

STATE OF WISCONSIN  
WISCONSIN ELECTION COMMISSION

---

RICHARD COELHO, Executive Director,  
Assembly Democratic Campaign Committee,

Complainant,

Against

ROBERT SLAMKA,

Respondent.

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**VERIFIED COMPLAINT**

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I, Richard Coelho, upon information, personal knowledge, and belief, hereby allege and swear as follows:

1. This Complaint is brought against Robert Slamka pursuant to Wis. Admn. Code EL § 2.07 and EL § 2.05(14), Wis. Stat. § 8.15(2), Wis. Stat. § 8.15(3), Wis. Stat. § 8.15(4)(a), Wis. Stat. § 8.15(a).

2. I am a qualified elector in and resident of the State of Wisconsin. I am the Executive Director of the Assembly Democratic Campaign Committee, with offices located at 7 North Pinckney Street, Suite 350 in the City of Madison, Wisconsin, Zip Code 53703.

3. The Respondent, Robert Slamka, Wisconsin Elections Commission Receipt Number 330 and Committee ID Number 0105903, maintains a residential address at 6810 Winstone Drive, in the City of Madison, Wisconsin, Zip Code 53711.

4. On or about June 1, 2020, Respondent filed nomination papers with the Wisconsin Elections Commission to be placed on the November 3, 2020 ballot for State Representative in the 78th Assembly District. The Respondent's nomination papers contained approximately 225 signatures as determined by initial review of the Wisconsin Elections Commission staff.

5. Upon a more detailed examination, Respondent's nomination papers contain numerous deficiencies, including but not limited to nomination papers certified prior to circulation in violation of Wis. Stat. § 8.15(4)(a) and EL § 2.05(14), signers who previously signed papers for another candidate for the same office, signers who signed Robert Slamka's nomination papers multiple times, signers who live outside of the district, signers who indicated a non-residential address as their place of residence, and signers who failed to indicate their date of signing.

6. Respondent's nomination papers contained a total of 72 signatures with insufficiencies pursuant to Wis. Admn. Code EL §§ 2.05 and 2.07, bringing the total number of valid signatures substantially below the 200 signature threshold required to be placed on the ballot for State Assembly.

**I. NOMINATION PAPERS WERE SIGNED IN THE CERTIFICATION PRIOR TO CIRCULATION IN VIOLATION OF EL § 2.05(14) .**

7. For nomination signatures to be valid pursuant to EL § 2.05(14), the elector who circulated the nomination paper must complete and sign the certificate of circulator "after, not before, the paper is circulated." EL § 2.05(14) (Register June 2016 No. 726).

8. Upon close examination of pages 13, 17, 21, 24, 25, 27, 29, 30, 33, 35, 41-45, and 51, it appears that the certification, including the name, address, and signature of the circulator was pre-filled and/or photocopied onto the nomination form prior to the collection of elector signatures. This determination was made based on the exact identical nature of each certification's name, address, and signature. This includes extraneous marks which are clear on page 42 and which are evident on the other pre-filled pages identified in this complaint which could only have been present if the pages were copies of the original and pre-filled prior to circulation. Circulator signatures were clearly traced over at a later date or time on pages 13, 17, 21, 24, 25, 27, 29, 30, 33, 35, 41, 43, 45, and 51 with the intent of obscuring the fact that each circulator certification was pre-signed prior to circulation. Page 44 shows a different approach taken by the Respondent where an identical, pre-filled signature is present and a second signature from the Respondent has been added. Page 42 appears to not have had any additional obscuring marks added to the signature after circulation, but appears to be the same pre-filled certification and signature that appears on all the other pages identified. (63 signatures eliminated from Respondent's nomination papers).

9. Copies of the Respondent's nomination papers exhibiting this defect are attached hereto and incorporated herein as "Exhibit A".

10. To demonstrate that many signatures were pre-filled and later traced over, Complainant has also provided an electronic video file demonstrating that two identical signatures were present on pages 42 and page 30, but that page 30 has had obscuring marks added to the signature. This file is incorporated herein as "Exhibit B," and has been transmitted electronically via email.

12. Pre-filling signatures on a nomination form is a violation of the plain language of EL § 2.05(14), which requires that the “elector who circulated the nomination paper completes **and signs** the certificate of circulator . . . **after, not before, the paper is circulated** for a nomination signature to be counted. EL § 2.05(14) (Register June 2016 No. 726) (emphasis added). Tracing over a pre-filled signature does not eliminate the initial violation of pre-signing the certification before the paper is circulated and calls into question whether it was indeed the Respondent who personally collected these signatures.

**II. ELECTOR(S) SIGNED A DIFFERENT CANDIDATE’S NOMINATION PAPERS PRIOR TO SIGNATURES INCLUDED IN ROBERT SLAMKA’S PAPERS**

13. For nomination signatures to be valid pursuant to Wis. Stat. § 8.15(2), the signing elector must not have previously signed the nomination papers for a different candidate running for the same state office, including that of Representative in the Wisconsin State Assembly. Wis. Stat. § 8.15(2) (2017-18).

14. Pages 21, 27, 30, 42, and 51 of Respondent’s nomination papers include signature(s) from electors who previously signed nomination papers for a different candidate running for the same seat. This is a clear violation of Wis. Stat. § 8.15(2). Signatures at issue are as follows: Page 21-1, 21-2, 27-3, 30-7, 30-8, 42-3, 51-1, 51-2. (8 signatures with additional flaws meriting elimination from Respondent’s nomination papers).

15. Copies of the Respondent’s nomination papers exhibiting this defect are attached hereto and incorporated herein as “Exhibit C”. The matching signatures from the Lisa Subeck nomination papers are attached hereto and incorporated herein as “Exhibit D”.

**III. ELECTOR(S) SIGNED ROBERT SLAMKA’S NOMINATION PAPERS MULTIPLE TIMES.**

16. For nomination signatures to be valid pursuant to Wis. Stat. § 8.15(2), the signing elector must not have previously signed the nomination papers for the same candidate running for the same state office. Wis. Stat. § 8.15(2) (2015-16).

