

HAND DELIVERED

Affidavit of Nomination Paper Circulator

STATE OF WISCONSIN}

} ss.

Manitowoc County }

I, Bradley Elliott, being duly sworn,

(name of circulator)

state:

This affidavit is made to supplement and correct the certification(s) of circulator on

the nomination papers for Andrew Wisniewski, State Assembly 25th District
(name of candidate & office)

as described in this affidavit.

I reside at 867 Glenview Drive Manitowoc WI
(circulator's residence, including street, number, and municipality)

I personally circulated the originals of the attached nomination paper for

Andrew Wisniewski
(name of candidate)

numbered 8 & 26, personally obtained each of the signatures on these papers, but neglected to complete the address of circulator. The papers should have shown my address as 867 Glenview Drive Manitowoc WI

I know that the signers are electors of Wisconsin's Assembly District 25. 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 affidavit is punishable under ss.12.13(3)(a), 946.32(1)(a), Wis. Stats.

Bradley Elliott
(signature of circulator)

Subscribed and sworn to before me

this 15th day of July, 2010
Comie J. [Signature]
(signature of person authorized to administer oaths)

My commission expires 12/2/12 or is permanent

Notary Public , or _____

RECEIVED
10 JUL 16 PM 12:07
GOVERNMENT
ACCOUNTABILITY BOARD

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Andrew Wisniewski		Street, fire, or rural route number; box number (if rural route); and name of street or road 4423 Menasha Avenue		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	
Name of municipality for mailing purposes Manitowoc	State WI	zip code 54220	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2, 2010	Name of Party or Statement of Principle (5 words or less) REPUBLICAN PARTY
Title of office Representative to the Wisconsin State Assembly		District or Jurisdiction <input checked="" type="checkbox"/> District number 25 <input type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office Wisconsin State Assembly District 25	

I, the undersigned, request that the candidate, whose name and 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.

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	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Jared Schmitt</i>	<i>1613 Clark</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowoc</i>	<i>7/11/10</i> ✓
2. <i>Brooke Zipperer</i>	<i>1110 S 17th St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Manitowoc</i>	<i>7/11/10</i> ✓
3. <i>Sarah Klackner</i>	<i>630 S. 26th St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>manitowoc</i>	<i>7/11/10</i> ✓
4. <i>Denton Wood</i>	<i>3620 Mac Arthur Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>manitowoc</i>	<i>7/11/10</i> ✓
5. <i>Calli L. Paul</i>	<i>934 S. 23rd St MANITOWOC, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MTWC</i>	<i>07/14/10</i> ✓
6. <i>Michael J. Pyle</i>	<i>2015 MADISON ST MANITOWOC, WI 54220</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MTWC</i>	<i>07-12-10</i> ✓
7. <i>Scott Wolf</i>	<i>5002 Brookfield - N</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MTWC</i>	<i>07-12-10</i> ✓
8. <i>Danette Smith</i>	<i>2811 School St Manitowoc</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <i>Hori Lippert</i>	<i>728 N. 6th St. Manitowoc, WI 54220</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MTWC</i>	<i>7/11/10</i> ✓
10. <i>Justin</i>	<i>78 N. 6th Manitowoc WI 54220</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MTWC</i>	<i>7/11/10</i> ✓

I, *Brooke Zipperer* certify:

I reside at *862 Glenview Drive*
(Circulator's residence - Include number, street, and municipality.)

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 §12.13(3)(a), Wis. Stats.

7/11/10

(Date)

Brooke Zipperer

(Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Andrew Wisniewski		Street, fire, or rural route number; box number (if rural route); and name of street or road 4423 Menasha Avenue		Name of municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Manitowoc	
Name of municipality for mailing purposes Manitowoc	State WI	zip code 54220	Type of election <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date November 2, 2010	Name of Party or Statement of Principle (5 words or less) REPUBLICAN PARTY
Title of office Representative to the Wisconsin State Assembly		District or Jurisdiction <input checked="" type="checkbox"/> District number 25 <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office Wisconsin State Assembly District 25	

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>[Signature]</i>	<i>6129 S 19TH ST MANITOWOC</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>MANITOWOC</i>	<i>6-30-10</i>
2. <i>[Signature]</i>	<i>316 Kier View Dr. Apt 2</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowoc</i>	<i>7-15-10</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Bradley Elliott, certify:
(Name of circulator)
 I reside at 862 Glenview Drive
(Circulator's residence - include number, street, and municipality.)

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 §12.13(3)(a), Wis. Stats.
7-13-10
(Date)
[Signature]
(Signature of circulator)