

Secretary	Raymond	Boland	Veterans Affairs	John Scocos	August 24th	11:00am
Secretary	Eric	Stanchfield	Employee Trust Funds	Dave Hinrich	August 24th	11:00am
Director	Kevin	Kennedy	Elections Board	Kevin Kennedy	August 24th	11:00am
Mr.	Nicholas	Chiarkas	Public Defender Office	Gina Pruski	August 24th	12:00noon
Honorable	Douglas	La Follette	Secretary of State	Juna Krajewski	August 24th	12:00noon
Chairperson	Ave	Bie	Public Service Commission	John Lorence	August 24th	12noon

Spt 8 + 14

TO: Wisconsin State Senators



FR: Nathaniel Harwell

RE: Medical Records Privacy.

DT: August 24, 1999

1. The Wisconsin Department of Public Instruction has a policy that it can require any staff member to take a mental exam, without just cause. Exhibit 1 is the first, fifth, and last page of my discovery document. The response on Page 5, question 52, states that DPI can require an employee to take a mental exam, without just cause.
2. On April 8, I was terminated because I refused to sign a medical release giving DPI complete access to all of my medical records: current and prior. Exhibit 2 is the termination letter.

Nathaniel Harwell
4514 Monona, Suite 454
Madison, WI 53719
608/251-1394
conduit@execpc.com

DPI117.doc

Exhibit 1



State of Wisconsin Department of Public Instruction

Mailing Address: P.O. Box 7841, Madison, WI 53707-7841
125 South Webster Street, Madison, WI 53702
(608) 266-3390 TDD (608) 267-2427 FAX (608) 267-1052
Internet Address: www.dpi.state.wi.us

John T. Benson
State Superintendent

Steven B. Dold
Deputy State Superintendent

April 8, 1999

Nathaniel Harwell
Applications Development Team
125 South Webster Street
Madison, WI 53707

Dear Mr. Harwell:

Calvin Potter has discussed with me the results of several meetings he has held with you over the last two months regarding work rule violations.

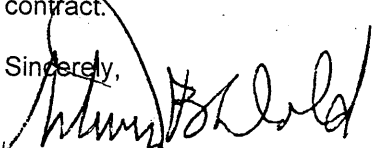
On February 10, February 19, and March 9, 1999 you were directed to sign a medical release authorizing our physician to examine you and release the results of his findings to the human resource director. Investigatory interviews and/or pre-disciplinary meetings were held on February 9, February 18, March 9, and April 8, 1999. You were represented by a union grievance steward at each meeting and were given the opportunity to present mitigating circumstances regarding your refusal to sign the medical release. Because you failed to present substantive information, you were given two suspensions without pay in the amounts of ten and twenty days. In a letter from Calvin Potter dated March 9, you were informed that future work rule violations for insubordination would result in discharge. Despite these warnings and suspensions, you have persisted in refusing to obey a direct order.

We had hoped the progressive discipline that was administered in February, March and April of 1999 in addition to a three day suspension for insubordination in February 1998 for an unrelated incident would convince you of the seriousness of your continued insubordination. Because you refused to obey these direct orders, you have forced us to terminate your employment with the Department of Public Instruction effective today, April 8, 1999.

We regret this action has become necessary. We wish you well in your future. Please contact Helen Gullickson in the payroll office (gullihn@mail.state.wi.us or 608-266-3458) to make arrangements for your final paycheck and to receive information on continuation of your benefits.

If you believe this action is not based on just cause, you may appeal it under the provisions of your union contract.

Sincerely,


Steven B. Dold
Deputy State Superintendent

cc: Calvin Potter, Assistant State Superintendent
Division for Libraries and Community Learning

Chris Selk, Director
Information Technology

Mark Simons (for WPEC)
Wisconsin Federation of Teachers

Exhibit 2

Nathaniel Harwell,

Complainant,

v.

Superintendent, Department of Public
Instruction,

Respondent.

Case Numbers

98-0210-PC-ER

99-0051-PC-ER

99-0063-PC-ER

99-0096-PC-ER

RESPONDENT DPI's RESPONSES TO FIRST SET OF INTERROGATORIES,
REQUESTS TO ADMIT AND REQUEST FOR PRODUCTION OF DOCUMENTS

To: Nathaniel Harwell
4514 Monona, Suite 454
Madison, WI 53716

Respondent Department of Public Instruction (DPI), by its attorney, Sheri Berkani, hereby provides the following responses to Complainant's first set of request for interrogatories, requests to admit and request for production of documents (typed verbatim), as follows:

RESPONSES TO REQUESTS FOR ADMISSIONS

1. DPI admits that African American DPI employees have not rights that Euro-American DPI management need respect or Euro-American DPI employees need respect.

RESPONSE: Objection, incomprehensible

2. DPI admits that it did racially discriminate against Nathaniel Harwell, an African American.

RESPONSE: Deny

3. DPI admits that it did racially discriminate against other African Americans.

RESPONSE: Deny

4. DPI admits that it did fail to promote Nathaniel Harwell, an African American.

RESPONSE: Deny, Harwell did not apply for a promotion.

5. DPI admits that it did fail to hire or promote other African Americans.

RESPONSE: Deny, DPI has hired and promoted other African Americans.

RESPONSE: Deny.

46. DPI admits that it required a medical release and the submission to a mental exam for the purpose of fishing for a defense against Nathaniel Harwell's racial discrimination complaint and other complaints against DPI.

RESPONSE: Deny.

47. DPI admits that Dr. Eric Hummel is a psychologists.

RESPONSE: Admit.

48. DPI admits that Dr. Eric Hummel is frequently or commonly or often hired by state agencies to do clinical evaluations of state employees.

RESPONSE: Deny. The department was referred to Dr. Hummel by another state agency but is unaware of the frequency with which state agencies avail themselves of Dr. Hummel's services.

49. DPI admits that Dr. Eric Hummel is a hired gun for state agencies who always or almost always makes determinations, which supports the states contentions and purposes.

RESPONSE: Deny.

50. DPI admits that the medical release gave Dr. Hummel complete access to all of my medical records, past and present.

RESPONSE: Deny.

51. DPI admits that the persons that I charged with racial discrimination were to be the arbiters of my fitness for work.

RESPONSE: Objection, vague.

52. DPI admits Wisconsin Statute 230.37(2) authorizes a state agency, with just cause, to require a state employee to take a medical exam.

RESPONSE: Deny, the statute does not require just cause.

53. DPI admits that the EAP is potentially the first step to firing an employee. Once a state employee participates in the EAP, the state has prima facie cause to evoke 230.37(2).

RESPONSE: Deny.

54. DPI admits that it abused its authority by evoking Wisconsin Statutes Chapter 230.80(1), by requiring a mental exam without just cause.

RESPONSE: Deny.

55. DPI admits that DUYONNE WISDOM complained to DPI management about failure to promote.

RESPONSE: Objection, irrelevant.

56. DPI admits that Addie Pettaway received by internal mail demeaning and threatening note.

RESPONSE: Objection, irrelevant.

57. DPI admits that Addie Pettaway complained to DPI management that she was severely stressed racial discrimination she was subjected to at DPI.

RESPONSE: Objection, irrelevant.

58. DPI admits that Addie Pettaway complained to DPI management that she had serious concerns for her safety.

RESPONSE: Objection, irrelevant.


59. DPI admits that it did nothing to stop the racial discrimination against Addie Pettaway.

RESPONSE: These documents will be made available for Complainant's review. An appointment to review the document may be made by contacting Respondent's attorney, Sheri Berkani. Copies of such pages as Complainant may wish will be made upon Complainant's payment of copy charges.


21. A complete and full record of why the management not longer stated that EAP was confidential. This includes, but is not limited to, management's notes, emails, conversations, etc.