17. Pages 4 and 17 of Respondent's nomination papers include signature(s) from elector(s) who previously signed nomination papers for the same candidate running for the same seat (i.e., duplicate signatures). This is a clear violation of Wis. Stat. § 8.15(2). Signature matches at issue are as follows: Page 4-5 and Page 17-1 (1 additional signature eliminated from Respondent's nomination papers).

18. Copies of the Respondent's nomination papers exhibiting this defect and the matching duplicate signatures from the Respondent's nomination papers are attached hereto and incorporated herein as "Exhibit E". In particular, one signatory, Joseph W. Schappel signed the Respondent's nomination papers two (2) times, using one address, which was duplicated. A comparison of the signatures clearly shows that both are the same individual. (See Signatures 17-1, 4-5).

#### **IV. INSUFFICIENT ELECTOR ADDRESSES AND ELECTORS RESIDING OUTSIDE OF THE DISTRICT**

19. For nomination signatures to be valid pursuant to Wis. Stat. §§ 8.15(2) and (3), a signer of the nomination papers for a state office, including that of Representative in the Wisconsin State Assembly, must reside in the jurisdiction or district which the candidate names on the paper will represent if elected. Wis. Stat. §§ 8.15(2) and (3) (2015-16).

20. A copy of the insufficient signatures is attached hereto and incorporated herein as "Exhibit F". These signatures listed in Exhibit F are from outside the 78th Assembly District; are not residential addresses; do not exist within the 78th Assembly District; failed to include

essential address information, or failed to provide an address entirely; and/or are not legible. The proper Assembly District of each signer is provided where it is able to be determined.

21. District residency or nonresidency was determined utilizing the “Who Are My Legislators?” search engine available via the Wisconsin Legislature’s website and accessible to the public at the following internet address: <http://maps.legis.wisconsin.gov/>, per the direction of the Wisconsin Elections Commission. See Wisc. Elections Comm’n, *Nomination Paper Challenges* (Jan. 2018) at 6-7.

22. Where addresses from Respondent’s nomination papers were not found in the “Who Are My Legislators?” search engine, the issue with the provided address information is given in Exhibit F.

23. A copy of the address search for the insufficient signatures is attached hereto and incorporated herein as “Exhibit G”. These screenshots come from the “Who Are My Legislators?” search engine.

#### **V. SIGNATURES WERE INVALID BECAUSE A DATE OF SIGNING WAS NOT INCLUDED**

24. For nomination signatures to be valid pursuant to Wis. Stat. § 8.15(2), an elector signing the nomination papers for a state office, including that of Representative in the Wisconsin State Assembly, must provide the date the elector signed the nomination papers. Wis. Stat. § 8.15(2) (2015-16).

25. Page 48 of Respondent’s nomination papers include signatures where the elector failed to include the date of signature. Copies of the Respondent’s nomination papers exhibiting this defect are attached hereto and incorporated herein as “Exhibit H”. Signatures exhibiting this defect are as follows: Page 48-2 and 48-3. These signatures were approved via improper

bracketing between 48-1 (dated 5/10) and 48-4 (dated 5/15). (2 additional signatures eliminated from Respondent's nomination papers).

26. Respondent's nomination papers contained a total of 72 signatures with insufficiencies pursuant to Wis. Admn. Code EL §§ 2.05-2.07 and Wis. Stat. § 8.15, *et. seq.*, bringing the total number of valid signatures substantially below the threshold of 200 signatures necessary to be placed on the ballot for State Assembly. The contested signatures are contained in the above-referenced exhibits, accompanied by a detailed explanation of their insufficiency.

27. Complainant respectfully submits that the foregoing facts warrant the Commission's attention, and the Commission should take prompt action to eliminate from the nomination papers filed by Respondent all pages that are insufficient or do not comply with Wis. Admn. Code EL §§ 2.05 - 2.07.

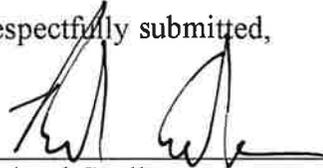
20. Complainant reserves the right to amend this complaint with additional information.

**SIGNATURE AND CERTIFICATION**

I, Richard Coelho, being duly sworn under oath, state that I personally read the above complaint and that the above listed allegations are true and correct based upon my personal knowledge and my review of the nomination papers and other public records, and as to those allegations stated upon my information and belief, I believe them to be true.

Dated this 4 day of June, 2020.

Respectfully submitted,



Richard Coelho

State of Wisconsin

County of Dane

Subscribed and sworn to before me on this 4th day of June, 2020



Notary Public

Nathan W. Judnic

Name Printed or Typed

My commission/term expires perman.



*(Notary Public Seal or Stamp Above)*

Exhibit A

Unobscured pre-filled certification signature from Page 42

**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINTHROP DR, MADISON  
(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 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).

5-17-2020 Robert Slamka  
(Date) (Signature of circulator)

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Page No. 42

Pre-filled certification signature with additional signature from Page 44

**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINTHROP DR, MADISON  
(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 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).

5/20/2020 Robert Slamka Robert Slamka  
(Date) (Signature of circulator)

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Page No. 44

Pre-filled certification signatures obscured at a later date from Pages 13, 17, 21, 24, 25, 27, 29, 30, 33, 35, 41, 43, 45

**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINTHROP DR, MADISON  
(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 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).

5-17-2020 Robert Slamka  
(Date) (Signature of circulator)

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Page No. 13

**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINTHROP DR, MADISON  
(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 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).

5/20/2020 Robert Slamka  
(Date) (Signature of circulator)

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**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINTHROP DR, MADISON  
(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 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).

5/17/2020 Robert Slamka  
(Date) (Signature of circulator)

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**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINTHROP DR, MADISON  
(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 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).

5/20/2020 Robert Slamka  
(Date) (Signature of circulator)

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Exhibit A

**CERTIFICATION OF CIRCULATOR**

I, ROBERT SLANKA, certify: I reside at 210 WINTHROP DR, MADISON

(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 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).

5/30/2020 Robert Slanka

(Date) (Signature of circulator)

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**CERTIFICATION OF CIRCULATOR**

I, ROBERT SLANKA, certify: I reside at 210 WINTHROP DR, MADISON

(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 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).

