend to support this candidate. I am aware that faisilying this certified feddent of this state, would not be disqualified from voting under Wis. Set, § 6.03. I pergonally circulated the nomination paper and personally obtained indicate early to represent News that, each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I refileation is punishable, jurker Wis 3,941-9 33.13(3)(4).

Page No. 17

Suring RO. Day 784, Markey, W. SSYATIGA (BIO-SHADOS) and evidence slow (SHAD LAND).



Kenosha 53141 PO Box 2243 address or voting municipality) Candidate's mailing address, including municipality for mailing purposes (required if different than residential Representative in Fitle of office (required) no titles may be used. Candidate's name (required); Congress Josh Pade ≦ ▼ District number

□ Jurisdiction (county) State (required) or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses District or Jurisdiction (required if applicable) 18920 128th Street Zip code **1**St 53104 Name of jurisdiction or district in which candidate seeks office (required) ype of election (required) special general Wisconsin's First Congressional District ☐ Town of

M Village of
☐ City of Candidate's municipality for voting purposes (required) General Election date (**required**) <u>Mo/Day/Year</u> (name of municipality) 11/03/2020 (Required) Name of Party or Statement of Principle (5 words or less) Democratic Bristo

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for Image him or Image her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.	ent than municipality of residence, is not sufficient. The	e name of the municipality of residence must always b	e listed.	
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year
Eliza Mae Wenn	Eligie Mae Nonn	Heif Home St.	Town String Pauhl	S/ 9/2020
2, "			□ Town □ Village ☑ Kity	51912020
μ			□ Town □ Village □ City	/ /2020
4.			□ Town □ Village □ City	/ /2020
Ų.			□ Town □ Village □ City	/ /2020
σ,			□ Town □ Village □ City	/ /2020
7.			□ Town □ Village □ City	/ /2020
φo			□ Town □ Village □ City	/ /2020
9,			□ Town □ Village □ City	/ /2020
10.			□ Town □ Village □ City	/ /2020
Jessia Radator Pade	certify	CERTIFICATION OF CIRCULATOR 128 128 2008	128m Street, Bristol	

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of the state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. Know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a). (Signature of circulator)

(Circulator's residential address - Include number, street, and municipality)

(Date) 3

(Name of circulator)



no titles may be used Candidate's name (required);

Josh Pade

PO Box 2243

Kenosha 53141

Title of office (required)

address or voting municipality)

≦

53104

State (required)

Zip code

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

#### NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

or road

18920 128th Street

☐ Town of M Village of □ City of Candidate's municipality for voting purposes (required) (name of municipality)

Type of election (**required**) special general (required) Mo/Day/Year General Election date 11/03/2020

(Required) Name of Party or Statement of Principle (5 words or less) **Democratic** 

Name of jurisdiction or district in which candidate seeks office (required)

office at this election. I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same Representative in Congress ▼ District number<br/>
□ Jurisdiction (county) **1st** Wisconsin's First Congressional District

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

	nunicipality)	(Circulator's residential address - Include number, street, and municipality)		(Name of circulator)
$\sim$	Waukesha (town	CERTIFICATION OF CIRCULATOR CERTIFY: I reside at 544 W 85780 Underwood Ct	CERTIFICATIO certify: I reside at رخي	Joan C. Mikecz
/ /2020	□ Town □ Village □ City			10.
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05/22/2020	O Village Wichilds Shry	S44W257BD Underwood Cit	Michael P. Mikeez	CM SOCM 2
05/a21 <b>2020</b>	bitown Waukesha	+	+	1.0 + 0
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses)  Street and Number or Rural Route (Rural address must also include box or fire no)  SHL VV 25780 11 nd pr word Cf.	Printed Name of Electors  JOAN C. MIKECZ	Signatures of Electors  C. Mule Co.

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 2.13(3)(a). 3 C

(Signature of circulater)

ivi (Date)

(ga

12620

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no titles may be used.

Josh Pade

PO Box 2243

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53104

State (required)

Zip code

address or voting municipality)

Kenosha 53141

Title of office (required)

Representative in Congress

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

# Candidate's name (required);

or road

**NOMINATION PAPER FOR PARTISAN OFFICE** Candidate's residential address (required) No P.O. box addresses

Street, fire, or rural route number; box number (if rural route); and name of street 18920 128th Street

ype of election (required) general special ☐ Town of

Willage of
☐ City of (**required**) Mo/Day/Year General Election date (name of municipality).

Candidate's municipality for voting purposes (required). Bristo

(Required) Name Principle (5 words or less) of Party or Statement of

**Democratic** 

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

▼ District number
□ Jurisdiction (county)

1st

District or Jurisdiction (required if applicable)

office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

l.	3	CERTIFICATION OF CIRCULATOR 18920   28 Street Brish	certify	They a Radaba Pade
/ /202	□ Town □ Village □ City			10.
/ /202	□ Town □ Village □ City			ွှ
/ /202	□ Town □ Village □ City			φ
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5 /21/2020	Stown GENESSEE	SECUTORY THE BYTHER	William Steele	1. William Hock
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for yoting purposes	Residential Address (No P.O. Box Addresses)  Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

20/20 (Date)

:

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying this certification punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)



Candidate's mailing address, including municipality for mailing purposes (required if different than residential

Josh Pade

address or voting municipality)

≦

State (required)

Zip code

Type of election (**required**)

general

(required) Mo/Day/Year General Election date

(Required) Name of Party or Statement of Principle (5 words or less)

(name of municipality).

no titles may be used. Candidate's name (required); or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses ☐ Town of

Willage of
☐ City of Candidate's municipality for voting purposes (required).

18920 128th Street

PO Box 2243 Kenosha 53141 Representative in Congress Title of office (required) □ Jurisdiction (county) 💆 District number District or Jurisdiction (required if applicable) 1**S**t Name of jurisdiction or district in which candidate seeks office (required) special Wisconsin's First Congressional District 11/03/2020 Democratic

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for X him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

	unicipality)	(Circulator's residential address - Include number, street, and municipality)		(Name of circulator)
-		CERTIFICATION OF CIRCULATOR CERTIFY: Treside at 4 b0 CAERNAR VON Rd WALES	CERTIFICATI certify: I reside at 4	JANICE & KRANE
/ /2020	☐ Town ☐ Village ☐ City			10.
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05/22/2020v	Ryullage WAGES	HIGO CATTON POOL PO	MAIGH HINICIA	2. 8 1 (+ 1
05/22/2020/	Number WALES	460 CAERNARVON Rd.	JANICE K. KRANE	1. Jame J. France
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Addresss (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

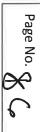
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a). re R