RESPONSE: Each time the employee assistance program was mentioned, a statement of the program's confidentiality was included. No DPI management personnel stated that the EAP was not confidential. Therefore, there are no records of this nature.

Dated this 12th day of August, 1999

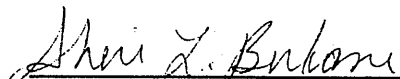

Katherine J. Knudson

Subscribed and sworn before me this
12th day of August, 1999.


Sheri L. Berkani, Notary Public
My Commission is permanent

Objections to requests for interrogatories, requests for admissions, and requests for production of documents are filed by Sheri L. Berkani, Staff Attorney, Department of Public Instruction.

Dated this 12th day of August, 1999


Sheri L. Berkani
Staff Attorney
Attorney for Respondent, DPI
State Bar No. 1000698

Department of Public Instruction
PO Box 7841
Madison, WI 53707-7841
608-266-9353

NOTARY PUBLIC APPLICATION

Permanent Commission
Fee \$50 effective Oct. 14, 1997

OFFICE USE ONLY
Commission issued:

READ ALL INSTRUCTIONS ON BACK CAREFULLY
BEFORE COMPLETING THE APPLICATION.

COMPLETE ALL SECTIONS OR APPLICATION CANNOT BE ACCEPTED FOR FILING.

(instructions on back)

6. Current Full Name:

first middle

Last Name(s)

7. Home Address:

Street Address, NOT a P.O. Box

City

State

ZIP

8. Birthdate:

1. Make a legible impression of Seal/Stamp.

9. Did you ever have a notary commission or state-awarded license suspended or revoked in Wisconsin or any other state? Yes or No. If "Yes", attach a separate letter explaining the situation.

10. Do you have a pending arrest, or have you ever been convicted of a violation of Wisconsin, U.S., or any other state's or country's laws? Yes or No. If "Yes", submit the documentation of all such arrests, including discharge papers, for each violation. Copies are acceptable. This information must be submitted each time you apply.

NOTE that under current law, persons convicted in state or federal court of a felony, or persons convicted of a misdemeanor involving a violation of the public trust, may not be commissioned as Notaries Public for the State of Wisconsin unless they have been pardoned of the conviction.

11. To the Secretary of State of Wisconsin: I hereby apply for permanent appointment as a Wisconsin Notary Public. I certify that I am a Wisconsin resident licensed to practice law in Wisconsin, and that all of the information I have provided is true.

Signature:

2. Signature sample exactly as on seal/stamp.

3. Print name as signed:

4. Mailing Address: (print or type)

c/o

Street

City/State

ZIP

5. Is this your first commission? YES or NO
Expiration of present or last commission:

Submit completed application and certificate of good standing together with the \$50 fee to:

Office of the Secretary of State/Notary Records

P.O. Box 7848

Madison WI 53707-7848

Make check payable to: Secretary of State. Any questions? Call (608)266-5594.

INSTRUCTIONS

Form This application is for a permanent Wisconsin Notary Public commission. If you are a Wisconsin resident who is NOT licensed to practice law in Wisconsin who wishes to apply for a notary commission, request the "Four Year Notary Public Application and Bond" forms. Do NOT use this permanent application.

General Requirements In order to become a Notary Public under §137.01(2), Wisconsin Statutes, you must be a Wisconsin resident who is licensed to practice law in this state. (Note that under current law, persons convicted in state or federal court of a felony, or persons convicted of a misdemeanor involving a violation of the public trust, may not be commissioned as Notaries Public for the State of Wisconsin unless they have been pardoned of the conviction.) **You must buy an engraved official seal or official rubber stamp, obtain a "Certificate of Good Standing" from the Supreme Court, and submit this application, \$50 filing fee, and the certificate of good standing to the Office of the Secretary of State. YOU MAY NOT PERFORM NOTARIAL ACTS UNTIL NOTIFIED BY THIS OFFICE THAT YOUR COMMISSION HAS BEEN ISSUED.**

Seal and Signature Requirements To complete #1 of this application, you will need to buy a notary seal or rubber stamp. The Office of the Secretary of State does not provide seals/stamps. For suppliers, check the yellow pages in the telephone book under "office supplies", "rubber stamp suppliers", or "seals". **The seal or stamp may be of any size, but must state only the words "Notary Public", "State of Wisconsin", and your printed name.** Initials, or a shortened first name may be used. Current last name must be in full. No title such as "Atty." or "Esq." should appear before or after your name; no extra words, as "My commission is permanent" may appear on the seal/stamp. When ordering a seal/stamp, **keep in mind that when performing a notarial act, you must always sign your name exactly as set forth on your seal/stamp.**

An application submitted with an unclear seal/stamp impression, or with additional non-notarial seals affixed, cannot be accepted for filing and will be returned. When you receive your seal or stamp, practice using it before attempting to affix it on this application. If necessary, affix the impression on a separate piece of paper and attach it to your application.

Certificate of Good Standing Request a Certificate of Good Standing from the Supreme Court, P.O. Box 1688, Madison, WI 53701-1688. A fee of \$3 (payable to "Wisconsin Supreme Court") must accompany the written request. **The certificate must be no more than two months old when submitted to the Secretary of State's office.**

Completing Your Application (The numbers below correspond to the questions on the reverse side.)

- 1) Affix a distinct impression of your notary seal/stamp in the space provided.
- 2) Sign your official notarial signature using the exact spelling shown on your notary seal/stamp.
- 3) Print or type your name exactly as signed.
- 4) Print or type your complete mailing address.
- 5) Answer "yes" or "no" and provide expiration or revocation data if needed.
- 6) Print or type your **full** name.
- 7) Indicate your **Wisconsin home address.**
- 8) Print or type your birthdate.
- 9) Answer "yes" or "no". Attach an explanation if you answered "yes".
- 10) Answer "yes" or "no". If "yes", attach complete documentation as appropriate. The Office of the Secretary of State will determine if you are eligible to become a notary.
- 11) Sign your name after you have completed the application to certify that you are a Wisconsin resident who is licensed to practice law in Wisconsin, and that all information you have set forth on the application is true.

Submit the completed application with the \$50 filing fee and an original certificate of good standing to the Office of the Secretary of State. Make your \$50 check payable to "Secretary of State". Commissions are issued every Wednesday. Remember, you may not perform notarial acts until notified by this office that your commission has been issued. A commission certificate will be sent to the mailing address indicated on this application.

Notice You are hereby informed that the information you provide on this form may be considered a public record available for public inspection. Wisconsin Statutes require that you provide written notice of any change of address to the Secretary of State within 5 days of such change. Grounds for revocation of your commission may include: providing false information on this application, submitting an application fee which is unredeemable due to insufficient funds, or conviction for certain crimes while holding a commission, or supreme court notice (to the Office of the Secretary of State) of the surrender, suspension or revocation of your license to practice law in Wisconsin.

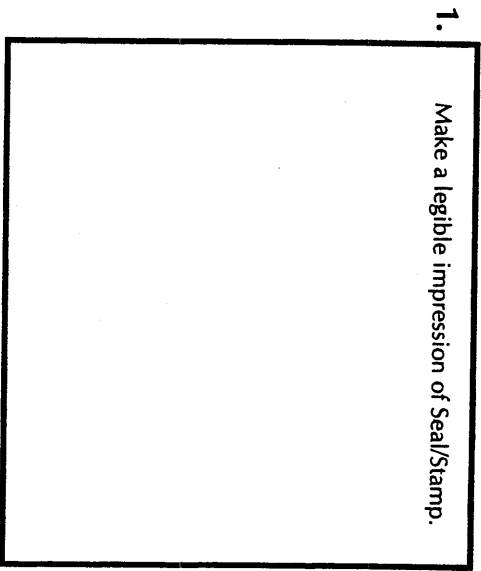
Office of the Secretary of State
Notary Records Section
P.O. Box 7848
Madison WI 53707-7848
(608) 266-5594

NOTARY PUBLIC APPLICATION

Four-Year Commission
Fee \$20 (effective Oct. 14, 1997)

OFFICE USE ONLY
Commission issued: _____

READ ALL INSTRUCTIONS ON BACK CAREFULLY
BEFORE COMPLETING THE APPLICATION.



