

FOR OFFICE USE ONLY

Declaration of Candidacy

School Board Candidates

(See instructions for preparation on back)

Is this an amendment?

Yes (if you have already filed a DOC for this election)

No (if this is the first DOC you have filed for this election)

I, David W. Irwin, being duly sworn, state that
Candidate's name

I am a candidate for the office of School Board Member At-Large, Elmbrook Schools
Include seat number or name of apportioned area, if applicable

and, at the time of filing this document, I will meet 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.¹

My present address, including my municipality of residence for voting purposes is:

<u>14275</u>	<u>Hillside Rd</u>	<u>Elm Grove, WI</u>	<u>53122</u>	Town of <input type="checkbox"/>	<u>Elm Grove</u>
House or fire no.	Street Name	Mailing Municipality and State	Zip code	Village of <input checked="" type="checkbox"/>	
				City of <input type="checkbox"/>	

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

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

[Signature]
(Signature of candidate)

STATE OF WISCONSIN } ss.

County of Waukesha
(County where oath administered)

Subscribed and sworn to before me this 3 day of January, 2023.

[Signature]
(Signature of person authorized to administer oaths)

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

If Notary Public: My commission expires 10/27/2024 or is permanent.
(date commission expires)



¹ A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

Instructions for Completing the Declaration of Candidacy

All candidates seeking ballot status for election to school district office in the State of Wisconsin must properly complete and file a **Declaration of Candidacy**. This form must be **ON FILE** with the proper school district clerk 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 school district clerk no later than the filing deadline and the signed original declaration is received by the school district clerk 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 seat number or apportioned district** for which you are seeking election must be inserted on the second line.
- **Felony convictions: Your name cannot appear on the ballot if you have been convicted of a felony in any court in the United States for which you have not been pardoned. Please see footnote on page 1 for further information with respect to convictions for misdemeanors involving a violation of public trust. These restrictions only apply to candidates for state and local office.**
- Your current address, including your municipality of residence for voting purposes, must be inserted on the fourth line. This must include your entire mailing address (**street and number, municipality where you receive mail**) *and* the name of the municipality in which you reside and vote (town, village, or city of). If your address changes before the election, an amended Declaration of Candidacy must be filed with the School District Clerk. Wis. Stat. §.8.21.
- 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, former surname, or any combination of first name, middle name, and initials, surname or nickname with last name.

Note: The Wisconsin Elections Commission has determined that, absent any evidence of an attempt to manipulate the electoral process, candidates are permitted to choose any form of their name, including nicknames, by which they want to appear on the ballot.

No titles are permitted. In addition, names such as "Red" or "Skip" are permitted, but names which have an apparent electoral purpose or benefit, such as "Lower taxes," "None of the above" or "Lower Spending" are not permitted. It is also not permissible to add nicknames in quotes or parentheses between first and last names. For example, John "Jack" Jones or John (Jack) Jones are not acceptable, but John Jones, Jack Jones or John Jack Jones are acceptable.

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, municipal or school district clerk. Wis. Stat. §§ 8.21(2), 887.01(1).

Information to be provided by the person administering the oath:

- The county where oath was administered.
- 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, and *the notary seal is required*.

All school district candidates must file this form with the appropriate school district clerk no later than the deadline for filing nomination papers. Wis. Stats. §§ 8.10 (5), 8.15 (4)(b), 8.20 (6), 8.21, 8.50 (3)(a), 120.06 (6)(b).



**CAMPAIGN FINANCE REGISTRATION STATEMENT —
LOCAL CANDIDATE COMMITTEE
STATE OF WISCONSIN**

1. Is this an Amendment? No Yes

SECTION A: GENERAL INFORMATION

A1. Committee Name (Required for all Candidates - must be included in disclaimer on all communications)

Irwin Committee

A2. Email *dwi2020@outlook.com* **A3. Phone** *262-422-5414*

A4. Mailing Address *14275 Hillside Rd* **A5. City** *Elm Grove* **A6. State** *WI* **A7. Zip** *53122*

Depository Institution Information

A8. Institution Name *Chase Bank* **A9. Street Address** *2255 N. Calhoun* **A10. City** *Brookfield* **A11. State** *WI* **A12. Zip** *53005*

Treasurer/Administrator Information

A13. Name *David Irwin* **A14. Email** *dwi2020@outlook.com* **A15. Phone** *262-422-5414*

A16. Mailing Address *14275 Hillside Rd* **A17. City** *Elm Grove* **A18. State** *WI* **A19. Zip** *53122*

Other Officers (Optional)

A20. Name	A21. Title	A22. Email	A23. Phone
A24. Name	A25. Title	A26. Email	A27. Phone

Filing Exemption

Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.