5.30.2020 Robert Slanka

(Date) (Signature of circulator)

Page No. 51

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**EXHIBIT C**

**NOMINATION PAPER FOR PARTISAN OFFICE**

(10)

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**

(name of municipality)

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

Title of office (required)  
**State Representative**

State (required)  
**WI**

Zip code  
**53711**

District or Jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county) **DANE**

Name of Jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

Type of election (required)  
 general  
 special

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

(Required) Name of Party or Statement of 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 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	Printed Name of Electors	Residential Address (No P.O. Box Addresses) (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
<i>Signature</i>	<i>DAVID NOME</i>	<i>6914 Pilgrim Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/13/20</i>
<i>Benny Bergman</i>	<i>PERRY BERGMAN</i>	<i>6914 Pilgrim Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/13/20</i>
<i>Becky Bennett Bergman</i>	<i>BECKY BERNHARDT</i>	<i>6914 Pilgrim Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/13/20</i>
<i>Garyson Hoge</i>	<i>GARYSON HOGE</i>	<i>5613 Elder place</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/24 2020</i>
<i>David A. Schmidt</i>	<i>DAVID A. SCHMIDT</i>	<i>5758 Falksmyrd, a pc.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/24 2020</i>
<i>BRIN SELMER</i>	<i>BRIN SELMER</i>	<i>5758 Forsythia Pl.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/24 2020</i>
<i>Frank Lebeck</i>	<i>FRANK LEBECK</i>	<i>220 Bardner Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>24 May 2020</i>
<i>Karen Lenack</i>	<i>KAREN LENACK</i>	<i>220 Bardner Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>24 May 2020</i>
<i>Dianne Moley</i>	<i>DIANNE MOLEY</i>	<i>5515 Belin St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/24/20</i>
<i>Jamie Johnson</i>	<i>JAMIE JOHNSON</i>	<i>2602 Ravenswood</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/24/20</i>
<i>Susan Johnson</i>	<i>SUSAN JOHNSON</i>	<i>2602 Ravenswood</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>5/24/20</i>

I, **ROBERT SLAMKA**, certify: I reside at **6810 WINSTONE DR, MADISON**

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

**CERTIFICATION OF CIRCULATOR**

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).

*Robert Slamka*  
 (Date) (Signature of circulator)

Page No. **30**

**NOMINATION PAPER FOR PARTISAN OFFICE**

(7)

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**

(Name of municipality)

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

State (required)  
**WI**

Zip code  
**53711**

District or Jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county) **DANE**

Name of Jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

General Election date (required) Mo/DAY/YEAR  
**11/03/2020**

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

Title of office (required)  
**State Representative**

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.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) (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. <i>[Signature]</i>	MARCY HUBBELL	17 BEACH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/2020 ✓
2. <i>[Signature]</i>	REBECCA THURBELL	17 BEACH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/2020 ✓
3. <i>[Signature]</i>	MARCY LUDWIG	5 BEACH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/2020 ✓
4. <i>[Signature]</i>	DEBBI BEUSSIN	506 BLUE RAY DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/2020 ✓
5. <i>[Signature]</i>	MARJORIE MARION	29 N YELLOWSTONE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/20 ✓
6. <i>[Signature]</i>	PETER MARRION	29 N YELLOWSTONE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/20 ✓
7. <i>[Signature]</i>	MARCY PETERS - FELICE	6 ANDOVER CIR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/2020 ✓
8. <i>[Signature]</i>	FELICE PETERS	6 ANDOVER CIR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/2020 ✓
9. <i>[Signature]</i>	JIMMY JOHN	1 S WOODWAT CIR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/24/20 ✓
10. <i>[Signature]</i>			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	

**CERTIFICATION OF CIRCULATOR**

I, ROBERT SLAMKA, certify: I reside at 6810 WINSTONE DR, MADISON  
 (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 intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

*[Signature]*  
 (Date) 5/24/2020  
 (Signature of circulator)

498 | Rev. 2016-03 | Wisconsin Elections Commission, P.O. Box 7884, Madison, WI 53707-7884 | 608-268-8005 | web: elections.wis.gov | email: elections@wis.gov

**NOMINATION PAPER FOR PARTISAN OFFICE**

5

Candidate's name (required); no titles may be used:  
**Robert Slamka**  
*(P.O. Near Old Sauk)*

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required):  
 Town of  
 Village of  
 City of  
**Madison**

(Name of municipality)

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

State (required)  
**WI**

Zip code  
**53711**

District or jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county)  
**DANE**

Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

Type of election (required)  
 general  
 special

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

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

Title of office (required)  
**State Representative**

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.

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) <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <small>Mo/Da/Year</small>
1.	<i>Signature</i>	<i>Printed name</i>	<i>ROBERT SMITH</i>	<i>5733 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-2020</i>
2.	<i>Signature</i>	<i>ROBERT SMITH</i>	<i>ROBERT SMITH</i>	<i>5733 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-2020</i>
3.	<i>Signature</i>	<i>MARGARET KIMBLE</i>	<i>MARGARET KIMBLE</i>	<i>5741 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-2020</i>
4.	<i>Signature</i>	<i>ALISON MCKEE</i>	<i>ALISON MCKEE</i>	<i>5745 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>
5.	<i>Signature</i>	<i>MARLEEN PUNKST</i>	<i>MARLEEN PUNKST</i>	<i>5749 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>
6.	<i>Signature</i>	<i>TOMMIE THOMPSON</i>	<i>TOMMIE THOMPSON</i>	<i>5742 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>
7.	<i>Signature</i>	<i>BITTERSWEET PL</i>	<i>BITTERSWEET PL</i>	<i>5742 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>
8.	<i>Signature</i>	<i>BITTERSWEET PL</i>	<i>BITTERSWEET PL</i>	<i>5742 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>
9.	<i>Signature</i>	<i>BITTERSWEET PL</i>	<i>BITTERSWEET PL</i>	<i>5742 BITTERSWEET PL</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>
10.	<i>Signature</i>	<i>ROBERT SLAMKA</i>	<i>ROBERT SLAMKA</i>	<i>6810 WINSTONE DR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<i>53705</i>	<i>5-29-20</i>