(Circulator's residential address - Include number, street, and municipality)

(Date)

-0119-

(Signature of circulator) Mane





Candidate's mailing address, including municipality for mailing purposes (required if different than residential PO Box 2243 Kenosha 53141 address or voting municipality) Representative in Congress Title of office (required) Candidate's name (required); no titles may be used. **Josh Pade** NOMINATION PAPER FOR PARTISAN OFFICE 2 Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses or road District number Jurisdiction (county) District or Jurisdiction (required if applicable) State (required) 18920 128th Street Zip code 1st 53104 Type of election (required)

Beneral
special Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District ☐ Town of M Village of Candidate's municipality for voting purposes (required). (required) Mo/Day/Year General Election date (name of municipality) ☐ City of 11/03/2020 (Required) Name Principle (5 words or less) of Party or Statement of Democratic Bristol

T, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for 質 him or 口 her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of Electors  Signatures of Electors  Printed Name of Electors  Printed Name of Electors  Street and Number or Rural Route (Rural address must also include box or fire no)  Municipality of residence, is not sufficient. The name of Electors. The name of Electors (No. P.O. Box Addresses)  type an onlicipality of residence, is not sufficient. The name of Electors (No. P.O. Box Addresses)  type an onlicipality of residence, is not sufficient. The name of Electors (No. P.O. Box Addresses)  type an onlicipality of residence, is not sufficient. The name of Electors (No. P.O. Box Addresses)  type an onlicipality of residence, is not sufficient. The name of Electors (No. P.O. Box Addresses)  type an onlicipality of residence, is not sufficient. The name of Electors (No. P.O. Box Addresses)  type an onlicipality of residence (No. P.O. Box Addresses)  type and (No. P.O. Box Addresses)  voting purposes, when different than municipality of residence, is not sufficient. The name of Electors (No. P.O. Box Addresses)	ent than municipality of residence, is not surricient. In Printed Name of Electors	Residential Address (No P.O. Box Addresses)  Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for yoting purposes	Date of Signing Mo/Day/Year.
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4		V	☐ Town ☐ Village ☐ City	/ /2020
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A A Waltham	Line Ord John Kall		□ Town □ Village	/ /2020
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	CERTIFICATI	CERTIFICATION OF CIRCULATOR (28 1- Sheet) Anist	\$	ļ
		(Circulator's residential address - include number, street, and municipality	municipality)	

n, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained be jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I ware that faisifying his certification is profishably under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

#### JOSH PADE

Candidate's name (required); no titles may be used.

Josh Pade

or road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

Title of office (required)

Representative in Congress

PO Box 2243 Kenosha 53141

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53104

general special

State (required)

Zip code

## NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses ☐ Town of M Village of City of Candidate's municipality for voting purposes (required).

18920 128th Street

(name of municipality)

Bristo

Type of election (required) (required) Mo/Day/Year General Election date

> (Required) Name of Party or Statement of

Name of jurisdiction or district in which candidate seeks office (required) 11/03/2020

Principle (5 words or less) **Democratic** 

Wisconsin's First Congressional District

), the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for II him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

■ District number
□ Jurisdiction (county)

1st

District or Jurisdiction (required if applicable)

	unicipality)	(Circulator's residential address - include number, street, and municipality)	Citizen and A Conciliant in the second	further certify I am either a qualified elector of Wisconsin or a IIIS citizen and the control
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5 12412020	O Village	Kenosha Wi	John Dow	2. John Hons
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-	administration of mandanas of the	Davidsonial addison farman	Printed Name of Electors	Signatures of Electors

(further certify) am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I would not be supported in the candidate. I am aware that falsifying this certification is punishable under Wis. § tat. § 12.13(3)(a).

(Signature of Mulator)

Page No.

(Date)



Kenosha 53141 PO Box 2243 address or voting municipality)

fitle of office (required

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

≦

53104

special general Type of election (required)

General Election date

(required) Mo/Day/Year

State (required)

Zip code

Josh Pade

Candidate's name (required); no titles may be used. or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

☐ Town of

W Village of
☐ City of Candidate's municipality for voting purposes (required). (name of municipality).

Bristol

(Required) Name of Party or Statement of

Principle (5 words or less)

Democratic

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required

l, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for X him or Her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same Representative in Congress ☐ Jurisdiction (county) M District number **1st** Wisconsin's First Congressional District

District or Jurisdiction (required if applicable)

10. ė The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed Signatures of Electors mu Creek Printed Name of Electors John FRING LOTTING NEED Janders an don't certify: | reside at\_ CREED CERTIFICATION OF CIRCULATOR ठ Street and Number or Rural Route 80 Signator Cidy Las 556 Park Ridge (Rural address must also include box or fire no) Residential Address (No P.O. Box Addresses) 535 Pul 98 LIKOLN TKMY 255 ot awatom i Rd Lumb Rock May lar Villan Evillams Buy U Village □ Town
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City

Uillaans Dayfflage City Bridge Will GIAS SA DCity L. ... type and write the name of your Municipality of Residence Check the voting purposes municipality for liound Bay Day, P 18/85 100 Bay 134 5/19/2020 5/ 1/2020 5 /18 /2020 S // Q/2020 Mo/Day/Year Date of Signing 5 / 1/2020 *S | /*√ |2020 571/8/12020 5 /18 /2020 /2020 72020

(Name of circulator)

(Date)

Further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a). . 2020

(Circulator's residential address - Include number, street, and municipality)

Jann

rose

(Signature of circulator)

address or voting municipality)

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53104

State (required)

Zip code

Kenosha 53141 PO Box 2243

Title of office (required)

Representative in Congress

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

Josh Pade

no titles may be used. Candidate's name (required); or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

Type of election (**required**) special general ☐ Town of

W Village of
☐ City of General Election date (required) Mo/Day/Year (name of municipality).

Candidate's municipality for voting purposes (required). Bristol

11/03/2020

(Required) Name of Party or Statement of Principle (5 words or less) Democratic

Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

office at this election. I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

▼ District number
□ Jurisdiction (county)

**1st** 

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

and personally obtained	or's residential address - Include number, street, and municipality)  **Communication in a new York (1977)  **Communication in a new York (1977)	(Circulator's residential address - Include number, street, and municipality)		(Name of circulator)
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/ /2020	□ Town □ Village □ City			10.
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Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

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Mrs.

(Signature of circulator)

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2000

Page Nock

Josh Pade

State (required)

Zip code

general

### **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

or road 18920 128th Street

Type of election (**required**) ☐ Town of

Willage of
☐ City of (required) Mo/Day/Year General Election date (name of municipality).