A28. Exemption Affirmation

Yes, this registrant is eligible for exemption.
 No, this registrant is not eligible for exemption.

SECTION B: CANDIDATE INFORMATION

B1. Office Sought (include District/Branch) *Elm Brook Schools Board, At-Large* **B2. Political Party** *N/A* **B3. Election Date** *4/4/23*

Candidate Information

B4. Name *David Irwin* **B5. Email** *dwi2020@outlook.com* **B6. Phone** *262-422-5414*

B7. Mailing Address *14275 Hillside Rd* **B8. City** *Elm Grove* **B9. State** *WI* **B10. Zip** *53122*

Second Candidate Committee

An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.

B11. Is this your only registered candidate committee in Wisconsin?
 Yes, this is my only candidate committee in Wisconsin.
 No, this is my second candidate committee in Wisconsin.

B12. Other Office Held or Sought (include District/Branch) *Only complete B12 if you responded "No" to B11.*

SECTION C: CERTIFICATION

Accurate Information

I certify that I am an authorized representative of the candidate committee and that to my knowledge all of the information contained within this registration is true, correct, and complete.

Timely Amendments

I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.

Records Retention

I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the most recent contribution limit period (June 30 following the April election, 12/31 following the November election).


Continuing Compliance

I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from any liability simply because the election date has passed.

Treasurer

C1. Printed Name	C2. Signature	C3. Date
David Irwin		1-3-23

Candidate

C4. Printed Name	C5. Signature	C6. Date
David Irwin		1-3-23

Form Instructions

Candidates must complete all sections A, B, and C.

Item 1. Is this an amendment? Have you registered with this local clerk to run for office in a prior election?

Item A1: Committee Name. All candidates are required to register a committee. It is not required that the name include the candidate's name, but it is recommended. This committee name is required to be part of the disclaimer on all communications with express advocacy: 'Paid for by ...'

A28: Exemption. Candidates claiming exemption may not have more than \$2,500 of activity, in the aggregate per year. In a calendar year, if you raise \$1,600 and spend \$1,000 you have \$2,600 of aggregate activity and are not eligible to claim exemption.

Depository Institution Information. All candidates must designate a depository institution. While it is recommended that all candidates have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account while claiming a filing exemption and may intermingle personal and campaign funds (Wis. STAT. § 11.0201(2)(b)).

Treasurer Information. Each committee must appoint a treasurer. Any adult may serve as a treasurer. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate 'Self' or 'Candidate', you do not need to list your complete name, address and contact information here, that will be listed in section B.

Section B: Candidate Information

B1. Be sure to include the name of the county, municipality, or school district. There are 72 counties with county supervisors, 100's of school boards, and 1000's of municipal boards.

B2. Party - NA or None for nonpartisan offices (April); Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan (fall) primary/election.

Section C: Certification. All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment? No Yes If yes, please enter your committee number:

Committee Number

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name <i>David Irwin</i>		A2. Registrant Type (Choose One) <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee	
A3. Email <i>dwi2020@outlook.com</i>	A4. Phone <i>262-422-5414</i>		
A5. Mailing Address <i>14275 Hillside Rd.</i>	A6. City <i>Elm Grove</i>	A7. State <i>WI</i>	A8. Zip <i>53122</i>
Depository Institution Information			
A9. Institution Name <i>Chase Bank</i>	A10. Street Address <i>2255 N. Calhoun</i>	A11. City <i>Brookfield</i>	A12. State <i>WI</i>
A13. Zip <i>53005</i>			
Treasurer/Administrator Information			
A14. Name <i>David Irwin (self)</i>		A15. Email <i>dwi2020@outlook.com</i>	A16. Phone <i>262-422-5414</i>
A17. Mailing Address <i>14275 Hillside Rd</i>	A18. City <i>Elm Grove</i>	A19. State <i>WI</i>	A20. Zip <i>53122</i>
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>			
A21. Name	A22. Title	A23. Email	A24. Phone
A25. Name	A26. Title	A27. Email	A28. Phone
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>		A29. Exemption Affirmation <input checked="" type="checkbox"/> Yes, this registrant is eligible for exemption <input type="checkbox"/> No, this registrant is not eligible for exemption	

SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch) <i>Elmbrook Schools Board, At-Large</i>		B2. Political Party <i>N/A</i>	B3. Election Date <i>4/4/23</i>
Candidate Information			
B4. Name <i>David Irwin</i>		B5. Email <i>dwi2020@outlook.com</i>	B6. Phone <i>262-422-5414</i>
B7. Mailing Address <i>14275 Hillside Rd</i>	B8. City <i>Elm Grove</i>	B9. State <i>WI</i>	B10. Zip <i>53122</i>
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>		B11. Is this your only registered candidate committee in Wisconsin? <input checked="" type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin	
B12. Other Office Held or Sought (include District/Branch) <i>Only complete B12 if you responded "No" to B11.</i>			

SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

SECTION D: PAC, IEC, AND CONDUITS				
D1. Sponsoring Organization		D2. Email		D3. Phone
D4. Mailing Address		D5. City		D6. State D7. Zip

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES				
E1. Political Party (Name candidates appear under on a ballot)			E2. Does the Committee have a Segregated Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Segregated Fund Depository Institution Information (if applicable)				
E3. Institution Name	E4. Street Address	E5. City	E6. State	E7. Zip

SECTION F: REFERENDA COMMITTEES	
F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose

SECTION G: CERTIFICATION		
Accurate Information <i>I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.</i>		
Timely Amendments <i>I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.</i>		
Records Retention <i>I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.</i>		
Ongoing Compliance <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>		
Treasurer/Administrator		
G1. Printed Name	G2. Signature	G3. Date
Candidate (if applicable)		
G4. Printed Name	G5. Signature	G6. Date
DAVID REWIN		1-3-23



FORM INSTRUCTIONS

CAMPAIGN FINANCE REGISTRATION STATEMENT (CF-1)

Note: Use of this form is required by the Ethics Commission for registration of a political committee or conduit under Chapter 11 of Wisconsin Statute. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Item 1. Is this an amendment? Check the appropriate box. If "Yes" is checked, enter the committee ID number if you have one. If "No" is checked, proceed directly to Section A.

Section A: General Information. All candidates, committees, and conduits must complete section A.

Item A1: Committee/Conduit Name. All committees and conduits must have a name. It is not required that the name include the candidate or organization's name, but it is recommended, e.g., Friends of John Smith. A political party committee wishing to operate under the same name as a state political party committee must receive authorization from that state party (WIS. STAT. § 11.0101(26)(a)1).

Depository Institution Information. All committees and conduits must designate a depository institution. While it is recommended that all committees have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account and may intermingle personal and campaign funds (WIS. STAT. § 11.0201(2)(b)).

Treasurer/Administrator Information. Each committee must appoint a treasurer and each conduit must appoint an administrator. Any adult may serve as a treasurer or administrator. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate so in this section.

Section B: Candidate Committees. Candidate committees must complete section B. No other committee type should complete section B.

Section C: Recall Committees. Recall committees must complete section C. No other committee type should complete section C.

Section D: PAC, IEC, and Conduits. Political action committees, independent expenditure committees, and conduits must complete section D. No other committee type should complete section B. All fields in section D refer to the sponsoring organization's contact information.

Section E: Political Party and Legislative Campaign Committees. Only political party committees and legislative campaign committees should complete section E.

Item E2. A political party or a legislative campaign committee may establish a segregated fund for purposes other than making contributions to a candidate committee or making disbursements for express advocacy (WIS. STAT. § 11.1104(6)). It is recommended that the committee maintain the segregated fund in a depository account separate from the primary account, but it is not required.

Items E3 - E7. If the segregated fund is maintained with the same depository institution as the primary account, write "Same as primary account." in E3.

Section F: Referendum Committees. Only referenda committees should complete section F.

Section G: Certification. All committees and conduits must complete section G.

