

WISCONSIN STATE
LEGISLATURE
COMMITTEE HEARING
RECORDS

2001-02

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on
Campaigns &
Elections
(AC-CE)

File Naming Example:

Record of Comm. Proceedings ... RCP

- 05hr_AC-Ed_RCP_pt01a
- 05hr_AC-Ed_RCP_pt01b
- 05hr_AC-Ed_RCP_pt02

Published Documents

➤ Committee Hearings ... CH (Public Hearing Announcements)

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

*Information Collected For Or
Against Proposal*

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

**

➤ Hearing Records ... HR (bills and resolutions)

➤ **01hr_ab0589_AC-CE_pt01**

➤ Miscellaneous ... Misc

➤ **

Vote Record

Assembly - Committee on Campaigns and Elections

Date: 12/20/01
Moved by: Travis Seconded by: Ladwig
Clearinghouse Rule: _____
Appointment: _____
Other: _____

AB: 589 SB: _____
AJR: _____ SJR: _____
AR: _____ SR: _____

A/S Amdt: _____ to A/S Amdt: _____
A/S Sub Amdt: _____ to A/S Sub Amdt: _____
A/S Amdt: _____ to A/S Amdt: _____
A/S Amdt: _____ to A/S Sub Amdt: _____

Be recommended for:

- Passage
- Introduction
- Adoption
- Rejection

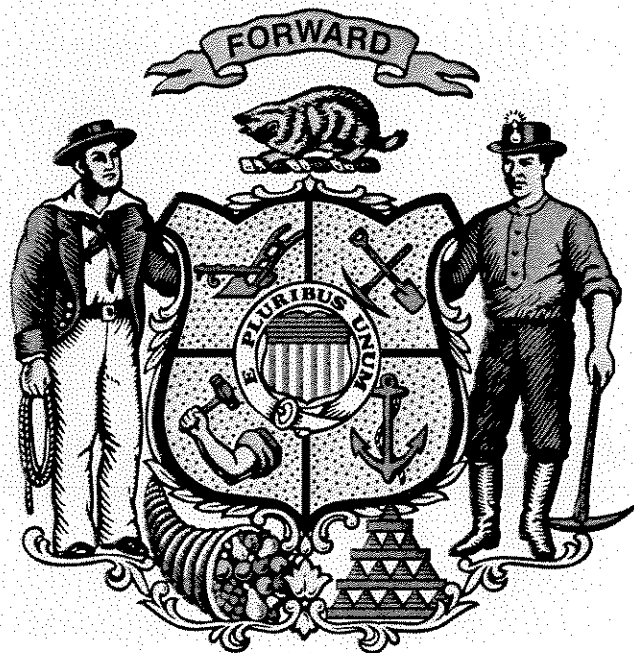
- Indefinite Postponement
- Tabling
- Concurrence
- Nonconcurrence
- Confirmation

Committee Member
Rep. Stephen Freese, Chair
Rep. Bonnie Ladwig
Rep. Jeff Stone
Rep. Jeff Fitzgerald
Rep. David Travis
Rep. Mark Pocan

	<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
Rep. Stephen Freese, Chair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Bonnie Ladwig	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Jeff Stone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Jeff Fitzgerald	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. David Travis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rep. Mark Pocan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Totals: 6 0 _____

Motion Carried Motion Failed



AB
589

11333 N. Cedarburg Road 60W
Mequon, Wisconsin 53092
Phone (262) 242-3100
FAX (262) 242-9655

November 28, 2001

Attn: Rep. Glen Huber

Kelly Michaels-Saeger, City Clerk
City of Wausau
407 Grant Street
Wausau, WI 54403-4783

Dear Ms. Michaels-Saeger

Please share this letter with Rep. Huber in support of his proposal to "fix" a glitch in the voter registration process relating to hospitalized electors.