(Required) Name

of Party or Statement of

Candidate's municipality for voting purposes (required). Bristo

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Kenosha 53141 PO Box 2243 Representative in Congress Title of office (required) ≦ ▼ District number
□ Jurisdiction (county) District or Jurisdiction (required if applicable) 1st 53104 Name of jurisdiction or district in which candidate seeks office (required) special Wisconsin's First Congressional District 11/03/2020 Principle (5 words or less) Democratic

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for **X** him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed

	7	CERTIFICATION OF CIRCULATOR 1281- Street, Bristol	Tess: a Pandanx - Pade certify: I reside at	Jessi a Pan
5 ps/2020	Unitage KEN6Sh M	6410 The Ave		10. Josef Brooks
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5 12020	O village Lemosha	45 1 38ALLE KEWOSH	William E Fragrey	The House
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P. O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

Bristol

(Circulator's residential address - include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the capcillate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this perfulingation is punyshable under Wis. Stat. § 12.13(3)(a). បា 30

(Signature of circulator)

(Date)

9

(Name of circulator)

no titles may be used. Candidate's name (required);

Street, fire, or rural route number; box number (if rural route); and name of street or road Candidate's residential address (required) No P.O. box addresses 18920 128th Street

Type of election (required) general ☐ Town of M Village of (name of municipality)

Bristo

Candidate's municipality for voting purposes (required).

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) **Josh Pade** ≦ State (required)

Zip code

53104

special

PO Box 2243

Title of office (**required)** Kenosha 53141

Representative in Congress

(required) Mo/Day/Year General Election date 11/03/2020

(Required) Name of Party or Statement of Principle (5 words or less) Democratic

District or Jurisdiction (required if applicable) **1st** Name of jurisdiction or district in which candidate seeks office (required)

Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for Thim or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

District number
 □ Jurisdiction (county)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses)	Municipality of Residence Check the type and write the name of your	Date of Signing
		Street and Number or Rural Route {Rural address must also include box or fire no}	municipality for voting purposes	Mo/Day/Year
1 Joseph M. Somelan	Jessie M. Gonzales	6,824 Jot Avenue Kenosha WI S3143	D Town Utilage City	05/ <sup>29</sup> /2020
	Aris S. Gruenawa/d	52113 /sn>302 P/	D Jown Con Park Took	DE 12 12020V
3. Man Whi arren	CLAIRE WAGNER	N. OSBORNE RACINE WI 5342	D Town  R Village  RACINA	05 / <sub>29</sub> /2020
4. W. 1 ) 05 7 7 9	Mike Warner	PHANDS OS BORNE	Orange Rosang	05 bq 12020
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8. Foulth Ebury	Janelle Ebner	7516-26th AVE 08145	Town Langs MA	5/29/2020
9. Known Huberd	Kristen Hulbert	2308 35th Ave Kenosha, W1 53144	DANIES KUNUSUA	5 /29/2020
10. PUCKER EULEN	1 ECHLON	3720 1846 Avenue venos ha wit	Utiliage Kenosha	5/29/2020
Lessica Randazza-Pade	certify:	35	an's to l	
(Name of circulator)	on 10 arallar who if I ware a racid	(Circulator's residential address - Include number, street, and municipality	unicipality) personally circulated this nomination pape	r and personally obtained

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(Signature of circulator)

(Date)

JUSH PADI



Candidate's residential address (required) No P.O. box addresses ☐ Town of M Village of Candidate's municipality for voting purposes (required)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Representative in Congress Candidate's name (required); no titles may be used. **Josh Pade** ≦ Street, fire, or rural route number; box number (if rural route); and name of street □ Jurisdiction (county) District number or road District or Jurisdiction (required if applicable) State (required) 18920 128th Street Zip code **1st** 53104 Name of jurisdiction or district in which candidate seeks office (required) Type of election (required) special general Wisconsin's First Congressional District (required) Mo/Day/Year General Election date (name of municipality) 11/03/2020

(Required) Name of Party or Statement of Principle (5 words or less)

Bristo

Democratic

Kenosha 53141 PO Box 2243

Title of office (required

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or Her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed Signatures of Electors 10. arak SOFT SAR loven ( Essia Randuzza-Pade SHIE Printed Name of Electors ASSOCIAL DESCRIPTION Steven C. Williams MOXAS VIBCAIS SANS SANS ATON+ CERTIFICATION OF CIRCULATOR 1894 20 SIX 1835Kirlianar Street and Number or Rural Route 7718-2220 G357 (Rural address must also include box or fire no) Residential Address (No P.O. Box Addresses) 12% 66/9 CTOT DE TOTOGE etat 36 Koto 7739 2314 25th AVA 36# でよった式 129 m Street, Ave AVE TOWER 1400 Brist □ Town
□ Village
□ City U Village D VIIIage □ Town
□ Village □ Town □ Village □ City O Village Kenoiko O Village U Village □ Town □ Village Macity Lenosh type and write voting purposes Municipality of Residence Check the type and write the name of your nunicipality for KINDSIN KENOS HO Kenershor existing APINES. Erch ItB ENEXA (CV) Date of Signing Mo/Day/Year S S 12020 凡/定定2020 5/28/2020 5/28/2020 12812020 1 28 12020 /e> /2020 *|⊋8|*2020 1272020 Zy2020

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of fins state. **N**eech the signatures on this paper. I know that the signats are electors of the jurisdiction or district the candidate seeks to represend know their respective residences given. I intend to support this candidate. I am aware that falsifying this ceryfrication is punishpbig certify: I reside at would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each the paper with full knowledge of its content on the date indicated opposite his or her name. I under Wis. Stat. § 12.13(3)(a). (Circulator's residential address - Include number, street, and municipality)

Signature of circulator)

(Date)

(Name of circulator)

#### OSH PADE

Candidate's name (required); no titles may be used.

or road

**Josh Pade** 

PO Box 2243 address or voting municipality)

Title of office (required) Kenosha 53141

Representative in Congress

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

## **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses ☐ Town of M Village of Candidate's municipality for voting purposes (required).