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number, box number (if rural route), and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

State (required) **WI** Zip code **53122**

Type of election (required)
 spring special

Election date (required) Do not use primary date.
04/04/2023

Candidate's municipality for voting purposes (required)
 Town Village City **Elm Grove**

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
 Branch District Seat **At-Large**

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	_____ Ted Wentzel	14905 Watertown Plant Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elm Grove	12/23/2022
	James H. Finn	760 S. SUNNYSLOPE RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12-23-2022
	Dan Roads	2505 Buckingham Pl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12-23-2022
	Doug Hafemann	3430 SAN MARCUS DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/23/22
	RASH GOULD	21385 CAMBRIDGE CIR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/23/22
	DAVID MARCELLO	3035 N. Brookfield Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/23/22
	Jada Groll	21510 W North Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/23/22
	Don Dallonman	17560 W. North	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/23/22

CERTIFICATION OF CIRCULATOR

I, **DAVID IRWIN** (Name of circulator) certify: I reside at **14275 Hillside Rd, Elm Grove WI 53122** (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

12-24-22

 (Date)

 (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route), and name of street or road
14275 Hillside Road

State (required)
WI

Zip code
53122

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elm Brook

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Elm Grove (name of municipality)

Type of election (required)
 spring
 special

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
At-Large

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	SCOTT HEINLE	14435 WOODMOUNT DR. BROOKFIELD WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BROOKFIELD	12/27/22 ✓
	JEFF BASMAN	15855 Heather Hill Ln. Brookfield WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/28/22 ✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	✓

CERTIFICATION OF CIRCULATOR

I, David Irwin (Name of circulator) certify: I reside at 14275 Hillside Rd, Elm Grove WI (Circulator's residential address - Include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

12-28-22 (Date)

(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. David W. Irwin	Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route), and name of street or road 14275 Hillside Road	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	Election date (required) Do not use primary date. Mo/Day/Year 04/04/2023
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 14275 Hillside Road	State (required) WI	Zip code 53122	Type of election (required) <input checked="" type="checkbox"/> Spring <input type="checkbox"/> special
Title of office (required) School Board Member	Name of jurisdiction or district in which candidate seeks office (required) School District of Elm Grove		

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date Signing Mo/Day/Year
	Jeffrey G. Russell	810 MORNINGSIDE LANE, ELM GROVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-24-22
	Belinda Russett	810 Morning Side Lane, Elm Grove, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-24-22
	Alyson Johnson	1505 Fairhaven Ave. Elm Grove, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-24-22
	HENRY IRWIN	14275 Hillside Rd, E.G	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/27/22
	TRICIA JOHNSON	1505 Fairhaven ELM GROVE, WI 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/24/22
	Tod A. Johnson	1505 Fairhaven Blvd Elm Grove, WI 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/24/22
	JANE C ATKINSON	14845 Kata Vista Drive Elm Grove, WI 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/24/22
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, David Irwin (Name of circulator)
 certify: I reside at 14275 Hillside Road, Elm Grove, WI
(Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

1-1-23 (Date)







(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. David W. Irwin		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route), and name of street or road 14275 Hillside Road		Candidate's municipality for voting purposes (required) (name of municipality) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 14275 Hillside Road		State (required) WI		Election date (required) Do not use primary date. Mo./Day/Year 04/04/2023	
Title of office (required) School Board Member		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input checked="" type="checkbox"/> Seat At-Large		Name of jurisdiction or district in which candidate seeks office (required) School District of Elmbrook	

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo./Day/Year
	David Engle	2470 Keats Dr, 8F	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/22/22
	CHAS STAN Jack Hill	311 CHEVLOT COURT WATKINS 1970 SAN FERNANDO	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/22/22
	Lydia Miller	1970 San Fernando Elm Grove WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22
	Richard R. Chabot	19540 Whitehall Dr Brookfield 53045	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/22
	Charles O. Shirley	18765 Bennington Dr Brookfield, WI 53045	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/22
	David Irwin	1630 S PARKWAY LN Brookfield, WI 53045	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/22
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, DAVID IRWIN (Name of circulator) certify: I reside at 14275 Hillside Road Elm Grove WI 53045 (Circulator's residential address - Include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

12-24-22 (Date)

 (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. David W. Irwin		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road 14275 Hillside Road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 14275 Hillside Road		Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		Election date (required) Do not use primary date. Mo/Day/Year 04/24/2023 OK 892	
Title of office (required) Board Member		State (required) WI		Zip code 53122	
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> Seat Elm Grove At-Large		Name of jurisdiction or district in which candidate seeks office (required) Elm Grove School District of Brookfield			