On-sight registration is available on election day to every other qualified elector and it seems that a hospitalized elector, who already must have an agent apply for, pick up and deliver an absentee ballot, should be able to request that that same agent be allowed to handle registration as well. I suspect that there would be very few such situations, but every elector should have the ability to register and vote. The hospitalized elector should be afforded the same courtesy as any other elector who chooses to register on election day. I certainly would still require that some proof of residency be provided, but the process should definitely be modified to allow registration on election day for hospitalized electors.

Thank you for your assistance.

Sincerely,

Louise Rzentkowsky, City Clerk

From: "Barb Barringer" <wbclk@ci.west-bend.wi.us>
To: "Kelly Michaels-Saager" <ksaager@mail.ci.wausau.wi.us>
Date: 12/3/01 3:54PM
Subject: RE: Looking for Letters of Support

Kelly,

I agree that if others can register on election day, then so should the hospitalized elector. The provision for absentee voting doesn't help the hospitalized elector if they can't register. I doubt that we would have many of these requests and the person acting as the agent would most likely know the person well enough to verify their address and other info.

It would be much easier if people would plan ahead and register early.

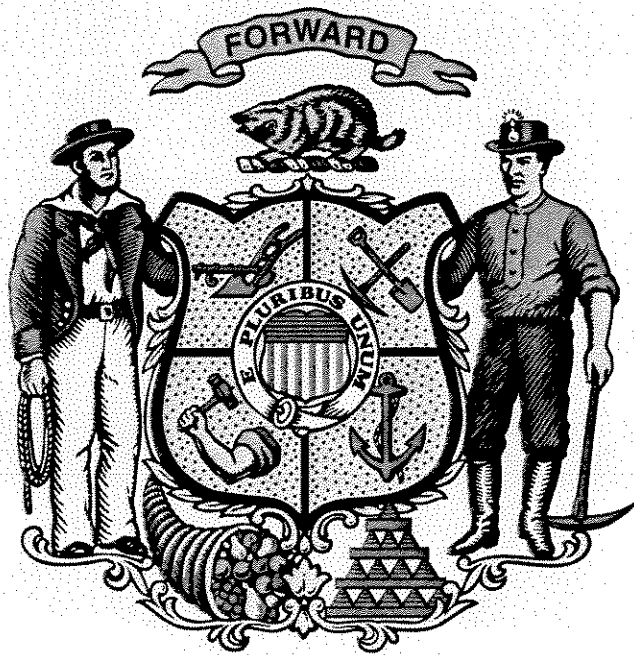
Barb Barringer, City Clerk
City of West Bend
Pop. 28,943
(262) 335-5103
wbclk@ci.west-bend.wi.us

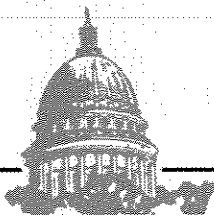
From: "Tess Hochrein" <thochrein@ci.fond-du-lac.wi.us>
To: "KELLY MICHAELS-SAAGER" <ksaager@mail.ci.wausau.wi.us>
Date: 11/29/01 10:24AM
Subject: RE: Looking for Letters of Support

Hi Kelly,

I am unable to attend the public hearing in Madison, but you can put me down as supporting the bill which would allow any unregistered, hospitalized elector in a municipality where registration is required to register by agent.

Tess Hochrein, City Clerk
City of Fond du Lac WI
Phone 920-929-3253
Fax 920-929-7515
E-mail - thochrein@ci.fond-du-lac.wi.us
Population 42,203





WISCONSIN STATE SENATE

DAVE HANSEN

SENATOR – 30TH DISTRICT

State Capitol P.O. Box 7882 Madison, Wisconsin 53707-7882 Phone: (608) 266-5670

Testimony on AB 589 – Registration of hospitalized electors

December 6, 2001

Assembly Campaigns and Elections Committee
State Capitol
Madison, WI

Dear Campaigns and Elections Committee Members:

First of all, thank you Chairman Freese for bringing this bill before the committee today. I greatly appreciate your prompt action on this legislation. I think this is a common-sense bill that will eliminate an unintentional obstacle in existing law.