(name of municipality). City of

Bristo

18920 128th Street Zip code 53104 Type of election (required) general

State (required)

**§** 

General Election date (required) Mo/Day/Year

(Required) Name of Party or Statement of Principle (5 words or less)

special

Name of jurisdiction or district in which candidate seeks office (required)

Wisconsin's First Congressional District

11/03/2020

Democratic

l, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☐ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

District number
 □ Jurisdiction (county)

1st

District or Jurisdiction (required if applicable)

office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed

	r's residential address - Include number, street, and fuunicipality)		(Varme of circulator)  (Circulator)	(Name of circulator)
Į.	Brish	CERTIFICATION OF CIRCULATOR  1 20 12 11 21 21 21 21 21 21 21 21 21 21 21	certify:	Jession Randaran Pade
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5 /c7 /2020	D VIII AGNOSHA	5815 5TH AVE Apt 302 STHO	Kelsey Beege	1. Kerseri Klantzule
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

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Signature of circulator)

30 (Date)

OSH PADE

PO Box 2243

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

Candidate's name (required); no titles may be used. or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

Josh Pade

Type of election (**required)** general ☐ Town of M Village of General Election date (required) Mo/Day/Year (name of municipality). City of

Candidate's municipality for voting purposes (required). Bristo

(Required) Name of Party or Statement of Principle (5 words or less)

Democratic

Kenosha 53141 Title of office (required) Representative in Congress District number
 □ Jurisdiction (county) District or Jurisdiction (required if applicable) **1st** Name of jurisdiction or district in which candidate seeks office (required) 11/03/2020

≦

53104

special

State (required)

Zip code

Wisconsin's First Congressional District

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The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

	男っく十) (and municipality)	CERTIFICATION OF CIRCULATOR   reside at   169920   28th Street   Brish	certify:	1. Jessica Pandatta-Raele
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5 /2g/2020	Ovillage Kensha	7704 49th AV	Audrey miller	" Cliphon hum
S /28/12020	O Town M MOSAC	(1915 CN # 12)	Saran Stringer	8. NO UHAN
5 /28/12020	O Village KHMSMA	45/15 -28mst	LINGSOLIHOMONN	2 ALAN C
5 /1/12020	O VIllage KRAUSHA	762526to ave	$\lambda$	6. March A Dimorreit
S 12020	O village Kens Slo	7607-26 1/2 (Inc	Kathryn L. Taas	* Antima & Lean
5 /3p /2020	O Village Revesh	7607-26th Ace	Richard Baas	1. De Barre
S 12912020	Con (Con) Ora	116 States n.t.	Kare Holler	3. M. h.
5 / 2/2020	Dynage Revolution	2603 762	Jon Unil	
5/2912020	orillage Leasha	7514-26 AVC	Karen A. Giese	Laura Die
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

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| Caro No |

(Signature of circulator)

(Daté)

Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

<u>≦</u>

53104

special general

District or Jurisdiction (required if applicable)

State (required)

Zip code

PO Box 2243 Kenosha 53141 Title of office (required) Representative

in Congress

### **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

or road

18920 128th Street

(name of municipality).

Candidate's municipality for voting purposes (required).

Town of
Willage of
City of
Bristol Bristol

Type of election (**required**) (required) Mo/Day/Year General Election date

(Required) Name

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required)

Principle (5 words or less) of Party or Statement of Democratic

l, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for ☐ him or ☐ her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election. ■ District number

□ Jurisdiction (county) **1st** Wisconsin's First Congressional District

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

	nicipality)	(Circulator's residential address - Include number, street, and municipality)	Critizen age 18 or older who if I were a resident of this state w	(Name of circulator)  (Circulator)  (Circulator)
8	LE B/04	CERTIFICATION OF CIRCULATOR    Teside at   S   20   08 + 5   S   S   5   10   10   10   10   10   10   10	CERTIFICATIO	A COST RENDER
5/31/2020	Ovillage RCCML	SS months (SK	Sch wedn	10.
5 / 3 //2020	Grity RUNOS LO	Challanar SSII 35th ave	Audara	9. Chin farell
5/3/2020	Dyllage KCMOSAC	2511 251 UNC	Natalie	8. Natalit Kally
S & 12020	O village SONOSTO	1314 53rd St	Valia Pirato	" Ladica Cerrato
S 13/12020	Drillage HONO Sh. G	6912 13th Ave	Chris Kalish	6. 18 11
5 h₁ /2020	Oroniage // Cosh	8430 14 Me	Mayla Viesa	5. Kn
5 /3/1 <b>2020</b>	□ Town □ Village ( f	11	Maria Nalesona	4. Who age
5 /3   /2020	DITOWN HONOSMU	4026 Grant Rd.	Ken Franks	THE PANA
5 /3/12020	DTOWN DVIllage KZNOSHA	HOLD CRAM LO HER	CULL FRANKS	2 0 0
5 /3)/2020	O Town O Village O Adity O C 1 0	70/4/6th st	Christian Valley	1. Ones The
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the capitidate seeks torrepresent. I know that person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

(Date)

0 0

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

Josh Pade

PO Box 2243 address or voting municipality)

≦

53104

general special

State (required)

Zip code

Representative Title of office (required) Kenosha 53141

in Congress

District number

District or Jurisdiction (required if applicable)

Jurisdiction (county)

1st

#### no titles may be used Candidate's name (required);

or road

18920 128th Street

NOMINATION PAPER FOR PARTISAN OFFICE Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (r**equired)** *No P.O. box addresses* Candidate's municipality for voting purposes (required).

Town of

Village of

City of

Bristo

Type of election (required) (required) Mo/Day/Year General Election date (name of municipality).

(**Required**) Name

11/03/2020

of Party or Statement of Principle (5 words or less) Democratic

Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. 10. 9.0 5 CHIM Printed Name of Electors 5 DOMINIC tudica OSHUA 11/2 **リス井 かぐし** \ \ \ \ arethan CRUS6 Kochher Uhald; (Rural address must also include box or fire no) 999 Would Street and Number or Rural Route 3100 7500 ST HOTO 47718 15th Sue, Kerolin 3200 Residential Address (No P.O. Box Addresses) 17662 (35 46 th st 2027 and Mood 1 chilly C.J. Lyor aroon 1y body A SWALLEW SO TOWN Solson D MES 12 KENOSHA Town U Town
U Village □ Town □ Village ☑ City O Town
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CERTIFICATION OF CIRCULATOR

certify: | reside at\_

Seiste コン

53)06

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

(Date)

(Name of circulator)

#### **OSH PADE** IN CONGRESS

no titles may be used. Candidate's name (required);

or road

**Josh Pade** 

## **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses 18920 128th Street ☐ Town of **M** Village of Candidate's municipality for voting purposes (required).

(name of municipality).