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.	
Signatures of Electors	Municipality of Residence Check the type and write the name of your municipality for voting purposes.
1. <i>Sarah Farrokhnia</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/19/2022
2. <i>MFA</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/20/22
3. <i>David Christensen</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12-20-22
4. <i>Michael Holquist</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/20/22
5. <i>F. Farrokhnia</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/21/22
6. <i>Jared Ziegler</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/21/22
7. <i>Joan M Ziegler</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/21/22
8. <i>Robert J. Ziegler</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/21/22
9. <i>Kathryn Wilson</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/21/22
10. <i>Tylen Farrokhnia</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield 12/21/22

CERTIFICATION OF CIRCULATOR
 I certify: I reside at 1185 Simon Dr, Brookfield
(Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Dec 21, 2022 (Date)
Kathryn Wilson (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

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

State (required)
WI

Branch, district or seat number (required if applicable)
At-large

Branch, district or seat number (required if applicable)
 Branch
 Seat

Title of office (required)
Board Member

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Elm Grove

Election date (required) Do not use primary date.
 Mo/Day/Year
04/24/2023 OK 19²

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elm Brook

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<i>Eliana del Campo</i>	Eliana del Campo	1725 S. Winston Ave Unit 10	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/20/2022
<i>Diana M. Haugh</i>	Diana M. Haugh	950 Terrace Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	1/1/2023
<i>John W. Smith</i>	John W. Smith	915 Katherine Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	1/1/2023
<i>Tom Gehl</i>	Tom Gehl	17465 Oak Park Row	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/1/2023
<i>Barbara Gehl</i>	Barbara Gehl	17465 Oak Park Row	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1-1-2023
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR
 certify: I reside at 1185 Simon Dr Brookfield
(Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Kathryn Wilson
(Name of circulator)

Jan 2, 2023
(Date)

Barbara Gehl
(Signature of circulator)

Handwritten marks at the top of the page, possibly a signature or initials.

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Vertical handwritten text on the right side of the page.

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Title of office (required)
School Board Member

State (required)
WI

Zip code
53122

Type of election (required)
 spring
 special

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Elm Grove
 (name of municipality)

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	JON WILSON	2760 BURLAWN PKWY BROOKFIELD, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12-27-22
	MATTHEW KERR	3725 SUNNYCREST PR. BROOKFIELD, WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12-27-22
	Emily Arnold	1985 Remington Dr. Brookfield, WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12-27-22
	Ashley Knight	20305 Downing Ct Brookfield, WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22
	Mark Obriantz	14225 W Blumrain Rd Brookfield WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22
	Brooke Apollo	9100 Garvens Ave Brookfield WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22
	Roger Knight	20305 Downing Ct Brookfield, WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22
	Sue Knight	20305 Downing Ct Brookfield, WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22
	Wesley Syla	17315 Maringaw Ct Brookfield, WI 53005	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22
	Brian Studebaker	1375 Woodlawn Cir Elm Grove WI 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/27/22

CERTIFICATION OF CIRCULATOR
 I, DAVID IRWIN (Name of circulator)
 certify: I reside at 14275 Hillside Rd, Elm Grove, WI (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.43(3)(a).

12-28-2022 (Date)

 (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Elm Grove (name of municipality)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Candidate's municipality for voting purposes (required) Do not use primary date.
 Town
 Village
 City
Elm Grove (name of municipality)

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
At-Large

State (required)
WI

Zip code
53122

Type of election (required)
 spring
 special

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<i>Lynda Curl</i>	Lynda Curl	2665 Buckingham Pl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield WI	12/13/22
<i>Dean Johnson</i>	Dean Johnson	1965 Hawthorne Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-23-22
<i>Liam Kelly</i>	Liam Kelly	1480 Lata Vista Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-23-22
<i>Auison Kelly</i>	Auison Kelly	14800 Lata Vista Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22
<i>Ryan Bromberg</i>	Ryan Bromberg	18535 Ventura Cir.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield WI	12/23/22
<i>Linda A.D. Atkinson</i>	LINDA ATKINSON	4845 LATA VISTA TR.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ELM GROVE	12/23/22
<i>David Atkinson</i>	David Atkinson	14845 Lata Vista Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22
<i>Pauline Krill</i>	Pauline Krill	1145 Madera Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/13/22
<i>Kristin Krill</i>	Kristin Krill	1145 Madera Circle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/21/22
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, DAVID IRWIN (Name of circulator) certify: I reside at 14275 Hillside Road Elm Grove WI (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