Currently, if a person who is not a registered voter is unexpectedly hospitalized and cannot make it to the polls to register, he or she cannot vote. While registered voters who are hospitalized can obtain an absentee ballot on election day, unregistered, hospitalized citizens cannot.

There are several stipulations included in this legislation that ensure the integrity of the electoral process. As is the case with other late or election day registrations, the agent must present:

- acceptable proof of the hospitalized elector's residence
- a completed registration form that is signed by the elector
- a statement that corroborates the hospitalized elector's information that is signed by another elector from the hospitalized elector's municipality

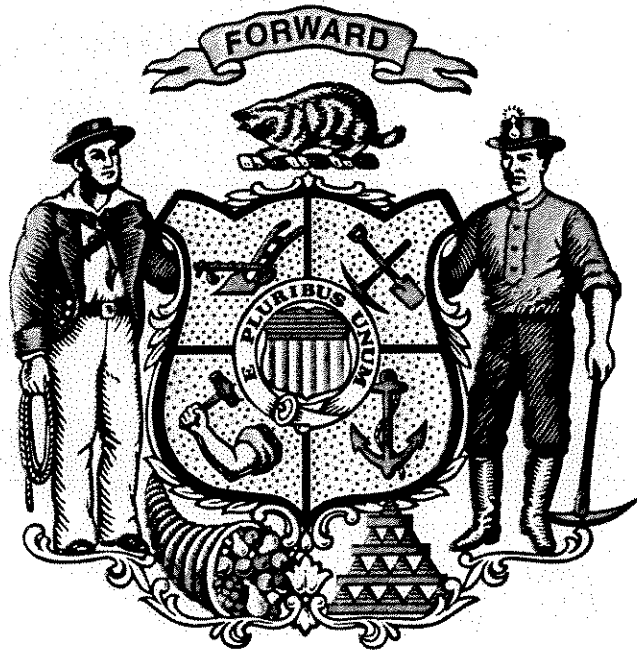
If the agent is not able to present acceptable proof of the hospitalized elector's residence, the agent may present acceptable proof of the corroborator's residence.

I appreciate your consideration of this legislation.

Sincerely,

Dave Hansen
State Senator

dh:lme



Griffiths, Terri

From: Richard, Rob
Sent: Friday, December 07, 2001 3:31 PM
To: Griffiths, Terri
Subject: FW: Statement to the Assembly Committee on Campaign and Elections in Support of AB 589 relating to registration by certain hospitalized electors

-----Original Message-----

From: Beverly J Speer/LWVWI [mailto:genfund@lwvwi.org]
Sent: Friday, December 07, 2001 2:18 PM
To: Rep.Freese@legis.state.wi.us; Rep.Ladwig@legis.state.wi.us;
Rep.Stone@legis.state.wi.us; Rep.Fitzgerald@legis.state.wi.us;
Rep.Travis@legis.state.wi.us; Rep.Pocan@legis.state.wi.us
Subject: Statement to the Assembly Committee on Campaign and Elections
in Support of AB 589 relating to registration by certain hospitalized
electors

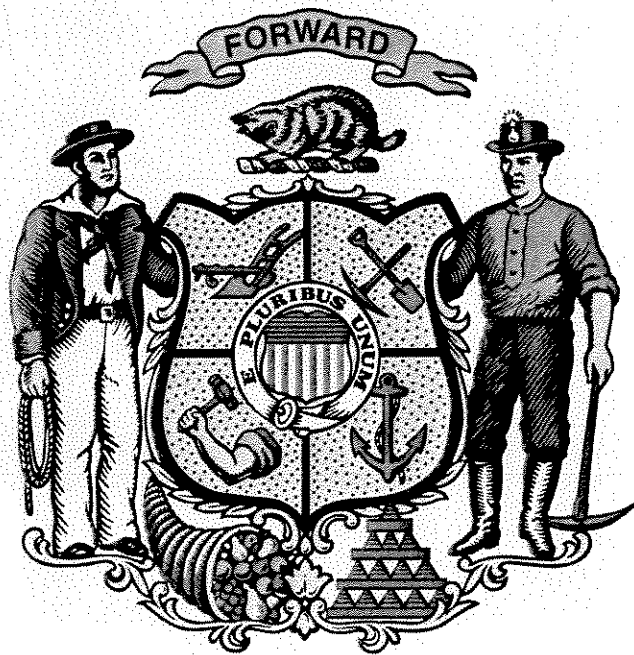
Statement to the Assembly Committee on Campaign and Elections in Support
of AB
589 relating to registration by certain hospitalized electors