1. Make a legible impression of Seal/Stamp.

2. Signature sample exactly as on seal/stamp.

3. Print name as signed: _____

4. Mailing Address: (print or type) _____

c/o _____

Street _____

City & State _____ ZIP _____

5. Is this your first commission? YES or NO
Expiration of present or last commission: _____

ALL APPLICANTS MUST COMPLETE ALL SECTIONS OR APPLICATION WILL BE RETURNED.
(INSTRUCTIONS ON BACK)

6. Current Full Name: _____ first middle Last Name(s)

7. Home Address: _____
Street Address, NOT a P.O. Box City State ZIP Code

8. Birthdate: _____

9. Did you ever have a notary commission or state-awarded license suspended or revoked in Wisconsin or any other state? Yes or No. If "Yes", attach a letter of explanation.

10. Do you have a pending arrest, or have you ever been convicted of a violation of Wisconsin, U.S., or any other state's or country's laws? Yes or No. If "Yes", submit the documentation of all such arrests, including discharge papers, for each violation. Copies are acceptable. This information must be submitted each time you apply.

NOTE that under current law, persons convicted in state or federal court of a felony, or persons convicted of a misdemeanor involving a violation of the public trust, may not be commissioned as Notaries Public for the State of Wisconsin unless they have been pardoned of the conviction.

11. Applicants must be familiar with the duties and responsibilities of a Wisconsin Notary Public, which include (but are not limited to) knowing how to perform/document the following notarial acts: taking an acknowledgment; administering an oath or affirmation, witnessing/attesting a signature; attesting a copy of a document.
Are you familiar with these duties and responsibilities? Yes or No.

If you have answered "No" STOP HERE! Your application cannot be accepted for filing. To obtain a notary brochure, send a self-addressed envelope with two stamps to the address listed below. *

12. To the Governor of the State of Wisconsin: I hereby apply for a four-year appointment as a Wisconsin Notary Public. I certify that I am a Wisconsin resident familiar with the duties and responsibilities of a Notary Public, that I have at least the equivalent of an eighth grade education, and that all of the information I have provided is true.

Signature: _____

Submit the completed application and bond forms together with the \$20 fee to:

*Office of the Secretary of State/Notary Records
P.O. Box 7848

Madison WI 53707-7848

Make check payable to: Secretary of State. Any questions? Call (608)266-5594.

If the name under which your last commission was issued has changed and you have not notified us, please show former name: _____

INSTRUCTIONS

Form This application is for a four-year Wisconsin Notary Public commission. A Wisconsin resident licensed to practice law in Wisconsin should request the attorney's "Permanent Commission Application".

General Requirements In order to become a Notary Public under §137.01, Wisconsin Statutes, you must be a Wisconsin resident 18 years of age or older, have at least the equivalent of an eighth grade education, be familiar with the duties and responsibilities of a Notary Public, and not have an arrest or conviction record which is unacceptable under Wisconsin Statutes. (Note that under current law, persons convicted in state or federal court of a felony, or persons convicted of a misdemeanor involving a violation of the public trust, may not be commissioned as Notaries Public for the State of Wisconsin unless they have been pardoned of the conviction.) **You must buy an engraved official seal or official rubber stamp, and submit this application, \$20 filing fee, and a completed bond form to the Office of the Secretary of State. YOU MAY NOT PERFORM NOTARIAL ACTS UNTIL NOTIFIED BY THIS OFFICE THAT YOUR COMMISSION HAS BEEN ISSUED.**

Seal and Signature Requirements To complete #1 of this application, you will need to buy a notary seal or rubber stamp. The Office of the Secretary of State does not provide seals/stamps. For suppliers, check the yellow pages in the telephone book under "office supplies", "rubber stamp suppliers", or "seals". **The seal or stamp may be of any size, but must state only the words "Notary Public", "State of Wisconsin", and your printed name. Any notarial seal in use by August 1, 1959 shall be considered in compliance. Initials, or a shortened first name may be used. Current last name must be in full. No title such as "Dr." or "CPA" should appear before or after your name. When ordering a seal/stamp, keep in mind that when performing a notarial act, you must always sign your name exactly as set forth on your seal/stamp.**

An application submitted with an unclear seal/stamp impression, or with additional non-notarial seals affixed, cannot be accepted for filing and will be returned. When you receive your seal or stamp, practice using it before attempting to affix it on this application. If you have held a previous commission and are reapplying and employing a seal/stamp previously used, be certain your seal/stamp impression is still totally clear and legible. If necessary, affix the impression on a separate piece of paper and attach it to your application. Do not affix other seals/stamps (as those showing county or expiration dates) on the application form, as these seals/stamps are not considered "official" notary seals, and may not appear on the application.

Completing Your Application (The numbers below correspond to the questions on the reverse side.)

- 1) Affix a distinct impression of your notary seal/stamp in the space provided.
- 2) Sign your official notarial signature using the exact spelling shown on your notary seal/stamp.
- 3) Print or type your name exactly as signed.
- 4) Print or type your complete mailing address.
- 5) Indicate the expiration date of your most recent Wisconsin notary commission unless this is your first commission.
- 6) Print or type your full name.
- 7) Indicate your **Wisconsin home address.**
- 8) Print or type your birthdate.
- 9) Answer "yes" or "no". Attach an explanation if you answered "yes".
- 10) Answer "yes" or "no". If "yes", attach complete documentation as appropriate. The Office of the Secretary of State will determine if you are eligible to become a notary.
- 11) Answer "yes" or "no".
- 12) Sign your name after you have completed the application to certify that you are a Wisconsin resident, are familiar with the duties, and that all information you have set forth on the application is true.

Submit the completed application with the \$20 filing fee and a completed bond form to the Office of the Secretary of State. Make your \$20 check payable to "Secretary of State". Commissions are issued every Wednesday. Applications for reappointment of commission are held until the Wednesday before the old commission expires. Remember, you may not perform notarial acts until notified by this office that your commission has been issued, or reissued in the case of a reappointment. A commission certificate will be sent to the mailing address indicated on this application.

Notice You are hereby informed that the information you provide on this form may be considered a public record available for public inspection. Wisconsin Statutes require that you provide written notice of any change of address to the Secretary of State within 5 days of such change. Grounds for revocation of your commission may include: providing false information on this application, submitting an application fee which is unredeemable due to insufficient funds, or conviction for certain crimes while holding a commission.

Office of the Secretary of State
Notary Records Section
P.O. Box 7848
Madison WI 53707-7848
(608) 266-5594

**FOUR-YEAR
NOTARY PUBLIC BOND**

Check one:

- First Application in Wisconsin
 Renewal

If renewal, show expiration date: _____

Name: _____

Address: _____

Daytime Telephone: _____

All applicants should complete the information above. When the Oath of Office and bond sections have been properly completed, submit together with the completed application and the fee as specified on the application to:

NOTARY RECORDS
 OFFICE OF THE SECRETARY OF STATE
 P.O. BOX 7848
 MADISON, WI 53707-7848
 PHONE: (608)266-5594
 4/99

**SECTION B - REQUIRED FOR PERSONAL SURETY BOND
 NOTARIES PUBLIC MAY NOT NOTARIZE THEIR OWN SIGNATURES!!**

NOTE: An individual who provides the personal surety must have the Oath below administered to him/her by a notary, or other person qualified under Wis. Stats. 887.01. The personal surety must sign the oath in the presence of a notary, or other qualified person who has administered it. All blanks must be completed, and the party administering the Oath must affix seal or stamp where indicated.