1-1-23 (Date) *David Irwin* (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. David W. Irwin		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road 14275 Hillside Road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 14275 Hillside Road		Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		Election date (required) Do not use primary date. Mo/Day/Year 04/04/2023	
Title of office (required) School Board Member		State (required) WI		Name of jurisdiction or district in which candidate seeks office (required) School District of Elmbrook	
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input checked="" type="checkbox"/> Seat At-Large		Zip code 53122			

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.					
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year	
	KATHRYN C. BLOOMER	3645 EMBERWOOD DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BROOKFIELD	12/23/2022	
	THOMAS C. CURL	2665 BUCKINGHAM PI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/2022	
	Kemal Yilmaz	19310 Glen Kerry Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/2022	
	Vesile Yilmaz	19310 Glen Kerry Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/22	
	Daniel Hintz	15000 Cascade Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22	
	William Schultz	20505 Bartlett D.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/23/22	
	Crystal Giles	15150 Waterton Place	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22	
	CONNIE PERRY	1110 Circle Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22	
	Owen Perry	1110 Circle Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22	
	Quincey Perry	1110 Circle Drive	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/23/22	

CERTIFICATION OF CIRCULATOR
 I, DAVID IRWIN (Name of circulator) certify: I reside at 141275 Hillside Rd Elm Grove (Circulator's residential address - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

12-24-22 (Date)
 (Signature of circulator)
 Page No. 9

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Candidate's municipality for voting purposes (required)
 Town Elm Grove
 Village
 City (name of municipality)

Type of election (required)
 spring
 special

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

Title of office (required)
School Board Member

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
WI At-Large

Zip code
53122

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<i>Ray A Shannon</i>	RAY A SHANNON	555 Woodridge Ct, BF 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	12/30/22
<i>Frank Lorenz</i>	FRANK LORENZ	14505 Club Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ELM GROVE	12/30/22
<i>James R Burskel</i>	JAMES R BURSKEL	20700 MALLARD CT SEAS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BROOKFIELD	12/30/22
<i>Harold L Schroeder</i>	HAROLD L SCHROEDER	13130 WATERLOO PLAINS #104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ELY GROVE	12/30/22
<i>Donald Mejer</i>	Donald Mejer	12855 Spring St Brookfield	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/30/22
<i>Norman R Thoresen</i>	Norman R. Thoresen	13335 Water town Hall Elm Grove, WI 53122	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Elm Grove	12/30/22
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, David Irwin (Name of circulator) certify: I reside at 14275 Hillside Rd, Elm Grove (Circulator's residential address - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

12-30-22 (Date)

David Irwin (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Candidate's municipality for voting purposes (required) Do not use primary date.
 Town Village City Elm Grove (name of municipality)

Election date (required) Do not use primary date.
 Mo/Day/Year **04/04/2023**

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
 Branch District Seat **At-Large**

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

State (required) **WI**

Zip code **53122**

Type of election (required)
 spring special

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Jennifer Roskopf	2225 Derrin Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/2022
	LAUREN ROSKOPF	2225 Derrin Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/2022
	Kevin Roskopf	2225 Derrin Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/2022
	DAVID GROSSE	2185 Derrin Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/1/2023
	KERRY GROSSE	2185 DERRIN LANE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BROOKFIELD	1/1/2023
	CAROL A ULLRICH	2190 Derrin lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/1/2023
	Edwin G Ullrich	2190 DERRIN LANE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/1/2023
	ALEX NUSTAD	19795 Foxkirk Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/2/2023
	Timothy Nustad	19795 Foxkirk Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/2/2023
	Sarah Nustad	19795 Foxkirk Ct.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/2/2023

CERTIFICATION OF CIRCULATOR
 certify: I reside at 2225 Derrin Ln, Brookfield, WI
 (Circulator's residential address - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

(Name of circulator)

The first part of the experiment was to determine the rate of reaction between sodium thiosulfate and hydrochloric acid. The reaction is as follows:

$$2S_2O_3^{2-} + 2H^+ \rightarrow 2SO_3^{2-} + 2H_2O + S_2O_4^{2-}$$

The rate of reaction was measured by the time taken for a fixed volume of sodium thiosulfate solution to react with a fixed volume of hydrochloric acid solution. The reaction was carried out at different temperatures and the time taken for the reaction to complete was recorded.