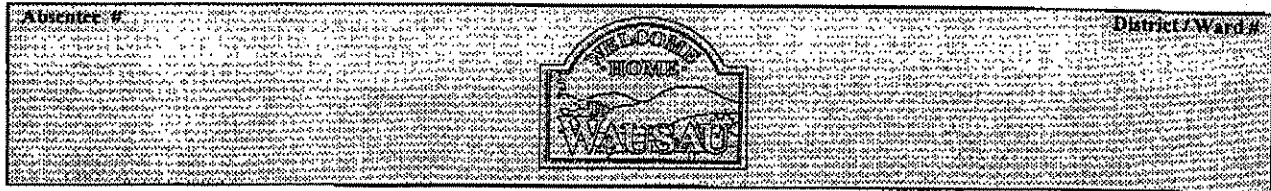
Thursday, December 6, 2001

The League of Women Voters has as a top priority the education for and
the
involvement of citizens in the political process. We strive to increase
the
numbers of voters and to maximize information for citizens about
candidates and
the issues.

We believe that AB 589 will help achieve these goals, and therefore, we
endorse
the bill. League's actions are based on our long-standing principle
that every
citizen should be protected in the right to vote and on our specific
positions
related to election laws, reflecting member convictions that protecting
the
right to vote is indivisibly part of the League's basic purpose.
League's
voting rights actions have been taken not only to ensure access to the
electoral process but to extend and enhance that process and the
government's
role therein. We believe AB 589 will provide the means for those unable
to
meet current allowable provisions for late or Election Day registrations
due to
hospitalization, matters which are beyond their control.

Thank you for this opportunity to comment.





REQUEST FOR ABSENTEE BALLOT

Election Date: _____ Date of Birth: _____

Name of Registered Voter: _____

Street Address of Residence: _____

City/State/Zip: _____ WAUSAU, WISCONSIN

I hereby certify that I am a United States Citizen, age 18 or older, and that I have resided at the above address, which is my legal voting address for at least 10 days prior to the election for which I am requesting an absentee ballot.

- I hereby certify that I am unable or unwilling to appear at the polling place on election day.
- I hereby certify that I am indefinitely confined due to age (at least 70 years old), illness, infirmity or disability. I request that an absentee ballot be automatically provided to me for every election until such time as I notify the City or until such time as I fail to return an absentee ballot.
- I hereby certify that I am hospitalized and I appoint _____ to serve as my agent pursuant to s.6.86(3), Wis Stats.

WITNESS: I hereby certify that I am a resident of the hospitalized absentee elector's municipality and that the statements contained in this application are true to the best of my knowledge and belief.

✓ Witness Signature: _____

✓ Witness Address: _____

AGENT: I hereby certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above name hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk or the proper polling place.

✓ Agent Signature: _____

✓ Agent Address: _____

Please mail my ballot to the address provided below:

Mailing Address: _____

City/State/Zip: _____

✓ **SIGNATURE OF ELECTOR:** _____

This information is required by ss. 6.85, 6.86, 6.87 of Wis. Stats. Providing false information on this form is punishable by a fine of \$1,000, imprisonment of six months or both, ss. 12.13(3)(d), 12.69(1)(b), Wis Stats.