I agree to act as surety for the notary applicant and to be held liable for damages not exceeding in the aggregate \$500.00 incurred by the applicant for failure to discharge his or her duties as a Notary Public during the four-year commission. I understand this bond cannot be cancelled. I, duly sworn on oath, say that I am worth the sum of Five Hundred Dollars in property within this state over and above all debts and liabilities, and exclusive of all property exempt from execution.

11. _____
 Signature of Individual Personal Surety

12. State of Wisconsin
 County of _____

13. Subscribed and sworn to before me on this day:

15. OFFICIAL SEAL/STAMP
 MUST BE AFFIXED!

14. _____
 Signature of Notarial Officer

16. Complete one:
 My notary commission expires on: _____
 My notary commission is permanent.
 My term of office expires on: _____
 and my title is: _____

SECTION C - REQUIRED FOR PERSONAL SURETY BOND

NOTE: When all blanks of section A and B and the Oath of Office have been completed, your Bond must be approved below by the Clerk of Circuit Court, or other person qualified under Wis. Stats. 59.40. Contact the Clerk of Circuit Court in your county of residence for more information. (The Secretary of State cannot complete this section.) If this portion is left blank, your forms cannot be accepted for filing.

I am satisfied and do believe this person, acting as individual personal surety, to be worth the sum of five hundred dollars (\$500) in property exempt from execution. I hereby approve this bond and the surety therein.

17. State of Wisconsin
 County of _____

18. _____
 Signature of Clerk of Circuit Court

 Title

COURT SEAL/STAMP MUST BE AFFIXED!

 Date

**OFFICE OF THE SECRETARY OF STATE OF WISCONSIN
APPLICATION FOR REGISTRATION OF MARKS**

per chapter 132, Wisconsin Statutes

Filing Fee is \$15.00, make checks payable to Secretary of State
Registration is effective for 10 years

1. State **Full Exact Name of Registrant** (Party Registering Mark)

2. If registrant is **not an individual person**, state the nature or structure of the registrant - for example, corporation, bank, limited liability company, association, club, partnership, etc.

NOTE: If registrant is required to be licensed or registered with any government office, attach copies of the most recent registration documents. Copies are not necessary if the registrant's documents are on file with the Corporations Division of the Wisconsin Department of Financial Institutions. For-profit foreign corporations must be licensed to do business in Wisconsin before this registration can be granted.

3. Describe the **type of business and/or goods** for which this registration will be used:

4. State **registrant's residence, location, or place of business**. An actual physical site is required, not a post office box.

5. State **registrant's mailing address and telephone:**

PHONE: ()

NOTE: The certificate of registration will be mailed to the above address, unless another is listed here:

6. Complete **"A" or "B"**. A separate application and fee are required for each mark.

A. If the mark you wish to register consists of **words only**, print the word(s) here:

B. If the mark you wish to register consists of **words, symbols, pictures, or a combination with a distinctive appearance**, describe the mark clearly with a **written description**, (what does your mark look like?), and enclose **two samples of the mark**.

7. The date on which you first use the mark is extremely important. **Indicate month and year.**

Date of First Use: _____

8. This is an _____ **original** application or a _____ **renewal** application.

9. If an attorney or agent is completing this application, please provide the following:

Name (Please Print) _____

Business Address _____

Telephone () _____

10. **I, Being Duly Sworn**, state that: I am the registrant or a duly authorized representative of the registrant; the facts set forth in this application are true; the registrant has the right to the use of the subject of the registration applied for, and that no other person or persons, firm, partnership, corporation, association or union of workers has such right either in the identical form or in any such near resemblance thereto as may be calculated to deceive; that any accompanying originals, copies, photographs, cuts, counterparts, facsimiles, or drawings filed herewith are correct; that the registrant is not required to be licensed or registered by any government office, or if the registrant is required to be licensed or registered, true and correct copies of the most recent license or registration documents are attached; and that the registrant is a resident of the United States.

Registrant or Agent must sign below in the presence of a notary public.

Signature of Registrant Or Agent: _____

Print Name as Signed Above: _____

Title of Party who signed above: _____

State of _____

County of _____

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE: _____

Notary Signature: _____

My Commission Expires on: _____

Notary must Affix Notarial Seal/Stamp

Office Location

30 W. Mifflin St., 10th floor, Madison, WI 53702

Mailing Address

Secretary of State

Trademark Records

PO Box 7848

Madison, WI 53707-7848

Telephone: (608) 266-5653

3/98

DOUGLAS LA FOLLETTE



**SECRETARY OF STATE
WISCONSIN**

MEMORANDUM

TO: Honorable Members/Senate Committee
on Privacy, Electronic Commerce,
and Financial Institutions

FROM: Office of the Secretary of State

DATE: August 24, 1999

RE: Request for Information on Agency's Policies Dealing with Data and Privacy Issues

Wisconsin's Constitution requires the Secretary of State to maintain the official acts of the Legislature and Governor, and to keep the Great Seal of the State of Wisconsin and to affix it to all official acts of the Governor. Currently the Office is comprised of two divisions: the Government Records Division and the Administrative Services Division.

The Government Records Division administers program responsibilities set forth in approximately 100 sections of the Wisconsin Statutes, including issuing notary public commissions; issuing notary authentications and apostilles; recording annexations and charter ordinances of municipalities; registering trade names and trademarks; publishing legislative acts; recording official acts of the Legislature and the Governor; and filing oaths of office and deeds for state lands and buildings. All of these services are critical to many of Wisconsin's business, legal, and real estate communities, as well as to other members of the public -- both in and outside of the state of Wisconsin.

All of these various documents are available to the public under the Open Records Policy of the Office (see attached). Although none of these documents contain social security numbers, the notary public application forms and registration forms for trademarks/names require names, addresses, and telephone numbers of the principals involved. This data is used to mail out verification of registrations and renewal/expiration notices as required by Wisconsin Statutes.

None of the information on file with the Office is sold or traded with other agencies. However, the Office fills several ongoing requests for copies of trademark/name registrations and various bonding companies come into the Office on a regular basis and record the names and addresses of pending notary renewals.

OPEN RECORDS POLICY

Office of the Secretary of State

Wisconsin's Constitution requires the Secretary of State to maintain the official acts of the Legislature and Governor, and to keep the Great Seal of the State of Wisconsin and to affix it to all official acts of the Governor. Currently the Secretary of State is responsible for overseeing the Government Records Division, with support from the Administrative Services Division. The Supervisor of the Government Records Division is the records custodian for this Division, while the Business Manager is the records custodian for Administrative Services within the Office of Secretary of State.

The Government Records Division administers program responsibilities set forth in approximately 100 sections of the Wisconsin Statutes, including issuing notary public commissions; issuing notary authentications and apostilles; recording annexations and charter ordinances of municipalities; registering trade names and trademarks; publishing legislative acts; recording official acts of the Legislature and the Governor; and filing oaths of office and deeds for state lands and buildings.

The Administrative Services Division responsibilities include accounting for all receipts and disbursements of the Agency, managing agency printing and procurement programs, and maintenance of the office-wide inventory system. In addition to certain personnel and budget duties, this Division administers the Agency's payroll operations, the fringe benefit programs, and all other agency business services.