**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT SLAMKA, certify: I reside at 6810 WINSTONE DR, MADISON  
 (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

5-29-2020 (Date)  
Robert Slamka (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

4

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required)  
 Town of  
 Village of  
 City of  
**Madison**

(Name of municipality)

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

State (required) **WI** Zip code **53711**

District or Jurisdiction (required if applicable)  
 District Number **78**  
 Jurisdiction (county) **DANE**

Type of election (required)  
 general  
 special

General Election date (required) **11/03/2020**

Name of Jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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

**State Representative**

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.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) (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/Dav/Year
<i>MARSHALL</i>	<b>LYNN A. BRADY</b>	<b>6 S ROSA RD.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/30/20</b>
<i>Valentine Brady</i>	<b>Valentina Brady</b>	<b>6 S ROSA RD.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/30/20</b>
<i>Jennifer Ondricka</i>	<b>Jennifer Ondricka</b>	<b>8418 Blackwolf Dr</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/30/20</b>
<i>Jane S. Huszta</i>	<b>Jane S Huszta</b>	<b>17 S. WICKMAN ST</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/30/20</b>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	

**CERTIFICATION OF CIRCULATOR**

I, **ROBERT SIAMKA** (Name of circulator) certify: I reside at **6810 WINSTONE DR, MADISON** (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

**5.30.2020** (Date)  
*Robert Siamka* (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

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

**Robert Siamka**

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

6810 Winstone Dr

Candidate's municipality for voting purposes (required).

Town of  
 Village of  
 City of **Madison**

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

WI Zip code 53711

Type of election (required)  
 general  
 special

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

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

**State Representative**

District or jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county) **DANE**

Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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.

**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) 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/Da/Year
<i>[Signature]</i>	JANE NORMAN	709 BLUE RIDGE PKWY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/31/2020
<i>[Signature]</i>	JOHN NORMAN	709 BLUE RIDGE PKWY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/21/2020
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

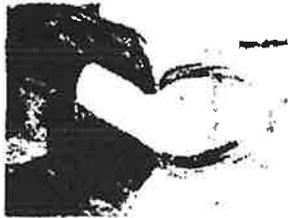
I, ROBERT SIAMKA, certify: I reside at 6810 WINSTONE DR, MADISON

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]*  
(Date)

*[Signature]*  
(Signature of circulator)

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



NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

**LISA SUBECK**

Residing at 818 S. Gannon Rd. #4, Madison, WI 53718 in the City of Madison, be placed on the ballot at the general election to be held November 3, 2020 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for them for the office of

**REPRESENTATIVE TO THE ASSEMBLY - 78th DISTRICT**

I am eligible to vote in the 7th Assembly District. I have not signed the nomination paper of any other candidates for the same office at the election.

**Subeck**  
Registered in that party

NOMINATION PAPER FOR PARTISAN OFFICE

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Address) Street and Number or Rural Route (Rural address must also include box or fee no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Da/Yr
1. <i>Dianne Molvig</i>	Dianne Molvig	5515 Belin St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	4/15/20
2. <i>Randy Korda</i>	Randolph Korda	5315 Belin St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	4/15/20
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	

CERTIFICATION OF CIRCULATOR

I, *Dianne Molvig*

(Name of circulator)

certify: I reside at

*5515 Belin St Madison*

*53705*

(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 certification is punishable under Wis. Stat. § 12.13(3)(a).

*4/15/20*

(Date)

*Dianne Molvig*

(Signature of circulator)

Page No. *24*



**NOMINATION PAPER FOR PARTISAN OFFICE**

I, the undersigned, request the name of

**LISA SUBECK**

Residing at 818 S. Gammon Rd. #4, Madison, WI 53719 in the City of Madison, be placed on the ballot at the general election to be held November 3, 2020 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for them for the office of

**REPRESENTATIVE TO THE ASSEMBLY - 78th DISTRICT**

I am eligible to vote in the 78th Assembly District. I have not signed the nomination paper of any other candidates for the same office at this election.

*Lisa Subeck*  
Democratic for State Assembly

**NOMINATION PAPER FOR PARTISAN OFFICE**

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) Street and Number or Rural Route (Rural address must also include box or tire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Day/Year
<i>David Seund</i>	DAVID TENENBORN	5741 Bittersweet	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/29/2020
<i>Margaret S. Wase</i>	MARGARET E. WASE	5741 Bittersweet Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/29/2020
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	

**CERTIFICATION OF CIRCULATOR**

I, David Tenenborn (Name of circulator) certify: I reside at 5741 Bittersweet Pl Madison 53705 WI (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

4/29/2020 (Date)

*David Tenenborn* (Signature of circulator)



**NOMINATION PAPER FOR PARTISAN OFFICE**

I, the undersigned, request the name of

**LISA SUBECK**

Residing at 818 S. Gammon Rd. #4, Madison, WI 53719 in the City of Madison, be placed on the ballot at the general election to be held November 3, 2020 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for them for the office of

**REPRESENTATIVE TO THE ASSEMBLY - 78th DISTRICT**

I am eligible to vote in the 78th Assembly District. I have not signed the nomination paper of any other candidates for the same office at this election.

*Lisa*  
**Subeck**  
Democrat for State Assembly

**NOMINATION PAPER FOR PARTISAN OFFICE**

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) <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>
1. <i>David A. Ludwig</i>	DAVID A. LUDWIG	5 Beach St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison
2. <i>Nancy J. Luoma</i>	NANCY S. LUOMA	5 Beach St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Madison
3.			
4.			
5.			

**CERTIFICATION OF CIRCULATOR**

I, David A. Ludwig (Name of circulator) certify: I reside at 5 Beach St Madison (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

4/25/20  
(Date)

*David A. Ludwig*  
(Signature of circulator)

Page No.



# NOMINATION PAPER FOR PARTISAN OFFICE

## LISA SUBECK

Residing at 819 S. Gammon Rd. #4, Madison, WI 53719 in the City of Madison, be placed on the ballot at the general election to be held November 3, 2020 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for them for the office of **REPRESENTATIVE TO THE ASSEMBLY - 78th DISTRICT**

I am eligible to vote in the 78th Assembly District. I have not signed the nomination paper of any other candidates for the same office at this election.