The results of the experiment are shown in the table below. The rate of reaction was calculated as the reciprocal of the time taken for the reaction to complete.

TABLE 1: RATE OF REACTION

Temperature / °C	Time taken for reaction to complete / s	Rate of reaction / s ⁻¹
20	120	0.0083
30	60	0.0167
40	30	0.0333
50	15	0.0667
60	8	0.125

The results show that the rate of reaction increases with temperature. This is because the molecules have more energy and are more likely to collide with sufficient energy to overcome the activation energy barrier.

The second part of the experiment was to determine the effect of concentration on the rate of reaction. The reaction was carried out at a fixed temperature and the concentration of sodium thiosulfate was varied.

The results of the experiment are shown in the table below. The rate of reaction was calculated as the reciprocal of the time taken for the reaction to complete.

Concentration of sodium thiosulfate / mol dm ⁻³	Time taken for reaction to complete / s	Rate of reaction / s ⁻¹
0.1	120	0.0083
0.2	60	0.0167
0.3	40	0.025
0.4	30	0.0333
0.5	24	0.0417

The results show that the rate of reaction increases with concentration. This is because there are more molecules present and they are more likely to collide with sufficient energy to overcome the activation energy barrier.

The third part of the experiment was to determine the effect of surface area on the rate of reaction. The reaction was carried out at a fixed temperature and concentration and the surface area of the reactants was varied.

The results of the experiment are shown in the table below. The rate of reaction was calculated as the reciprocal of the time taken for the reaction to complete.

Surface area of reactants	Time taken for reaction to complete / s	Rate of reaction / s ⁻¹
Small	120	0.0083
Medium	60	0.0167
Large	30	0.0333

The results show that the rate of reaction increases with surface area. This is because there is more surface area available for the reaction to take place.



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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route), and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Candidate's municipality for voting purposes (required)
 Town Village City
Elm Grove (name of municipality)

Type of election (required)
 spring special

Zip code
53122

State (required)
WI

Branch, district or seat number (required if applicable)
 Branch District Seat
At-Large

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
1. Marianne N Foster	Marianne Foster	19095 Killarney Way	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/2/2023
2. Dawn June	Dawn Foster	19095 Killarney Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/2/23
3. Nick G. Conroy	NICK G. CONROY	17020 Lakewood	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/2/23
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Jennifer Roskopf (Name of circulator)
 certify: I reside at **2225 Devin Ln Brookfield, WI 5304**
 (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.18(3)(a).

1/2/23 (Date)
Jennifer Roskopf (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. **Avid W. Irwin**
 Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route), and name of street or road
14275 Hillside Road
 Candidate's municipality for voting purposes (required) Do not use primary date.
 Town Village City **Elm Grove** (name of municipality)
 Candidate's mailing address, including municipality for mailing purposes (required if different than
 residential address or voting municipality)
75 Hillside Road
 Election date (required) Do not use primary date.
 Mo/Day/Year **04/04/2023**
 Type of election (required)
 spring special
 State (required) **WI** Zip code **53122**
 Branch, district or seat number (required if applicable) **WI At-Large**
 Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<i>[Signature]</i>	Josya Baseheart	15355 Bojan Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove WI 53122	12/31/22
<i>[Signature]</i>	Emily Baseheart	15355 Bojan Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove WI 53122	12/31/22
<i>[Signature]</i>	Katie Ryzekowski	15360 Kata Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove WI 53122	12/31/22
<i>[Signature]</i>	Michael Ryzekowski	15360 Kata Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove WI 53122	12/31/22
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR
 I, **Kathleen Whitecotten** (Name of circulator) certify: I reside at **14275 Hillside Road, Elm Grove, WI 53005** (Circulator's residential address - include number, street, and municipality, WI 53005)
 I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally
 attested 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
 each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am
 aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3) and is a crime.
 Date: **4/7/23** Signature: *[Signature]*
 (Date) (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's municipality for voting purposes (required)
 Town Village City
 Elm Grove (name of municipality)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