Procedures for Obtaining Records

1. Request for access to a public record may be made orally or in writing. Request should be directed to the Records Custodian of the division believed to have the records desired.
2. A request for access to a public record must reasonably describe the record sought and must be reasonably limited as to the subject matter and/or length of time represented by the record.
3. Request for access to, and inspection of, any public records may be made during the Office's regular business hours, which are Mon.-Fri., 7:45 a.m.- 4:30 p.m., exclusive of legal holidays.
4. A request may be denied if the particular document is excepted by state law from the definition of a public "record", or exempted from public access by state or federal law, or where the custodian determines that the right of access shall be limited or denied when the harm done to the public interest by disclosure outweighs the right to inspect a certain record.
5. No request will be denied for any refusal to be identified or to state the purpose of the request. However, reasonable restrictions (including identification) may be imposed on the manner of access to an original record if the record is irreplaceable or easily damaged.
6. A photocopying fee will be charged to obtain copies of records. Except where otherwise specifically provided by Statute, the cost of obtaining photocopies of records is as follows:

Self-service Copying -- \$.10 per page

Staff Copying -- \$2.00 per document (up to 20 pages)

\$.10 per page after 20 pages

tion, employment and transitional housing. The department may provide grants to facilitate the provision of services under this section.

(2) The department may charge fees for transitional housing and for such other assistance that is provided under this section as the department designates. The department shall promulgate rules establishing the fee schedule and the manner of implementation of that schedule.

History: 1993 a. 16; 1995 a. 129; 1997 a. 27.

45.358 Wisconsin veterans cemeteries. (1) DEFINITIONS. In this section:

(a) "Dependent child" means any natural or adoptive child under 18 years of age, or under the age of 26 if in full attendance at a recognized school of instruction, or of any age if the child is unmarried and incapable of self-support by reason of mental or physical disability.

(b) "Veteran" means a person who has served on active duty in the U.S. armed forces.

(2) CONSTRUCTION AND OPERATION OF CEMETERIES. Subject to authorization under ss. 13.48 (10) and 20.924 (1), the department of veterans affairs may construct and operate veterans cemeteries in northwestern and southeastern Wisconsin and may employ such personnel as are necessary for the proper management of the cemeteries. The department may acquire, by gift, purchase or condemnation, lands necessary for the purposes of the cemeteries. Title to the properties shall be taken in the name of this state. Every deed of conveyance shall be immediately recorded in the office of the proper register of deeds and thereafter filed with the secretary of state. All cemeteries operated by the department are exempt from the requirements of ss. 157.061 to 157.70 and 440.90 to 440.95.

(3) ELIGIBILITY. The following persons are eligible for burial at a cemetery constructed and operated under sub. (2) or s. 45.37 (15):

(a) A veteran who died while on active duty or who was discharged or released from active duty in the U.S. armed forces under honorable conditions and who was a resident of this state at the time of his or her entry or reentry into active service and his or her dependent children and surviving spouse.

(b) A veteran who was discharged or released from active duty in the U.S. armed forces under honorable conditions and who was a resident of this state at the time of his or her death and his or her dependent children and surviving spouse.

(c) The spouse or dependent child of a veteran who is serving on active duty at the time of the spouse's or dependent child's death if the veteran was a resident of this state at the time of the veteran's entry or reentry into active service.

(d) The spouse or dependent child of a veteran if the veteran was a resident of this state at the time of his or her entry or reentry into active service and was discharged or released from active duty in the U.S. armed forces under honorable conditions.

(e) The spouse or dependent child of a veteran who was discharged or released from active duty in the U.S. armed forces under honorable conditions if the veteran and spouse or dependent child were residents of this state at the time of the spouse's or dependent child's death.

(f) A person who was a resident of this state at the time of his or her entry or reentry into service in the Wisconsin army national guard or air national guard or a reserve component of the U.S. armed forces or at the time of his or her death and who has 20 or more years of creditable military service for retirement pay as a member of the Wisconsin army national guard or air national guard or a reserve component of the U.S. armed forces or who would have been entitled to that retirement pay except that the person was under 60 years of age at the time of his or her death, and the person's spouse, surviving spouse and dependent children.

(g) A veteran who was discharged or released from active duty in the U.S. armed forces under honorable conditions and who was

a resident of the state for at least 5 consecutive years after completing service on active duty.

(3m) FEES. The department may charge a fee for burials under this section and may promulgate rules for the assessment of the fee.

(4) GIFTS, GRANTS AND BEQUESTS. The department of veterans affairs may accept for the state all gifts, grants and bequests for the purposes of maintenance, restoration, preservation and rehabilitation of the veterans cemeteries constructed under sub. (2).

History: 1993 a. 296; 1995 a. 27, 255; 1997 a. 27.

45.36 Release of information and records by the department of veterans affairs and county veterans' service offices. (1) DEFINITIONS. In this section:

(a) "Department" means the department of veterans affairs.

(b) "Duly authorized representative" means any person authorized in writing by the veteran to act for the veteran, or a legally constituted representative if the veteran is incompetent or deceased. Where for proper reason no representative has been or will be appointed, the veteran's spouse, an adult child, or, if the veteran is unmarried, either parent shall be recognized as the duly authorized representative.

(c) "Service office" means a county veterans' service office.

(2) SEPARATION DOCUMENTS. Separation documents and copies thereof evidencing service in the armed forces of the U.S. are confidential and privileged. Examination of such records in the possession of the department or service office will be limited to authorized employees of the department or service office and information entered thereon will be disclosed only to veterans and their duly authorized representatives or to interested governmental agencies for the purpose of assisting veterans and their dependents to obtain the rights and benefits to which they may be entitled.

(3) U.S. DEPARTMENT OF VETERANS AFFAIRS RECORDS. Records and papers in the possession of the department or service office which are released to the department or service office by or from the U.S. department of veterans affairs or which contain information provided by the U.S. department of veterans affairs are confidential. Release of information from such records or papers may be made only pursuant to regulations of the U.S. department of veterans affairs.

(4) INVESTIGATION. All reports of investigation made by employees of the department or at the direction of the department for official departmental purposes are only for the use of the secretary and staff. Materials and information which disclose the investigative techniques of the department or the identity of confidential informants and material received in confidence by representatives of the department may not be released.

(4m) VITAL RECORDS. The service office may obtain a copy of a vital record under s. 69.30 (2) and may transmit the copy to the department or to the U.S. department of veterans affairs to assist a veteran or his or her dependent in obtaining a benefit to which he or she may be entitled.

(5) DISCLOSURE OF MONETARY BENEFITS. The department shall disclose, to any person who requests, the amount of any grant or loan made by the department to any applicant. A person seeking such information shall be required to sign a statement setting forth the person's name, address and the reason for making the request and certifying that the person will not use the information obtained for commercial or political purposes.

(5m) DISCLOSURE OF LOAN STATUS INFORMATION. The department may disclose to a consumer reporting agency, as defined in 15 USC 1681a (f), the current repayment status of, the balances due on, and other relevant information pertaining to department loans that is readily accessible from current department computer tapes on any loans on which balances are due and owing the department. The department may charge consumer reporting agencies requesting these computer tapes an amount sufficient to cover all the costs of preparation and delivery of the tapes.

(6) **DISCLOSURE OF OTHER INFORMATION.** Except as provided in subs. (2) to (5), all files, records, reports, papers and documents pertaining to applications for benefits from the department, and information contained therein, shall only be released by the department or service office pursuant to rules of the department. The rules must provide for the furnishing of information required under sub. (5m) and for official purposes by any agency of the U.S. government, any agency of this state, any law enforcement or public welfare agency of any Wisconsin county, or by members of the state senate and assembly, and will otherwise provide for release of personal information pertaining to or contained in any application for benefits, whether pending or adjudicated, only where authorized in writing by the applicants or where necessary to assist applicants in securing veterans benefits to which they may be entitled or where necessary for the efficient management of loans made by the department.

History: 1971 c. 198; 1983 a. 189; 1985 a. 29 s. 3200 (23); 1987 a. 403 s. 255; 1989 a. 31, 56; 1995 a. 27.