*Lisa Subeck*  
Democrat for State Assembly

# NOMINATION PAPER FOR PARTISAN OFFICE

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		Date of Signing
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)	Check the type and write the name of your municipality for voting purposes	Mo/Da/Year
1. <i>Linda Keys</i>	LINDA KEYS	2 N ROCK RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/13/2020
2. <i>Maria Ely</i>	Lynn A. Brady	6 S ROSA RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	5/13/2020
3. <i>Whitton Brady</i>	Valentina Brady	6 S ROSA RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5/13/2020
4. <i>Karen Lenock</i>	Karen Lenock	220 BARDNER DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-3-20
5. <i>Louise S. Robbins</i>	Louise S. Robbins	5406 Regent St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	5-3-2020

### CERTIFICATION OF CIRCULATOR

I, LINDA KEYS

certify: I reside at

2 N ROCK RD MADISON WI 53705

(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 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).

(Date)

5/13/2020

*Linda Keys*

(Signature of circulator)

Page No.

146



NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

**LISA SUBECK**

Residing at 818 S. Gannon Rd. #4, Madison, WI 53719 in the City of Madison, be placed on the ballot at the general election to be held November 3, 2020 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for them for the office of

**REPRESENTATIVE TO THE ASSEMBLY - 78th DISTRICT**

I am eligible to vote in the 78th Assembly District. I have not signed the nomination paper of any other candidates for the same office at this election

*Lisa Subeck*  
Democrat for State Assembly

NOMINATION PAPER FOR PARTISAN OFFICE

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) 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
<i>[Signature]</i>	JENN M. NERMAN	709 Blue Ridge Parkway	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MADISON <input type="checkbox"/> City
<i>[Signature]</i>	JANE A. NERMAN	709 Blue Ridge Parkway	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MADISON <input type="checkbox"/> City
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City

CERTIFICATION OF CIRCULATOR

I, JENN M. NERMAN certify: I reside at 709 Blue Ridge Parkway MADISON WI 53705

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)7

MAY 4, 2020  
(Date)

*[Signature]*  
(Signature of circulator)

Page No.

NOMINATION PAPER FOR PARTISAN OFFICE

(2)

Candidate's name (required): no titles may be used.  
**Robert Slamka**

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required):  
 Town of **Madison**  
 Village of  
 City of

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

Title of office (required):  
**State Representative**

District or Jurisdiction (required if applicable)  
 District number **78** **DANE**  
 Jurisdiction (county)

Scale (required):  
**WI**

Zip code:  
**53711**

Type of election (required):  
 general  
 special

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

Name of Jurisdiction or district in which candidate seeks office (required):  
**District 78 Wisconsin**

(Required) Name of Party or Statement of Principle (5 words or less)  
**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  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	Printed Name of Electors	Residential Address (No P.O. Box Addresses) <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <small>Mo/Day/Year</small>
1. <i>John J. [Signature]</i>	JOSEPH W. SCHAPPEL JR.	7302 WILTHAM RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>MADISON</b> <input type="checkbox"/> City	5-20-2020
2. <i>Dorothy M. Schappel</i>	Dorothy M. Schappel	3302 WILTHAM RD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>MADISON</b> <input type="checkbox"/> City	5-20-2020
3.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	

I, ROBERT SLAMKA, certify: I reside at 6810 WINSTONE DR, MADISON (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

Date: 5/20/2020 Signature: *Robert Slamka* (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

(10)

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required)  
 Town of  
 Village of  
 City of  
**Madison**

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

State (required) **WI** Zip code **53711**

District or Jurisdiction (required if applicable)  
 District number **78**  
 Jurisdiction (county)

Type of election (required)  
 general  
 special

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

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

Title of office (required)  
**State Representative**

Name of Jurisdiction or district in which candidate seeks office (required)  
**DANE District 78 Wisconsin**

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.

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) (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
<i>[Signature]</i>	Lorna Goshman	6909 PIRGIM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	04/25/2020
<i>[Signature]</i>	Kevin Skaggs	6710 PUTNAM RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-26-20
<i>[Signature]</i>	Sue Beez	2570 BARNWOOD RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/25/20
<i>[Signature]</i>	Alexy Zdenewsky	2902 WALKER RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/04/20
<i>[Signature]</i>	JOSANA W. SUTANPT	2302 WALKHAM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/04/20
<i>[Signature]</i>	Emily Gardner	2301 WALKHAM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/4/20
<i>[Signature]</i>	Bronson Ingover	2301 WALKHAM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/4/20
<i>[Signature]</i>	Vin Novan	2313 WALKHAM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/9/20
<i>[Signature]</i>	Saad Khalifa	6056 odona Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/10/20
<i>[Signature]</i>	Kyandra Heber	7933 Tree Lane, 404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/7/20

I, Robert Siamka (Name of circulator) certify: I reside at 6810 WINSTONE DR MADISON (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

5/2/2020 (Date)

*[Signature]* (Signature of circulator)

NOMINATION PAPER FOR PARTISAN OFFICE

10

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**

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

State (required)  
**WI**

Zip code  
**53711**

Type of election (required)  
 general  
 special

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

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

Title of office (required)

**State Representative**

District or Jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county)

**DANE**

Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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.

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) 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/Dav/Year
<i>[Signature]</i>	Lorna Goshman	6909 PIRIMI RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	04/25/2020
<i>[Signature]</i>	Kevin Skaggs	6710 PUTNAM RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-26-20
<i>[Signature]</i>	Sue Baez	2570 Rowenwood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/25/20
<i>[Signature]</i>	Alexy Zdenovskiy	2802 Waltham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/04/20
<i>[Signature]</i>	JOSQUA W. SUTMAN	2302 WALTHAM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/04/20
<i>[Signature]</i>	Emily Barber	2301 Waltham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/14/20
<i>[Signature]</i>	Benson Impronera	2301 WALTHAM RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/14/20
<i>[Signature]</i>	Jim Nolan	2313 Waltham Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/19/20
<i>[Signature]</i>	Saad Khalifa	6056 Odessa Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/10/20
<i>[Signature]</i>	Kyandra Heber	7933 Tree Lane, Apt 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	5/7/20

I, Robert W. Slamka (Name of circulator) certify: I reside at 6810 WINSTONE DR MADISON (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

5/2/2020 (Date) Robert Slamka (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

①

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

Candidate's residential address (required) No P.O. Box addresses  
 Street, file, or rural route number, box number (if rural route); and name of street or road  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**  
 (Name of municipality)

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

State (required)  
**WI**

Zip code  
**53711**

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

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

Title of office (required)  
**State Representative**  
 District or Jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county) **DALE**  
 Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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.