PO Box 2243 address or voting municipality) Candidate's mailing address, including municipality for mailing purposes (**required** if different than residential Kenosha 53141

Title of office (required)

Representative in Congress

≦ State (required) Zip code

53104

District or Jurisdiction (required if applicable)

Type of election (required) special general

> General Election date (required) Mo/Day/Year

(Required) Name of Party or Statement of Principle (5 words or less)

11/03/2020

Democratic

Name of jurisdiction or district in which candidate seeks office (required)

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same ▼ District number

□ Jurisdiction (county) 1st Wisconsin's First Congressional District

office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed Municipality of Residence Check the

	nunicipality)	(Circulator's residential address - Include number, street, and municipality)		(Name of circulator)
Į	1, 25 63)00)	CERTIFICATION OF CIRCULATOR	CERTIFICATIO	Contraction of the Contraction o
51   12020	Orillage UUUSM	Menny 12 par St. Sh	Jerry Wlad Sig12	10 general Whilean
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/ /2020	Duffage Starter	91009 Bous Dr	Stophane Prode	7. S D. 1. C
S /s /2020	Orwing ten ost	6600 102m2 gra	Ton knon	6. The Rambot
5/3/12020	Ovillage KONUSHA	1870-2744 UE	WANCY EALLAHAN	5. Mener Callaker
5 13/12020	ovilage Racing	2015 Westam Ave.	Mother body	4 Marganeta R Vosque 1
513/12020	O Village O ( ) 12	2615 WUSTUM	Och Varion	3. Annu
5 pl 12020	QIEWN Fracksulle	6020 Nicholson N	Grand Rischer	2. Gerard Richte
5 /3 12020	oringe RACING	2007 WUSTUMANG.	VINCONTG. RICC HID	1. WYCM Go Alechia
Date of Signing Mo/Day/Year	type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, If I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Signature of circulator)

6 (Date)

#### **IOSH PADE** Jos CONGRESS

Candidate's name (required); no titles may be used.

Josh Pade

or road

### NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's residential address (required) No P.O. box addresses Candidate's municipality for voting purposes (required).

Street, fire, or rural route number; box number (if rural route); and name of street 18920 128th Street

☐ Town of

Willage of
☐ City of (name of municipality).

Bristo

mailing purposes (required if different than residential address or voting municipality) PO Box 2243 Candidate's mailing address, including municipality for Kenosha 53141 ≦ State (required)

Zip code

53104

special general

Representative in Congress

litle of office (required)

Type of election (required) General Election date (required) Mo/Day/Year 11/03/2020

(Required) Name Principle (5 words or less) of Party or Statement of Democratic

■ District number
□ Jurisdiction (county) District or Jurisdiction (required if applicable) 1st Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will office at this election. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed

Signatures of Electors				
ABLUMAN CA OL PLEATING A	Printed Name of Electors	Residential Address (No P. O. Box Addresses) Street and Number or Rural Route (Rural address must also Include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year
1. Kumry Ju	Kim Graha	7300-156 th Ave.	Daniel Bristo	/ /2020
Fabrenne MORTICR	Fabletine MORTIER	KENOSHA SZILLO	O Town O Village O City	/ /2020
Hose Nolley	Rose Nolley	18920 128th ST Bristol W1 53104	Definage Or 1.50	5 129/2020
Smach Carlas	LINCOIN CARTER	1880 /2812	Dominage Bristol	5 129/2020
S A A S	DUDEY 071	1613 &7 71 71	O VIllage SOMS	513/2020
John mil	JoAnn Engels	1915 874 PI	O village ONSKA	5/3/12020
San John	layon Wood	2003 87m P1	or Village 1000 Sh C	5 13 12020
164 Mc Bring	Thame E MB well	16/12 M M 50/1/21	O VIllage VENOSHA	5/3 /2020
I haven Mc Bride	Sharon Mc Bride		Ovillage Kenosha	/ /2020
Salve de la	Softing OFFICE	5808 BLV	O TOWN OF M M	5 /5/12020
(Name of circulator)	CERTIFICATION certify: I reside at	CERTIFICATION OF CIRCULATOR  Treside at 18920 1257 5 7 3.55 1 CT	K3)CC)	Į
		Circulator's residential address - Include number - took on the		

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date Indicated opposite his or her name. I am aware that falsifying this certification is punishable upder Wis(Stat.) (2.13(3)(a).

(Signature of circulator)

(Date)



no titles may be used Candidate's name (required);

Josh Pade

## **NOMINATION PAPER FOR PARTISAN OFFICE**



or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

(name of municipality). City of

Candidate's municipality for voting purposes (required).

Town of
Willage of Bristol

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

PO Box 2243

Title of office (required) Kenosha 53141

53104

District or Jurisdiction (required if applicable)

≦

State (required)

Zip code

special general

Type of election (required)

(required) Mo/Day/Year General Election date

(Required) Name Principle (5 words or less) of Party or Statement of

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required) Democratic

Representative in Congress ■ District number

Jurisdiction (county) **1st** Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Į	7	(Circulator's residential address - Include number, street, and municipality)	certify. Hesite at	(Name of circulator)
	of Bristol	CERTIFICATION OF CIRCULATOR 128 to Street		Tellista Pardinga-Pard &
5+3/12020	O Town	A03.8791	(AUMA) KORY	10.
5 /3/12020	Dyllage Kellogue	1715 8th M	Tim Turrien	9. John Miles
5 /3) /2020	Town City City &	10 468 6061	Kerin Muxer	8. Then Morney
5 /3/ /2020	Drive Kerresta	1603 87× PC	305	
5 / 31/2020	O Town Cyllage Lench C	1518 87# D	Evonne Conzulez	7
S 13/12020	Pown KINOSKO	150787th PL	To secuce wall for	5. huadas
5/2/12020	Drown Record Acres Land	1415-87/1	Quoen Avillian	Duse Wille
5/3/12020	Ovillage KENOSKA	1612 87+40101CE	Karbin Folkerts	3. Marchin The Moset
/ /2020	Grity Property Was II Col	808 N Water Street	Kenney L Count	2. Jan J 1 0
Z 18H2020	O Town O Village Colors	SWOWSE DUAN	VENOWI CAN GAME	SIMSMICHUMENSINS
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

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Page No.