45.365 Wisconsin veterans home; management. (1)

(a) The department of veterans affairs, hereafter in this section and in s. 45.37 referred to as the department, shall operate and conduct the Wisconsin veterans home at King, hereafter in this section and in s. 45.37 referred to as the home, and employ a commandant and the officers, nurses, attendants and other personnel necessary for the proper conduct of the home. In compliance with the compensation plan established pursuant to s. 230.12 (3), it may recommend to the director of personnel charges for meals, living quarters, laundry and other services furnished to employes and members of the employes' family maintained as such. Complete personal maintenance and medical care to include programs and facilities which promote comfort, recreation, well-being or rehabilitation, shall be furnished all members under the policy of the department.

(b) All money received in reimbursement for services to institutional employes under par. (a) or in payment for meals served to guests at the institution shall be accumulated in an account named "employe maintenance credits" and shall be paid into the general fund within one week after receipt and credited to the appropriation under s. 20.485 (1) (gk).

(d) The home shall include a geriatric evaluation, research and education program. The program staff shall be funded from the appropriations under s. 20.485 (1) (hm), (j) and (mj).

(2) The department may acquire, by gift, purchase or condemnation, lands necessary for the purposes of the home. Title thereto shall be taken in the name of this state and shall be held by and for the uses and purposes of said home so long as used for the present objects and purposes thereof. No payment shall be made out of the state treasury or otherwise for any such land until the title has been examined and approved by the attorney general. Every such deed of conveyance shall be immediately recorded in the office of the proper register of deeds and thereafter filed with the secretary of state.

(2a) The department may use moneys appropriated pursuant to s. 20.485 (1) (h) to purchase, erect, construct or remodel buildings, and to provide additions and improvements thereto, and to provide equipment therefor and to provide materials, supplies and services necessary for the purposes of the home, and for such expenses as may be necessary and incidental to acquisition of property pursuant to s. 45.37 (10) and (11).

(2b) The department may accept gifts, bequests, grants or donations of money or of property from private sources to be administered by the department for the purposes of the home. All moneys so received shall be paid into the general fund and are appropriated therefrom as provided in s. 20.485 (1) (h), except that gifts or grants received specifically for the purposes of the geriatric program at the home are appropriated as provided in s. 20.485 (1) (hm). The department shall not apply to the gifts and bequests fund interest on certificate of savings deposits for those members who do not receive maximum monthly retained income. The

department shall establish for such persons upon their request individual accounts with savings and interest applied pursuant to such member requests.

(2m) (a) The department may enter into agreements for furnishing and charging for water and sewer service from facilities constructed at and for the home to public and private properties lying in the immediate vicinity of the home.

(b) Agreements under this section shall be drafted to hold harmless the department, to require all expense thereof to be paid by the applicant, and to be terminable by the department when other water and sewer services become available to the applicant.

(3) The commandant and employes designated by the commandant may summarily arrest all persons within or upon the grounds of the home who are guilty of any offense against the laws of this state or the rules and regulations governing the home. For this purpose the commandant and deputies have the power of constables.

(5) The fire department at the home in response to emergency fire calls may make runs and render fire fighting service beyond the confines of the home.

(6) The home is subject to ch. 150, as specified in s. 150.46.

History: 1971 c. 270 s. 104; 1973 c. 113; 1973 c. 333 s. 201m; 1975 c. 39; 1977 c. 29; 1977 c. 196 s. 131; 1981 c. 20; 1985 a. 29; 1989 a. 56; 1991 a. 39, 120.

45.37 Who are eligible to membership. (1) GENERAL STATEMENT. Within the limitations of the facilities of the home, the department may admit to membership in the home persons who meet the qualifications set forth in this section.

(1) **DEFINITION OF VETERAN.** Except as provided in sub. (15) (a) and (b), in this section "veteran" has the meaning given in s. 45.35 (5) (a) or means any person who served on active duty under honorable conditions in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces for at least one day during a war period, as defined in s. 45.35 (5) (e) or under section 1 of executive order 10957, dated August 10, 1961, and who was officially reported missing in action or killed in action or who died in service, or who was discharged under honorable conditions after 90 days or more of active service, or if having served less than 90 days was honorably discharged for a service-connected disability or for a disability subsequently adjudicated to have been service connected, or who died as a result of service-connected disability.

(2) **BASIC ELIGIBILITY REQUIREMENTS.** A veteran may be admitted to the home if the veteran:

(a) *Residence.* Was a resident of this state at the time of entering service with the armed forces and is a resident of this state on the date of admission to the home.

(b) *Disability test.* Is permanently incapacitated due to physical disability or age from following any substantially gainful occupation.

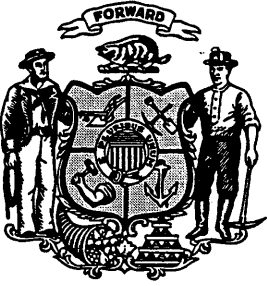
(c) *Crimes.* Has not been convicted of a felony or of a crime involving moral turpitude or, if so, has produced sufficient evidence of subsequent good conduct and reformation of character as to be satisfactory to the department.

(e) *Chronic ailments.* Is not a chronic alcoholic, drug addict, psychotic or active tuberculosis case, unless the department determines that the home is capable of providing satisfactory care for the person.

(f) *Financial information.* Provides a complete financial statement containing information that the department determines is necessary to evaluate the financial circumstances of the veteran and his or her spouse. The department may require a member of the home to provide the department with information necessary for the department to determine the financial circumstances of the member and his or her spouse. If a member fails to provide the additional information, the department may discharge the member from the home.

(h) *Care needs.* Has care needs which the home is able to provide within the resources allocated for the care of members of the home.

State of Wisconsin \ Elections Board



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Chairperson

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Kevin J. Kennedy
Executive Director

Testimony of Kevin J. Kennedy
Executive Director, State Elections Board
Senate Privacy, Electronic Commerce and Financial Institutions Committee

August 24, 1999

Senator Erpenbach and committee members,

One of the fundamental purposes of the State Elections Board is to disseminate information to the public about campaigns and elections in Wisconsin. The Elections Board collects information from candidates for state office and political committees supporting and opposing state candidates and referenda. A copy of the campaign registration statement and campaign finance report forms will be given to the committee clerk. The Elections Board also collects information from candidates to enable them to qualify for ballot access. This information is collected from documents that include nomination papers with the signatures and addresses of qualified electors and declarations of candidacy. A copy of these forms will be given to the committee clerk. Counties, towns, cities, villages and school districts for local campaigns also collect this information.

The collection of this information is an essential element in providing information to voters and maintaining the integrity of elections in Wisconsin. I will briefly describe the type of information collected by the agency and respond to any questions from committee members.

Campaign Finance Information

Registrants, including candidates, provide their name, address, home and work telephone numbers along with the same information for their campaign treasurers. Registrants also supply the name and address of their committee's financial institution and the account number of their campaign depository account.

Registrants file detailed reports itemizing the source of their income and the nature of their campaign disbursements. The name, address and amount of any contribution over \$20 is disclosed. If an individual gives more than \$100 the name and address of the contributor's principal place of business and the contributors occupation are also listed.

This information is available for public inspection and photocopying in the Board's offices. There is no requirement that individuals examining the Board's records identify themselves. In calendar years 1997 and 1998 the agency received 2,646 requests to review 9,353 files. By January 1, 2000 the Elections Board expects to have campaign finance information available on the Internet.

The Elections Board staff is wrestling with some of the privacy ramifications of the availability of campaign finance information on the Internet. This will clearly make campaign finance information more accessible to Wisconsin's voters. We do not plan to list an individual contributor's street address on Internet postings. We have received inquiries from judicial and district attorney candidates asking that home addresses not be posted on the Internet. We are looking at this as a possible exception.

