

**STATE OF WISCONSIN
ELECTIONS COMMISSION**

COMPLAINT FORM

Please provide the following information about yourself:

Name Jason Nickolai

Address W2241 Wood St. White Lake Wi 54491

Telephone Number 715-350-1061

E-mail jason_nickolai@yahoo.com

**State of Wisconsin
Before the Elections Commission**

The Complaint of Jason Nickolai

_____, Complainant(s) against

White Lake School District, Respondent, whose

address is 405 Bissell St. White Lake Wi 54491

This complaint is under 5.06 (Insert the applicable sections of law in chs. 5 to 10 and 12 and other laws relating to elections and election campaigns, other than laws relating to campaign financing)

I, Jason Nickolai, allege that:

I do not agree with White Lake School District to not certify my declaration of candidacy. I completed the form to the best of my knowledge to be fully completed by the deadline of Jan. 5th 2021 by 5:00 pm and turned it in to the school official with the understanding of its acceptance as completed. I was later contacted by the school office on Jan. 20th stating that I needed to pick up the form to have it notarized then return it to the school office. I picked up the form on Jan. 21st and had it notarized on Jan. 28th and returned it to the school office again with the understanding of its acceptance for my candidacy. I was again contacted on Feb. 1st to be informed that my candidacy was not being accepted due the original lack of notarization missed by both myself and the school official on Jan. 5th.

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: 2-8-2021


Complainant's Signature

I, Jason Nickolai, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.


Complainant's Signature

STATE OF WISCONSIN

County of Langlade
(county of notarization)

Sworn to before me this 8th day of

February, 2021


(Signature of person authorized to administer oaths)

My commission expires 3-19-2025, or is permanent.

Notary Public or _____
(official title if not notary)

Please send this completed form to:

Mail: Wisconsin Elections Commission
P.O. Box 7984
Madison, WI 53707-7984

Fax: (608) 267-0500

Email: elections@wi.gov