(Signature of circulator)

(Date)



or road

Josh Pade

PO Box 2243

Kenosha 53141 Title of office (required)

Representative in Congress

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

≦

53104

general special

Type of election (required)

State (required)

Zip code

### **NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's residential address (required) No P.O. box addresses

18920 128th Street

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's municipality for voting purposes (required)

☐ Town of

Willage of
☐ City of (name of municipality)

(required) Mo/Day/Year General Election date (Required) Name of Party or Statement of

Principle (5 words or less)

Democratic

11/03/2020

Wisconsin's First Congressional District

Name of jurisdiction or district in which candidate seeks office (required)

office at this election. I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

■ District number
□ Jurisdiction (county)

**1st** 

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when differe	ent than municipality of residence, is not sufficient. The	The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.	e listed.	
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year
1. The ext	Anton Cota	IN Francous nons	Strown Strand for	<18412020
2. Long Maya	JOHN GUE	4770 W maple le	O Town JE EN FIRE	May 1202
3./10 m. Kun Som	ALICE LINDERS	7705 492 Aug	Dryllage PLEASANT WIT	5 /24 /202
SALVERY SALVERY			□ Town □ Village □ City	/ /202
5.	CArole Wilson - Frens		Drillage RACINE	S 124 1202
6.	CyndealJehnin	4318 32	O Village Choho	S 124 1202
7. A.M.S.O.	Sist Bednar	2617 James Blad	Ovillage Racine	5/24/202
8. War Red	Wegan Bednar	2017 James Blud	O Village Racke	5 /24/202
9.	)and Millowin on	3701 From 60.	Down Williage Control	5/24/202
10.	Kur travita	12715 254 M CT.	Q Town O Village City	< 1 <sub>24</sub> 1202
Ters a partozza- Pale	certify	CERTIFICATION OF CIRCULATOR 28 ST BYSTO	<u>ま</u>	Į.
(Name of circulator)		(Circulator's residential address - include number, street, and municipality)	iunicipality)	

(Date)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks Ovepresent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying this optification is purishable under Wis. Stat. § 1.13(3)(a).

(Signature of circulator)

**Josh Pade** 

PO Box 2243

address or voting municipality)

Kenosha 53141

Title of office (required

Representative in Congress

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

State (required)

Zip code

Type of election (**required**)

General Election date

(Required) Name

#### NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (If rural route); and name of street or road Candidate's residential address (required) No P.O. box addresses

18920 128th Street

Candidate's municipality for voting purposes (required).

I Town of

Village of

City of

Bristol (name of municipality)

Bristo

■ District number

Jurisdiction (county) ≦ District or Jurisdiction (required if applicable) 1st 53104 Name of jurisdiction or district in which candidate seeks office (required) genera special Wisconsin's First Congressional District (required) Mo/Day/Year 11/03/2020 Principle (5 words or less) of Party or Statement of **Democratic** 

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

9 œ The municipality used for malling purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Signatures of Electors 355 antic 1855 (calland "1876-Pode Printed Name of Electors Coli DIVIC 250 CB SKOL C Diche Nephero 2 3540 certify: I reside at CERTIFICATION OF CIRCULATOR 8118 3700 Wheeleck 41200 Washinston (Rural address must also Include box or fire no) Street and Number or Rural Route CHE TO SHOW Residential Address (No P.O. Box Addresses) 3200 whoolack de 2010 258+600 1842 Park 1842 Park いっと 3 1/1/0 7er Sheet, Brists AC D Village □ Village ☐ Town ☐ Village ☐ City O Village O Village DVIIIage K CC MC Village O Village Dylliage CCC \ NC Town
Uillage
City Municipality of Residence Check the type and write the name of your voting purposes municipality for Mesosua TOVOY 1000ca S M Date of Signing 5/24/2020 5/24/2020 124 12020 F 412020 /24 /2020 174 /2020 /24/2020 /2 4/2020<sub>v</sub> 力4/2020 17412020

ntial address - Include number, street, and municipality)

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Signature of circulator

(Date)



Kenosha 53141 PO Box 2243

Title of office (required)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Representative in Congress Candidate's name (required); no titles may be used. **Josh Pade** ≦ District number District or Jurisdiction (required if applicable) Street, fire, or rural route number; box number (if rural route); and name of street State (required) or road Candidate's residential address (required) No P.O. box addresses 18920 128th Street Zip code 1st 53104 Name of jurisdiction or district in which candidate seeks office (required) Type of election (required) general special Wisconsin's First Congressional District ☐ Town of W Village of City of Candidate's municipality for voting purposes (required). (required) Mo/Day/Year General Election date (name of municipality). 11/03/2020

(Required) Name

Bristo

Principle (5 words or less) of Party or Statement of

Democratic

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for M him or C her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Jurisdiction (county)

Name of circulabet TCS Co. Pand ATTE-Pand I further certify I am either qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a reach of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the odd know their respective residences given. I intend to support this candidate. I am aware that falsifying this certified in the control of the signature of the si		10 Carlos	I will be pec	STAND OF THE STANDS	John Janes	in the	S. M. S. M. S.	Model	I Me !	The state of the s	)	Signatures of Electors
	4	Nancy Fewhon	Hannah Knuemer	Nathan Salvati	Anny tolaiteauser	Sored Eberry	Ben Arello	Nather Jensen	brown Gatda	Kicardo Lapez	Printed Name of Electors	
(Circulators   22   Care Should   25   Care Should	1812-5" St St/40 Stilles	DAPE 545	2500 PST ST N	75 PURC 00h7	MIIMAUKE, W153202	Holy L	Munosha, (UI 53/49	Kenosha ME Sarro	SOLEM MYSOLE	7410 35+ AM 33/42	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	and a second of residence must almay be listed.
Rand Ity)  municipality)  personally circulated this nomination papel edge of its content on the date indicated of	Strown Dillage Constha	Sown Coof Sha	O Town O Village Veneshe	D village KE noshor	U Town U Village X City	O Town Lengths	Marinage Kenda	Yacity Lenosha	O Village SALOW	D VIllage LEMOSMG	Municipality of Residence Check the type and write the name of your municipality for voting purposes	re listed.
r and personally obtained pposite his or her name. I	5 /24/2020	5 1/ 12020	S /21 /2020	8/24/2020	5/4/12020	5 137 12020	5 /zq/2020	5 /24 /2020	5 1 12020	05 H412020	Date of Signing Mo/Day/Year	

(Signature of circulator)



PO Box 2243

address or voting municipality)

≦

53104

special general State (required)

Zip code

District or Jurisdiction (required if applicable)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

Josh Pade

Kenosha 53141

Title of office (required)

Representative in Congress

#### Candidate's name (required); no titles may be used. **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (**required)** *No P.O. box addresses* 

18920 128th Street

☐ Town of

Willage of
☐ City of Candidate's municipality for voting purposes (required) (name of municipality)

Bristol

Type of election (**required**) (required) Mo/Day/Year General Election date

> (Required) Name of Party or Statement of Principle (5 words or less

11/03/2020

Name of jurisdiction or district in which candidate seeks office (required)

Democratic

District number Jurisdiction (county) **1st** Wisconsin's First Congressional District

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for Minimum or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