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) Street and Number or Rural Route (Rural address must also include box or file no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing Mo/Dav/Year
<i>[Signature]</i>	Nicholas Boos	2002 Cimarron Trl Madison WI 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	5/20/2020
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Bob Slamka (Name of circulator)  
 certify: I reside at 6810 Winstone Dr - Madison (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 certification is punishable under Wis. Stat. § 12.13(5)(a).

5/20/2020 (Date)  
Robert Slamka (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

(10)

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**

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

State (required) **WI** Zip code **53711**

Type of election (required)  
 general  
 special

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

**State Representative**

District or Jurisdiction (required if applicable)  
 District number **78**  
 Jurisdiction (county) **DAVE**

Name of Jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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.

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) 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/Dav/Year
<i>Anna Le</i>	ANNA LE	2413 WALTHAM RD.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/20/2020
<i>Hien Duong</i>	HIEU T. DUONG	2413 WALTHAM RD.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5-20-2020
<i>Lois M. Johnson</i>	LOIS M. JOHNSON	6362 Landfall Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/26/2020
<i>Richard D. Stead</i>	RICHARD D. STEAD	321 Roetz Rd (MAY)	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5-25-2020
<i>Kim Vogel</i>	KIM VOGEL	6802 Winstead Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/25/2020
<i>Sasha Kungl</i>	SASHA KUNGL	16016 Drazos Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/26/2020
<i>Jacques Lambert</i>	JACQUES LAMBERT	16016 Drazos Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/26/2020
<i>Carroll S</i>	CARROLL S	3906 Manchester	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/26/2020
<i>Mark Ellis</i>	MARK ELLIS	6710 P. Zanos Cir	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/26/2020
<i>Genuine Castaneda-Parker</i>	GENUINE CASTANEDA-PARKER	6405 DZANNO CIR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/26/2020

**CERTIFICATION OF CIRCULATOR**

I, Bob Slamka certify: I reside at 6810 WINSTONE DR - MADISON  
 (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 know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 13.13(1a).

Date: 5/26/2020 Signature: Robert Slamka  
 (Date) (Signature of circulator)

EXHIBIT G

**WISCONSIN STATE LEGISLATURE**

1221 HOSCH RD, MADISON, WISCONSIN 53711

Hide Legend  
View All Districts  
Assembly District  
Senate District

**Address found**  
This profile generated is based on a letter contacting our State Senator or Representative. Location accuracy of 100%

**Senator Fred A. Risser**  
for Madison  
Senate District 26  
(608) 266-1677  
Sen. Risser@legis.wisconsin.gov

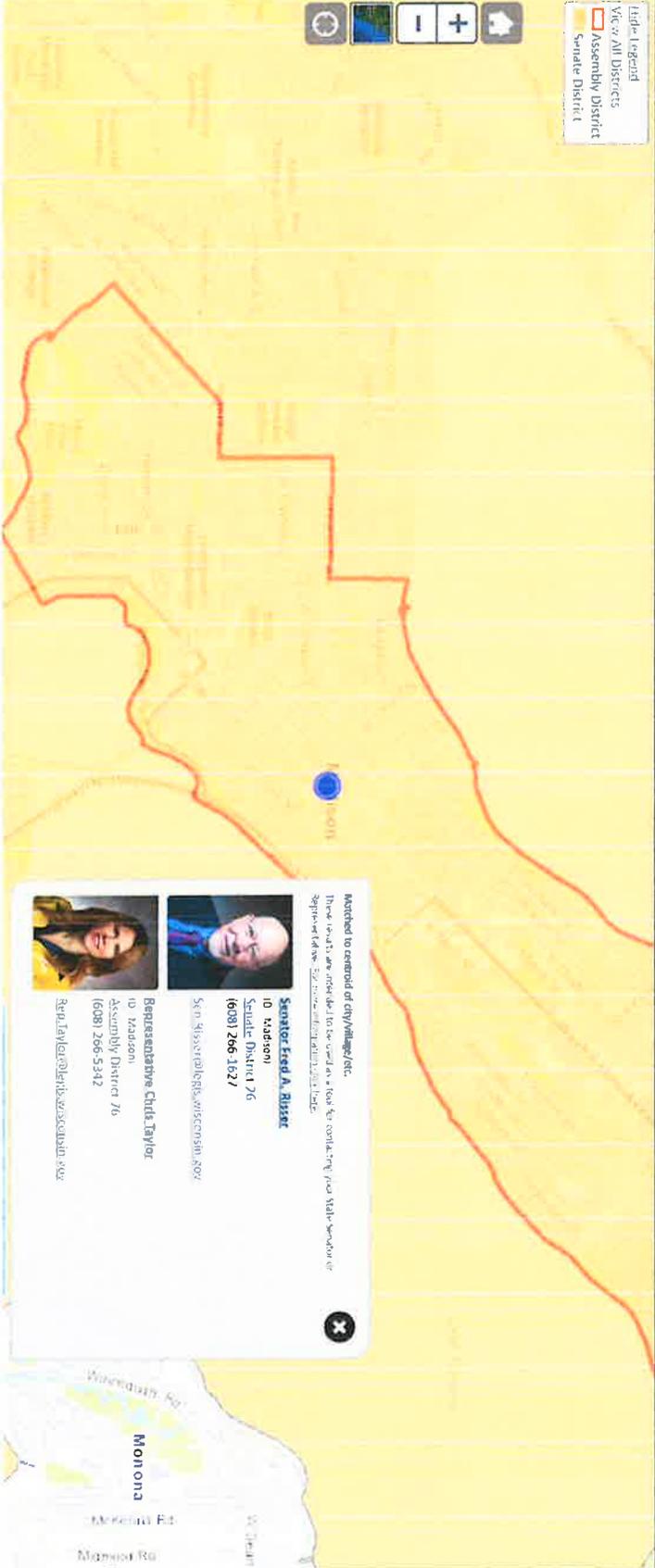
**Representative Sheila Stubbs**  
for Madison  
Assembly District 77  
(608) 266-5764  
(888) 534-0077  
Rep.Stubbs@legis.wisconsin.gov