Current law prohibits the use of information taken from campaign finance reports for soliciting campaign contributions or for any commercial purpose. Ss. 11.21 (5), 11.22 (8) Stats. This is difficult to enforce but it has been done.

Election Information

Information about candidates, including election results, will be available on the Internet. Nomination papers are available for public inspection, but are destroyed after 22 months per state and federal law. We have had a Michigan based company purchase the papers for developing a state database of politically active individuals.

Wisconsin does not have a statewide list of registered voters. Only 450 of the state's 1,850 municipalities have voter registration. Wisconsin does not collect information about age, race or sex on voter registration forms. Some municipalities request social security numbers, but inform the elector it is not required. Voter registration lists and poll lists showing who voted at an election are public records along with information on absentee voting requests.

If committee members would like additional information the Elections Board staff will be happy to assist you. Thank you very much.

CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN

EB-1

FOR OFFICE USE ONLY

**IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT**

NOTICE: ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

IS THIS AN AMENDMENT? Yes No

1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of Candidate	Party Affiliation	Office Sought (include district or branch no.)
Residence Address (number and street)	Primary Date	Candidate Telephone Number (residence)
City, State and Zip Code	Election Date	Candidate Telephone Number (employment)
Campaign Committee Name (if any) Check One: <input type="checkbox"/> Personal Campaign Committee <input type="checkbox"/> Support Committee		
Campaign Committee Address (if different than above) – Number, Street, City, State and Zip Code		
Telephone Number (if different than above)		

2. POLITICAL COMMITTEE INFORMATION

(For use ONLY by Political Action Committees, Political Party Committees, Political Groups, etc.)

Name of Committee		
Address – Number, Street, City, State and Zip Code		
Telephone Number		
Sponsoring Organization – Name and Complete Address		
Acronym (if any)		
Type of Committee:		
A.	<input type="checkbox"/> Special Interest Committee (PAC) <ul style="list-style-type: none"> <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization – Attach Information Required by § 11.05(3)(n), Stats. 	
B.	<input type="checkbox"/> Political Party Committee <ul style="list-style-type: none"> <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ 	
C.	<input type="checkbox"/> Legislative Campaign Committee – Attach Statement Required by § 11.05(3)(o), Stats.	
D.	<input type="checkbox"/> Political Group (Referendum) _____ <div style="text-align: center; font-size: small;">Name of Referendum</div>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
E.	<input type="checkbox"/> Recall Committee _____ <div style="text-align: center; font-size: small;">Name of officer subject to recall</div>	<input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall
F.	<input type="checkbox"/> Independent Committee – Also, Complete Oath of Independent Expenditures, Form EB-6	
G.	<input type="checkbox"/> Individual – Also, Complete Oath of Independent Expenditures, Form EB-6	

3. COMMITTEE TREASURER (Campaign finance correspondence is mailed to this address)

Treasurer's Name	Telephone Number (residence)
Address (number and street)	Telephone Number (employment)
City, State and Zip Code	

4. PRINCIPAL OFFICERS OF COMMITTEE AND OTHER CUSTODIANS OF BOOKS AND ACCOUNTS

Attach additional listing if necessary. Indicate which officers or committee members are authorized to fill a vacancy in nomination due to death of candidate by an asterisk(*). This provision only applies to independent and local nonpartisan candidates, § 8.35, Stats.

NAME	MAILING ADDRESS	POSITION

5. DEPOSITORY INFORMATION

Name of Financial Institution	Account Number (attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.)
Address (number and street)	City, State and Zip Code

CERTIFICATION

TREASURER

I, _____ (print full name) certify the information in this statement is true, correct, and complete.

Signature _____, Treasurer _____
Date _____

CANDIDATE

I, _____ (print full name) certify the information in this statement is true, correct, and complete and that this is the only committee authorized to act on my behalf.

Signature _____, Candidate _____
Date _____

+++ EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS. § 11.05(2r), Stats. +++

You may be eligible for an exemption from filing campaign finance reports. Consult the Campaign Finance Instruction and Bookkeeping Manual to determine if the registrant qualifies for exemption.

This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$1,000 in a calendar year or accept any contribution or cumulative contributions of more than \$100 from a single source during the calendar year except contributions by a candidate to his or her campaign of \$1,000 or less in a calendar year.

This registrant is no longer eligible to claim exemption.

Signature of Candidate or Treasurer Date

DECLARATION OF CANDIDACY

(See instructions for preparation on back)

Is this an amendment? Yes No

I, _____, being duly sworn, state that
(Candidate's name)

I am a candidate for the office of _____
(Official name of office - Include district, branch or seat number)

representing _____
(Name of political party or statement of principle - five words or less)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned. I have not been convicted of a misdemeanor involving a violation of public trust for which I have not been pardoned.

My present municipality of residence for voting purposes is:

(Candidate's address for voting purposes - Include the number, street, and municipality where the candidate resides.)

My name as I wish it to appear on the official ballot is as follows:

(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

(Signature of candidate)

STATE OF WISCONSIN)
County of _____) ss.
(County of notarization)

Subscribed and sworn to before me this _____ day of _____, _____.

(Signature of person authorized to administer oaths)

NOTARY SEAL
NOT REQUIRED

My commission expires _____ or is permanent.

Notary Public or _____
(Official title if not a notary)

Instructions for Completing the Declaration of Candidacy

All candidates seeking ballot status for election to any office in the State of Wisconsin must properly complete and file a *Declaration of Candidacy*. This form must be **ON FILE** with the proper filing officer no later than the deadline for filing nomination papers or the candidate's name will not appear on the ballot. A facsimile will be accepted if the FAX copy is received by the filing officer no later than the filing deadline and the signed original declaration is received by the filing officer with a postmark no later than the filing deadline.

Information to be provided by the candidate:

- Type or print your name on the first line.
- The title of the office and **any district, branch, or seat number** for which you are seeking election must be inserted on the second line. *For legislative offices insert the title and district number, for district attorneys insert the title and the county, for circuit court offices insert the title, county and branch number, and for municipal and school board offices insert the title and any district or seat number.*
- Type or print the political party affiliation or principle supported by you in five words or less on the third line. *Nonpartisan candidates may leave this line blank.*
- Felony or misdemeanor convictions: Your name cannot appear on the ballot 1) if you have been convicted of a felony in any court in the United States for which you have not been pardoned or, 2) convicted of a misdemeanor involving a violation of public trust for which you have not been pardoned. *This only applies to state and local candidates.*
- Your current municipality of residence for voting purposes must be inserted on the fourth line. This must include the street and number, or post office address, and **the name of the municipality of residence** (town, village, or city). If your address changes before the election, an amended Declaration of Candidacy must be filed with the filing officer. s.8.21, Stats. *Federal candidates do not have to provide this information.*
- Type or print your name on the fifth line as you want it to be printed on the official ballot. You may use your full legal name, or any combination of first name, middle name, and initials, or nickname with last name. No abbreviations or titles are permitted.

A *nickname* is defined as a familiar or shortened form of a proper name by which you are commonly known. Names which are **not** familiar or shortened forms of proper names, such as "Red," "Skip," or "Lower Taxes," are not permitted. A nickname is a substitute for your legal name. It is not permissible to add your nickname in quotes or parentheses between your first and last name. For example, John "Jack" Jones or John (Jack) Jones is not acceptable, but Jack Jones is.

This form must be sworn to and signed in the presence of a notary public or other person authorized to administer oaths, such as a county or municipal clerk.