9 10. Signatures of Electors The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Name of circulator) 7 Printed Name of Electors Jan d Emmuel DoTut homas schrauth いっちんい Palmer <u>ک</u> ا 0 /Wrice 345 BY THIS certify: I reside at 12 /20 C CERTIFICATION OF CIRCULATOR 920 4247 Taylor Harbor 1218 11 th はといれるの (Rural address must also include box or fire no) Street and Number or Rural Route Residential Address (No P.O. Box Addresses) 11 (De 543 242 642 otst (b-17 0 /1/2m) Da Kas Z 10th our I プロしてい TO TO STEET のまり XQ Town
Uillage
City D Village Brillage Mt Pleasant □ Village O Village Uillage U Village Dullage Kenestr Uvillage WOMUS UM Municipality of Residence Check the type and write the name of your voting purposes municipality for Br371, 2 (3)0+ 01/2/10 anona Lin なられる 5 /31/2020 **< / ~//2020** Date of Signing Mo/Day/Year J ス/ス/2020 5 /3) /2020 /<sub>\(\infty\)</sub> /2020 /3 | /2020 /3//2020 / 🕓 /2020 /// /2020 >,/2020

(Circulator's residential address - Include number, street, and municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if Joveré a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signets are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification separate with \$12.13(3)(a). b

(Signature of circulator)

(Date)

90

Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

PO Box 2243 address or voting municipality)

≦

53104

special general State (required)

Zip code

Type of election (**required)** 

Representative in Congress

Title of office (**required**) Kenosha 53141

## **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses

18920 128th Street

or road

☐ Town of M Village of Candidate's municipality for voting purposes (required). (name of municipality). City of

Bristo

(required) Mo/Day/Year General Election date

> (Required) Name Principle (5 words or less) of Party or Statement of

11/03/2020

Democratic

Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

office at this election. ), the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

☐ Jurisdiction (county) District number

**1st** 

District or Jurisdiction (required if applicable)

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. Signatures of Electors Printed Name of Electors Municipality of Residence Check the

	nunicipality)	sident		(Name of circulator)
	かから	CERTIFICATION OF CIRCULATOR 128 m Street	~ Pade certify:	Jessia Randazza Pade
Racine 15/30/2020	□ Town □ Village City	5352-Endown Dr.	Susan M. M.	10. Lugar on Franks
5/53/2020	Orivilage Washer	2210 40417	Thrown hade	
5 /30 /2020	Ovillage /CACSHA	9220 600 pc	Works 12,20 US	S. D. J.
5 /30/2020	Britinge Kensh	923 704 50.	laylor Zarn	7. Lossell Pour
5/36/2020	Town DICASONT C	11328 FM ave	18 ran Gharib	6. Start
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5/36/2020	NCX	5005 63d SX	Wille Using	- Michall
5 /32/2020	D Town OVI WILLIAM OF A	735 38th Ave	ans Homan	The Ship
S /30/2020	XVIIIABE STUFF CLANT	8618 Resident Dr	Darios Forms	
S 1302020	d City Com	1342 Sloth- Sweet	Elena Cressy	"Glune Cressy
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P. O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying miscertification is punishable under Wis. Stat. § 12.13(3)(a).

Signature of circulator

(Date)



Candidate's name (required); no titles may be used. **Josh Pade** Street, fire, or rural route number; box number (if rural route); and name of street or road Candidate's residential address (required) No P.O. box addresses 18920 128th Street

Zip code

53104

special

□ Town of

Village of
□ City of (name of municipality)

Bristo

Candidate's municipality for voting purposes (required)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential PO Box 2243 address or voting municipality) Title of office (required Kenosha 53141 ≦ State (required)

Representative in Congress

Type of election (required)

general
special (required) Mo/Day/Year General Election date

11/03/2020

(Required) Name of Party or Statement of Principle (5 words or less) Democratic

District or Jurisdiction (required if applicable) **1st** Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's First Congressional District

, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for 🕱 him or 🗆 her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

M District number
□ Jurisdiction (county)

9 Signatures of Elector: The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed tws かん enton- Pad Lucianin Rlan Shannin Trzchicto wsk. Printed Name of Electors Hepl Joshua 10/30/ VICC racken てきょう 2027 1 Smit Jewe CERTIFICATION OF CIRCULATOR Hall John Aug にころってませる 5399 Eastway 1707 Wicke AVE 1436+ WELDOWNIX ST (Rural address must also include box or fire no) Street and Number or Rural Route 5320 LANDA LA Grewa Residential Address (No P.O. Box Addresses) 15 CAST 10 1284 Street □ Town
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I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resi each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candid know their respective residences given. I intend to support this candidate. I am aware that falsifying this ceyfif at of this state, would the seeks to represent atton is punishable uni e disqualified from voting under Wis. Stat. § 6.03. | personally circulated this nomination paper and personally obtained that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I Stat. § 12.13(3)(a).

(Circulator's residential address - include number, street, and municipality)

(Signature of circulator)

(Name of circulator



Candidate's name (required); no titles may be used. Josh Pade Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses 18920 128th Street

ype of election (required) □ Town of

Willage of
□ City of (name of municipality)

Candidate's municipality for voting purposes (required).

Candidate's mailing address, including municipality for mailing purposes (required if different than residential PO Box 2243 address or voting municipality) Kenosha 53141

≦

State (required)

Zip code

General Election date (required) Mo/Day/Year

11/03/2020

Democratic

(Required) Name of Party or Statement of Principle (5 words or less)

Representative in Congress Title of office (required)

53104

B special general

Name of jurisdiction or district in which candidate seeks office (required Wisconsin's First Congressional District

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for | him or | her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

■ District number

□ Jurisdiction (county)

**1**St

District or Jurisdiction (required if applicable)

10. 9 The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed Signatures of Electors 0 0 W (53) (Name of circulator) Pandwoon-Padle No Service of the ser Printed Name of Electors THE TICHNIC (Cachel (W) P certify: I reside at p CERTIFICATION OF CIRCULATOR 600 000 Street and Number or Rural Route 16718 38 THAVE 7.7, (Rural address must also include box or fire no) Residential Address (No P.O. Box Addresses) 15718 38 T ME 000 30E 6500 SACON SO 2000 0 800 28th Street, 242 O Village (Sa Village D Town City City City □ Town
□ Village Uillage □ Town □ Village □ Cery □ Town
□ Village
□ City municipality for Municipality of Residence Check the type and write the name of your voting purposes B7870 Pleasant Ragina Pleasant RAGIA rengua Kenosha tenosha Les oste Trevor 5 /2º/2020 5 124 12020 S 12012020 5 12412020 5 /24/2020 Mo/Day/Year Date of Signing 5/24/2020 S / zy/2020 5 17412020 S/4/2020 12020

(Circulator's residential address - Include number, street, and municipality)

Further ertify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would put be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signate are electors of the jurisdiction or district the candidate Seeks to represent I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that respective residences given. I intend to support this candidate. I am aware that falsifying this certification if punishable under Wis. Stat. § 12.13(3)(a). O C

(Signatule of circulator)