Page 39 Line 4-Richard D. Stread-1321 Reetz Road Madison, WI 53711

# WISCONSIN STATE LEGISLATURE

2942 Cimmeron Trail Madison, WI

Hide Legend  
View: All Districts  
Assembly District  
Senate District



Matched to centroid of city/village/etc.  
These results are intended to be used as a tool for contacting your State Senator or Representative. See [www.wisconsin.gov](http://www.wisconsin.gov) for more information.



**Senator Fred A. Risper**  
ID: Madison  
Senate District 76  
(608) 266-1627  
Sen. Risper@legis.wisconsin.gov



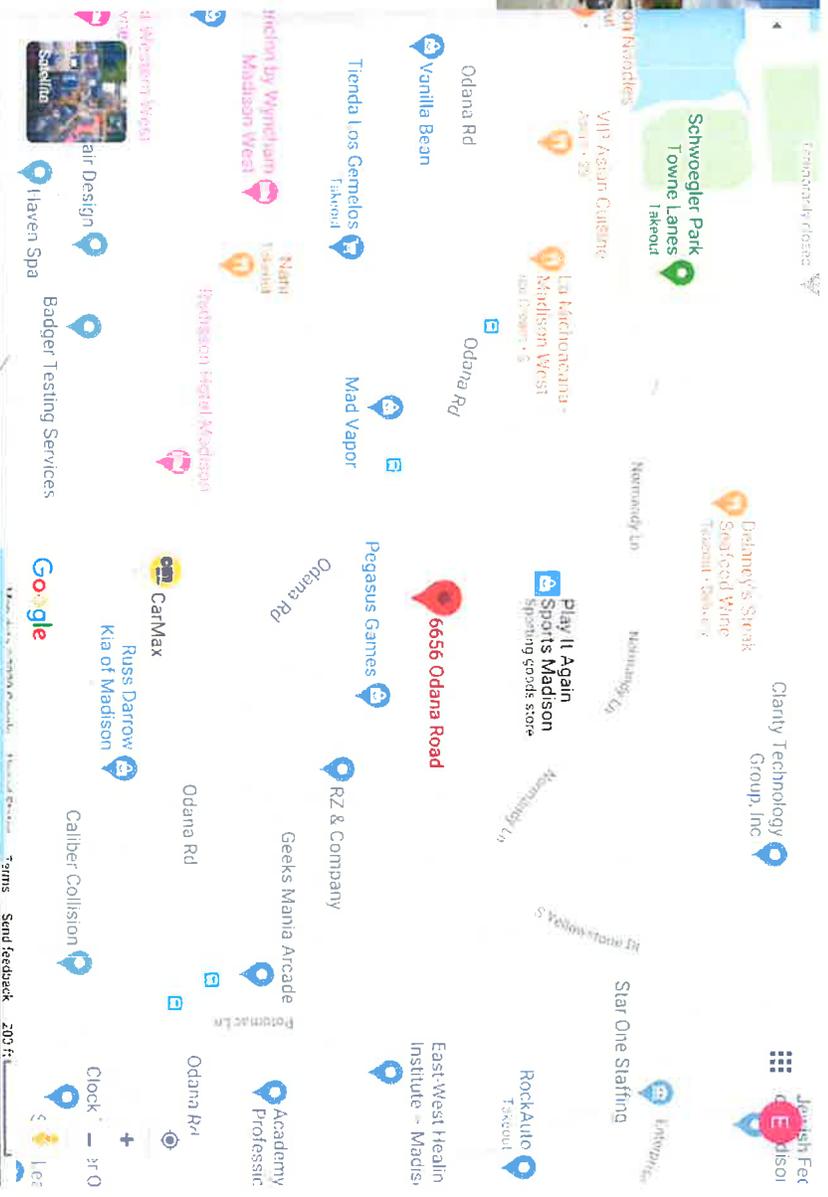
**Representative Chels Taylor**  
ID: Madison  
Assembly District 76  
(608) 266-5342  
Rep.Taylor@legis.wisconsin.gov



6656 Odana Rd  
Madison, WI 53719

- Directions
- Save
- Nearby
- Send to your phone
- Share

- 3G44+G3 Madison, Wisconsin
- Suggest an edit on 6656 Odana Rd
- Add a missing place
- Add your business



Page 9 Line 9-Saad Khalifa-6656 Odana Road Madison, WI 53719

**NOMINATION PAPER FOR PARTISAN OFFICE**

(10)

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**

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

State (required) Zip code  
**WI 53711**

Type of election (required)  
 general  
 special

General Election date (required) (M/D/Y or Year)  
**11/03/2020**

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

Title of office (required)  
**State Representative**

District or Jurisdiction (required if applicable)  
 District number **78**  
 Jurisdiction (county) **DANE**

Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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.