Information to be provided by the person administering the oath:

- The county of notarization.
- The date the Declaration of Candidacy was signed and the oath administered.
- The signature and title of the person administering the oath. If signed by a notary public, the date the notary's commission expires must be listed. *The notary seal is not required.*

All candidates for offices using the nomination paper process and all school district candidates must file this form with the appropriate filing officer no later than the deadline for filing nomination papers. ss. 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 8.50 (3)(a), 120.06 (6)(b), Stats.

Candidates nominated for local office at a caucus must file this form with their municipal clerk within 5 days of receiving notice of nomination. s.8.05 (1)(j), Stats.

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of _____
(Candidate's name as it will appear on the ballot; no abbreviations or titles may be used)
 residing at _____
(Candidate's residence and mailing address - Include number, street, and municipality)
 be placed on the ballot at the (special or general) election to be held on _____ as a
(Date of election)
 candidate representing _____ so that voters will have the opportunity
(Name of party or statement of principle - 5 words or less)
 to vote for (him or her) for the office of: _____
(Title of office - Include jurisdiction or district and number)
 I am eligible to vote in _____
(Name of jurisdiction or district in which candidate seeks office)
 I have not signed the nomination paper of any other candidate for the same office at this election.

POST OFFICE ADDRESS WHEN DIFFERENT THAN MUNICIPALITY IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire No.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.			19
2.			19
3.			19
4.			19
5.			19
6.			19
7.			19
8.			19
9.			19
10.			19

STATE OF WISCONSIN }
 _____ County } ss.
(County of notarization)

Affidavit of Circulator

I, _____, being duly sworn, state:
(Name of circulator)

I reside at _____
(Circulator's residence - Include number, street, and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the district which the candidate will represent if elected. I intend to support this candidate. I am aware that falsifying this affidavit is punishable under §§12.13 (3)(a), 946.32 (1)(a), Stats.

Subscribed and sworn to before me this ____ day of _____, 19__.

(Signature of circulator)

(Signature of person authorized to administer oaths)

My commission expires _____ or is permanent.

Notary Public or _____
(Official title, if not a notary)

**NOTARY SEAL
NOT REQUIRED**

INSTRUCTIONS FOR PREPARING NOMINATION PAPERS FOR PARTISAN OFFICE

This is a sample nomination paper form. It conforms to the statutory requirements for nomination papers for partisan office. All information concerning the candidate must be completed in full before circulating this form to obtain signatures of electors. All information concerning the signing electors and the circulator must be completed in full before filing with the appropriate filing officer. This form may be reproduced in any way. A candidate's picture and biographical data may also be added to this form. The State Elections Board has determined that no disclaimer or other attribution statement is required on nomination papers.

Candidate's Name - Insert the candidate's name as it will appear on the ballot. A candidate may use his or her full legal name or any combination of first name, middle name, and initials or nickname with last name. No abbreviations or titles are permitted. A nickname is defined as a familiar or shortened form of a proper name by which an individual is commonly known. Names which are not familiar or shortened forms of proper names, such as "Red," "Skip," or "Lower Taxes," are not permitted. A nickname is a substitute for the candidate's legal name. It is not permissible to add the nickname in quotes between the first and last name. For example, John "Jack" Jones is not acceptable, but Jack Jones is.

Candidate's Residence - If a candidate's municipality of residence is different from the candidate's mailing address (P.O. address), both must be given. Indicate if the municipality of residence is a town, village, or city.

Date of Election - Insert the date of the general or special election.

Party or Principle - The party whose nomination the candidate seeks shall be listed on the nomination papers. Candidates may represent only one party. Independent candidates may list a principle represented, but it cannot exceed five words.

Title of Office - The name of the office must be listed **along with the jurisdiction or district and number** that clearly identifies the office the candidate is seeking, for example, "Representative to the Assembly - 1st District" or "Dane County District Attorney."

Name of Jurisdiction - The nomination papers must clearly identify the municipality or jurisdiction in which the signing electors are qualified to vote, as it relates to the office sought by the candidate named on the nomination paper. For example, for a statewide office the jurisdiction is State of Wisconsin. Other examples are 1st Congressional District, 24th Assembly District, or Brown County.

Signatures of Electors - Only qualified electors of the jurisdiction or the district the candidate seeks to represent may sign the nomination papers. Each elector's municipality of residence must be listed on the nomination paper along with the post office address, including any street name or number, rural route, box or fire number. The circulator may add any missing or illegible address information before the papers are filed with the filing officer. The address listed for each signing elector must clearly identify where the elector's voting residence is located. A post office box number alone does not show where the elector actually resides.

Signature of Circulator - The circulator should carefully read the language of the *Affidavit of Circulator*. The circulator must personally present the nomination paper to each signer. The nomination paper may NOT be left unattended on counters or posted on bulletin boards. The circulator's complete address (**including municipality of residence**) must be listed in the affidavit. After obtaining signatures of electors, the circulator must sign the affidavit, under oath, in the presence of a notary public or a person authorized to administer oaths.

Signature of Person Authorized to Administer Oaths - In addition to signing, the person administering the oath to the circulator must properly complete all the information in the jurat, indicating the county of notarization, the date the oath was administered, and the date the notary's commission will expire unless it is permanent and marking the notary box or listing the person's title if not a notary.

Other Instructions - Candidates and circulators should review ElBd 2.05, 2.07, Wis. Adm. Code.

- ▶ Nomination papers must be in the physical custody of the appropriate filing officer by the filing deadline. A postmark on the filing deadline is NOT sufficient. Nomination papers CANNOT be faxed to the filing officer.
- ▶ Nomination papers with the required number of signatures must be filed with the appropriate filing officer **no later than 5:00 p.m.** on the second Tuesday in July before the general election. Special elections may have different filing deadlines. Check with the filing officer.
- ▶ In order for a candidate's name to be placed on the ballot, a candidate must file a *Campaign Registration Statement* (EB-1), a *Declaration of Candidacy* (EB-162), and *Nomination Papers* (EB-168) containing the appropriate number of signatures for the office sought no later than the filing deadline. s.8.15(6), Stats. Candidates for state office must also file a statement of economic interest with the State Ethics Board by the third business day after the nomination paper filing deadline. s.19.43, Stats. If any one of these required forms is not filed by the deadline, the candidate's name will not be placed on the ballot. s.8.30, Stats.
- ▶ If a candidate or circulator has any questions, he or she should contact the filing officer.

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of _____
(Candidate's name as it will appear on the ballot; no abbreviations or titles may be used)
 residing at _____
(Candidate's residence and mailing address - Include number, street, and municipality)
 be placed on the ballot at the (special or general) election to be held on _____ as a
(Date of election)
 candidate representing _____ so that voters will have the opportunity
(Name of party or statement of principle - 5 words or less)
 to vote for (him or her) for the office of: _____
(Title of office - Include jurisdiction or district and number)
 I am eligible to vote in _____
(Name of jurisdiction or district in which candidate seeks office)
 I have not signed the nomination paper of any other candidate for the same office at this election.

POST OFFICE ADDRESS WHEN DIFFERENT THAN MUNICIPALITY IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER or RURAL ROUTE <small>Rural address must also include box or fire No.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1.			19
2.			19
3.			19
4.			19
5.			19
6.			19
7.			19
8.			19
9.			19
10.			19

STATE OF WISCONSIN }
 _____ County } ss.
(County of notarization)

Affidavit of Circulator

I, _____, being duly sworn, state:
(Name of circulator)

I reside at _____
(Circulator's residence - Include number, street, and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the district which the candidate will represent if elected. I intend to support this candidate. I am aware that falsifying this affidavit is punishable under §§12.13 (3)(a), 946.32 (1)(a), Stats.

Subscribed and sworn to before me this ____ day of _____, 19 ____.

(Signature of circulator)

(Signature of person authorized to administer oaths)

My commission expires _____ or is permanent.

Notary Public or _____
(Official title, if not a notary)

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