Please mail this request for absentee ballot to the City of Wausau Clerk at: 407 Grant Street, Wausau WI 54403-4783. You may fax this form to (715) 261-6626 for quicker response, however law requires the original request be mailed with a postmark of the same day as faxed.

APPLICATION FOR ABSENTEE BALLOT
(Return completed form to municipal clerk.)

1. ALL PERSONS REQUESTING AN ABSENTEE BALLOT MUST COMPLETE THIS SECTION AND SIGN IN SECTION 4 BELOW:

I request that an absentee ballot be sent to me for the Primary to be held on
and for the Election to be held on

I certify that I am a United States Citizen, age 18 or older, and that I have resided at the following address which is my legal voting address for at least 10 days before the election for which I am applying for an absentee ballot.

Street and number, if any Municipality

Mail/Deliver Ballot to:

Name Nursing Home

Street and number, if any

Municipality State Zip

PLEASE SIGN YOUR NAME IN SECTION 4.

**If you are an indefinitely confined elector requesting an automatic ballot for each election, please go to Section 2. If you are a hospitalized elector requesting an absentee ballot by agent, go to Section 3.

2. INDEFINITELY CONFINED ABSENTEE ELECTOR REQUESTING AN AUTOMATIC BALLOT FOR EACH ELECTION MUST CHECK THE BOX BELOW:

I further certify that I am indefinitely confined because of age (at least 70 years old), illness, infirmity or disability. I request that an absentee ballot be automatically provided for every election until such time as I notify you or until such time as I fail to return an absentee ballot.

PLEASE SIGN YOUR NAME IN SECTION 4.

3. HOSPITALIZED ELECTOR REQUESTING AN ABSENTEE BALLOT BY AGENT MUST CHECK THE BOX AND COMPLETE THE FOLLOWING:

I certify that I cannot appear at the polling place on election day because I am hospitalized.

I appoint to serve as my agent, pursuant to s.6.86(3), Wis. Stats.

WITNESS

I certify that I am a resident of this absentee elector's municipality, and that the statements contained in this application are true to the best of my knowledge.

Signed Address
(Signature of Witness)

AGENT

I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk or the proper polling place.

Signed Address
(Signature of Agent)

HOSPITALIZED ELECTOR, PLEASE SIGN YOUR NAME IN SECTION 4.

4. ALL REQUESTS MUST BE SIGNED BY ELECTOR.

SIGNATURE OF ELECTOR REQUESTING ABSENTEE BALLOT:

Form with fields for Precinct, Ward, Municipal District, School District, Congressional District, Assembly District, County Supervisor.

VOTER REGISTRATION APPLICATION					
First Name	Middle Name	Last Name	Suffix	List Prior Last Names	Male/Female
Street Address		City, State		Zip Code +4	APT #
		Wausau, WI			
Place of Birth		Date of Birth		Reg. #	D - W
Type of Identification Shown & Identification #				Telephone Number	
<p>I swear or affirm that I am a citizen of the United States and have been a resident of the City of Wausau, Wisconsin for at least 10 days. I am at least 18 years of age and have not been convicted of treason, felony or bribery, or if convicted, I have had my rights restored. I have not been found by a court to be incapable of understanding the objective of the electoral process. I have not made nor will I benefit from a bet or wage depending on the result of an election.</p> <p>The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be subject to a fine or imprisonment or both under Federal or State laws.</p>					
Signature of Voter 'V			Registration Date 'V		
<p>If applicant is located within 50 miles of the legal voting residence, the form must be witnessed by a qualified elector of the applicant's municipality or special registration deputy. If the applicant is more than 50 miles from the legal voting residence, the form must be witnessed by two (2) adult US citizens or by an individual authorized to administer oaths.</p>					
Signature and Title of Registration Deputy or Signature and Address of 1 st Witness or Individual Authorized to Administer Oaths					
Signature and Address of 2 nd Witness (if applicable)					