Signatures of Electors		Printed Name of Electors	Residential Address (No P.O. Box Addresses) (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 (M/D/Y or Year)
1.	<i>[Signature]</i>	<b>DAVE NOME</b>	<b>6914 Pilgrim Rd.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/13/20</b>
2.	<i>[Signature]</i>	<b>DEBBY BEGGAN</b>	<b>6914 Pilgrim Rd.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/13/20</b>
3.	<i>[Signature]</i>	<b>BEVER SEWARDT</b>	<b>6914 Pilgrim Rd.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/13/20</b>
4.	<i>[Signature]</i>	<b>GRIPPER HEGGE</b>	<b>5613 Elder place</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/24 2020</b>
5.	<i>[Signature]</i>	<b>BRENT SUMARINB</b>	<b>5758 Folsom, A DC.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/24 2020</b>
6.	<i>[Signature]</i>	<b>BRIN SOWER</b>	<b>5758 Folsom Pl.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/24 2020</b>
7.	<i>[Signature]</i>	<b>FRANK LEBOCK</b>	<b>330 Bardner Dr.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>24 May 2020</b>
8.	<i>[Signature]</i>	<b>KAREN LENOCK</b>	<b>220 Bardner Dr.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>24 May 2020</b>
9.	<i>[Signature]</i>	<b>DIANNE MURVIG</b>	<b>5515 Belin St</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/24/20</b>
10.	<i>[Signature]</i>	<b>SAMIE STOKESON</b>	<b>2402 Ravenswood</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/24/20</b>
	<i>[Signature]</i>	<b>JOHN STOKESON</b>	<b>2402 Ravenswood</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	<b>5/24/20</b>

I, **ROBERT SLAMKA**, certify: I reside at **6810 WINSTONE DR, MADISON** (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 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]*  
 (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

76

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
 Town of  
 Village of  
 City of  
**Madison**

(Name of municipality)

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

State (required) Zip code  
**WI 53711**

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

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

Title of office (required)  
**State Representative**  
 District or Jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county)  
**DANE**  
 Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

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.

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) (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/Dav/Year
1. Rodney Givken	RODNEY GIVKEN	10 Cathy Ct Madison	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5.10.2020
2. Carmelle Elliott	CARMELE ELLIOTT	6910 Old Sauk Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	
3. Rita Elliott	RITA ELLIOTT	6912 Old Sauk Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	
4. Kathleen Farrell	KATHLEEN FARRELL	7202 Old Sauk Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5.18.20
5. Elton Peterson Esser	ELTON PETERSON ESSER	703 Crishton Unit 4	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Middleton</b>	5.15.20
6. Mike Winkler	MILKE WINKLER	600 W. DARBIDGE CT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MADISON</b>	5/15/20
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	

**CERTIFICATION OF CIRCULATOR**  
 I, ROBERT H. SLAMKA (Name of circulator) certify: I reside at 6810 WINSTONE DR MADISON (Circulator's residential address - include number, street, and municipality)

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).

5-29-2020 (Date)  
Robert Slamka (Signature of circulator)

Page No 48

**NOMINATION PAPER FOR PARTISAN OFFICE**

10

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

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  
**6810 Winstone Dr**

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

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

State (required)  
**WI**

Zip code  
**53711**

District or Jurisdiction (required if applicable)  
 District number 78  
 Jurisdiction (county) **DANE**

Name of Jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

Type of election (required)  
 general  
 special

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

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

Title of office (required)  
**State Representative**

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.

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) (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/Dav/Year
1. <i>Manke</i>	MANKE	2413 WALTHAM RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/20/2020
2. <i>Hien Duong</i>	HIEU T. DUONG.	2413 WALTHAM RD.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5.20.2020
3. <i>Lois M. Johnson</i>	Lois M. Johnson	6382 Landfall Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/26/2020
4. <i>Richard D. Stead</i>	Richard D. Stead	1321 Route Rd (7th)	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5-25-2020
5. <i>Kim Vogel</i>	Kim Vogel	6802 Washburn Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/25/2020
6. <i>Sasha Khusk</i>	Sasha Khusk	10400 Dreams Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/26/2020
7. <i>Jacob Kambert</i>	Jacob Kambert	10400 Dreams Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/26/2020
8. <i>Carissa</i>	Carissa	3906 Manchester	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/26/2020
9. <i>Mark Ellis</i>	Mark Ellis	6710 P. Barra Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/26/2020
10. <i>Genuine Castaneda</i>	Genuine Castaneda	4405 D ZANNO CIR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	5/26/2020

I, Rob Slamka (Name of circulator)  
 certify: I reside at \_\_\_\_\_ (Circulator's residential address - include number, street, and municipality)  
**6810 Winstone Dr - Madison**

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. § 13.13(3)(a).

5/26/2020  
 (Date)  
*Robert Slamka*  
 (Signature of circulator)

**NOMINATION PAPER FOR PARTISAN OFFICE**

(10)

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

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  
**6810 Winstone Dr**

Candidate's municipality for voting purposes (required).  
**Madison** (Name of municipality)

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

State (required) **WI** Zip code **53711**

District or Jurisdiction (required if applicable)  
 District number **78**  Jurisdiction (county) **DANE**

Name of jurisdiction or district in which candidate seeks office (required)  
**District 78 Wisconsin**

Type of election (required)  
 general  special

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

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

1. 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.

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) 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
<i>[Signature]</i>	Bernice Eastman	6909 Pilgrim Rd	Madison	04/25/2020
1. <i>[Signature]</i>	Lorna Goshman	6710 Putnam Rd.	Madison	4-26-20
2. <i>[Signature]</i>	Kevin Staggs	2570 Rowanwood Rd	Madison	4/25/20
3. <i>[Signature]</i>	Sue Bree	3302 Waltham Rd	Madison	5/04/20
4. <i>[Signature]</i>	Alexey Zdenovskiy	2302 Waltham Rd	Madison	5/04/20
5. <i>[Signature]</i>	JOSCELYN W. SUTHERLAND	2301 Waltham Rd	Madison	5/14/20
6. <i>[Signature]</i>	Emily Gardner	2301 Waltham Rd	Madison	5/14/20
7. <i>[Signature]</i>	Bronson Ingham	2313 Waltham Rd	Madison	5/14/20
8. <i>[Signature]</i>	Vin Nolan	6056 Oberon Rd	Madison	5/16/20
9. <i>[Signature]</i>	Spod KHALIFA	7033 Tree Lane	Madison	5/7/20
10. <i>[Signature]</i>	Kyandra Heber			

**CERTIFICATION OF CIRCULATOR**

I, Robert W. Slamka (Name of circulator)  
 certify: I reside at 6810 WINSTONE DR MADISON (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 certification is punishable under Wis. Stat. § 12.13(3)(a).

5/2/2020 (Date) Robert Slamka (Signature of circulator)