Page No. LC

Josh Pade

Candidate's mailing address, including municipality for mailing purposes (required if different than residential

**§** 

53104

special genera State (required)

Zip code

Type of election (**required**)

Title of office (required) Kenosha 53141 PO Box 2243 address or voting municipality)

Representative in Congress

District number

District or Jurisdiction (required if applicable)

Jurisdiction (county)

1st

## **NOMINATION PAPER FOR PARTISAN OFFICE**

9

or road Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (**required**) No P.O. box addresses

18920 128th Street

☐ Town of M Village of Candidate's municipality for voting purposes (required). (name of municipality) City of

Bristol

(Required) Name

(required) Mo/Day/Year General Election date

11/03/2020

of Party or Statement of Principle (5 words or less) Democratic

Name of jurisdiction or district in which candidate seeks office (required

Wisconsin's First Congressional District

), the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that overs will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

2 The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. 10. Month 519 とをうる logdonle (Name of circulator) JUST F Lyndll Gustendhe Printed Name of Electors Nicholas Constantine Elizabeth 0 2 2 TE SA AN DU MM AD GONCO 1 azarevi C or starting のつせゃいう とのあ Coleman SPIMO CIDOLL certify: I reside at CERTIFICATION OF CIRCULATOR MMY 1900 7501 Foley 000 Street and Number or Rural Route 5812 charles (Rural address must also include box or fire no) 31 SWells G 2 Residential Address (No P.O. Box Addresses) 6414 1057h AVE 2000 75+6 1 らしている Je al Q 2001d Bristo 1 5 D Coly M D Villag D-Village W D Town U Town □ Town
□ Village
☑ City ☐ Town☐ Village ☐ Town☐ Village ☐ Village □ Village □ Village Dain Lake Goatva voting purposes municipality for type and write Municipality of Residence Check the 53)00 racine Kowsing 大OCIDA Kenuka Key105her ileno sha the name of your Pleasi 万 /人 /2020 5 /31 /2020 S 0 Mo/Day/Year 5/5/2020Date of SignIng ~J~ /2020 5/3/12020 **/**3) **/2020** /}//2020 / ⅓ /2020 / 🖄 /2020 13/12020

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that faisifying this certification is punjstigate under Wis. Stat. § 12.13(3)(a).

(Circulator's residential address - Include number, street, and municipality)

(Signature of circulator)

(Date)

Josh Pade

#### **NOMINATION PAPER FOR PARTISAN OFFICE**

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (**required) No P.O. box addresses** 

or road

18920 128th Street

City of (name of municipality)

☐ Town of M Village of Candidate's municipality for voting purposes (required)

Bristo

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Representative in Congress ≦ M District number □ Jurisdiction (county) District or Jurisdiction (required if applicable) State (required) Zip code **1st** 53104 Name of jurisdiction or district in which candidate seeks office (required B Type of election (**required**) special genera Wisconsin's First Congressional District (required) Mo/Day/Year General Election date 11/03/2020 (Required) Name of Party or Statement of Principle (5 words or less) Democratic

Kenosha 53141 PO Box 2243

Title of office (required)

office at this election. , the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for Minim or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same

9 œ 10. The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. 3 Printed Name of Electors 2220 しないる 2 M. KNUTH ST N. 0 certify: I reside at **CERTIFICATION OF CIRCULATOR** Street and Number or Rural Route 1916 (Rural address must Residential Address (No P.O. Box Addresses) 1857 1854 Thes Ist the 223 SUL 1834-53rd St (Circulator's residential address - Include number, also include box Claun Ka Braun 257 LOMOSM D Village 70 2 street, and municipality) □ Town
□ Village
□ City □ Village □ Town □ Village □ CPty □ Town
□ Village
□ City Utiliage O O Village □ Town □ Village □ City □ Village O VIllage KeNOSLA yoting purposes type and write the Municipality of Residence Check the municipality for Pacine NASONA circsha name of your S S Mo/Day/Year Date of Signing  $\Omega$ S  $\langle \nabla \rangle$ Z /3/ /2020 S 13 /シ/ /2020 /3 | /2020 131 /2020 31 **/2020** /2020 /2020 /2020 /2020 /2020

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(Signature of circulate

(Date)

#### FOR CONGRESS

no titles may be used. Candidate's name (required);

or road

Josh Pade

Candidate's mailing address, including municipality for mailing purposes (**required** if different than residential address or voting municipality)

District or Jurisdiction (required if applicable)

Name of jurisdiction or district in which candidate seeks office (required)

PO Box 2243

Title of office (required) Kenosha 53141

Representative in Congress

## NOMINATION PAPER FOR PARTISAN OFFICE

Street, fire, or rural route number; box number (if rural route); and name of street Candidate's residential address (required) No P.O. box addresses Candidate's municipality for voting purposes (required).

Town of

Village of

City of

Bristol

(name of municipality).

(required) Mo/Day/Year General Election date

(Required) Name of Party or Statement of Principle (5 words or less)

11/03/2020

Democratic

State (required) 18920 128th Street Zip code 53104 ype of election (required) special general

office at this election. I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for I him or I her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same ▼ District number
□ Jurisdiction (county) Wisconsin's First Congressional District

**1st** 

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

<b>1</b>	ent for to	CERTIFICATION OF CIRCULATOR 1287 1787 STREET.  (Circulator's residential address - Include number, street, and municipality)	and ATTA-Pade CERTIFICATION CE	Wante of circulator) Dan
512412020	O village KMOSMA	QUUES 10 7th St 53HZ Drivinge Kenosha	Allicia Torralson	10. Willie Toyen
5 12/12020	Grown Linosha	3824 46# St 1 65 5144 " Village Villag	Ambel Samall	9. No Mainell
9 1242020	D village	7204 67th Ave, 63142	Haley Rischio	ary malen "
5 /24/2020	Tythage Kentshi	8450 82nd stient, 63)58	Flynma Delestirs	1 Jackson
S/)4/12020	Original Paros 1	ENIES 4 PMC9 M181	Many Ration	revenue Katulo
5 12412020	D. C. Son of State of	M 1814 band St, 53143 TOWN	Schluechtern	Emos .
S1 24/2020	D Town D Village Kenos M	5818 5 h Kenesh 20+	Terrenca Smy 41	4.
OS B412020	Death Compe	5207 13th DUS	Matherine Durikin	3. 16M h
/ /2020	☐ Village ☐ City			in the second
05 kg 12020	O City	25865 about Toil Rd	Homes Estimen	Es thin allun
Date of Signing Mo/Day/Year	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Residential Address (No P. O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Printed Name of Electors	Signatures of Electors

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(Signature of circulator)

(Date)