State (required) **WI** Zip code **53122**

Type of election (required)
 spring special

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
 Branch District Seat
At-Large

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Katie Rasoul	14500 Beechwood Ave. Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/24/22
	Jason Rasoul	14560 Beechwood Ave Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/24/22
	Erica Wilkinson	2835 Monterey Blvd Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Kathryn Voss	2910 Monterey Blvd Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Laura Pfotenhauer	15705 Luella Dr. Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Nisha Gupta	1365 Victoria Cir S Elm Grove, WI 53122	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ELM GROVE	12/29/22
	PAKDEER GUPTA	1365 VICTORIA CIRCLES ELM GROVE WI 53122	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ELM GROVE	12/29/22
	Jennifer Silverthorne	12655 Tulane St Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	John Silverthorne	12655 Tulane St Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Brittany Murillo	15460 Santa Maria Dr Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/30/22

I, Katie Rasoul (Name of circulator)
 certify: I reside at 14500 Beechwood Ave. Brookfield, WI 53005
 (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

12/30/22 (Date) (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used.
David W. Irwin
 14275 Hillside Road

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number, box number (if rural route), and name of street or road
14275 Hillside Road
 WI
 Zip code **53122**

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
 Elm Grove (name of municipality)

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

Type of election (required)
 spring
 special

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
At-Large

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.				
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Kathleen Whitecotten	14995 Kings Ridge Court Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Marvin L. Altmann	14915 Woodbridge Rd Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Alex Altmann	14715 Woodbridge Rd Brookfield, WI 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Jeff Carlson	14935 Woodridge Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Jennifer Carlson	14935 Woodridge Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/22
	Steve Whitecotten	14955 Kings Ridge Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/29/2022
	Amanda Davis	1505 Valley Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/31/2022
	Theresa Corsi	17730 Bermuda Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/31/2022
	Anthony M. Davis	1505 Valley Ridge Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	12/31/2022
	Angela K. Vizier	14965 Kings Ridge Ct Brookfield	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/2023

CERTIFICATION OF CIRCULATOR
 I, Kathleen Whitecotten (Name of circulator)
 certify: I reside at 14995 Kings Ridge Court, Brookfield, WI (Circulator's residential address - include number, street, and municipality)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(1a).
1/27/23 (Date)
Kathleen Whitecotten (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. David W. Irwin		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road 14275 Hillside Road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 14275 Hillside Road		State (required) WI		Zip code 53122	
Title of office (required) School Board Member		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input checked="" type="checkbox"/> Seat At-Large		Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	
School District of Elmbrook		Name of jurisdiction or district in which candidate seeks office (required) School District of Elmbrook			

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	John Wilkinon	2835 Monterey Blvd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/30/22
	Kevin Pfofenhaver	15705 LUELLA DRIVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BROOKFIELD	12/30/27
	Kathleen Thomas	2946 Monterey Blvd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/22
	Benjamin Gantner	2940 Monterey Blvd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/22
	Ariana Ramsey	2740 Clearwater Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/22
	DAVID SEGAL	2830 Santa Barbara Pa	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/22
	Elizabeth Segar	2830 Santa Barbara Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12/31/22
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR
 I, Erica Wilkinon (Name of circulator) certify: I reside at 2835 Monterey Blvd, Brookfield, WI 53005 (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

1/1/23 (Date) Erica Wilkinon (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's municipality for voting purposes (required) Do not use primary date.
 Town Village City
 Elm Grove

Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality
14275 Hillside Road

Title of office (required)
School Board Member

Branch, district or seat number (required) if applicable
 Branch District Seat
At-Large

States (required) **WI**

Zip code **53122**

Type of election (required)
 spring special

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elm Brook

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Gary R. Seabrook	1420 Victoria Cir N	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/31/22
	Wesley Paretus	1385 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/3/2022
	Champa Lal Gupta	4393 Highhawk Trail	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/1/2023
	Sharda Gupta	4333 Highhawk Trail	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	1/1/2023
	Tom Castile	1865 Hollyhock Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	1/1/2023
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. **NISHA GUPTA** (Name of circulator)
 certify: I reside at **1365 VICTORIA CIR S, ELM GROVE, WI 53122**
 (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

JAN 1, 2023 (Date)
 (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required), no titles may be used.
David W. Irwin

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality
14275 Hillside Road

Title of office (required)
School Board Member

Branch, district or seat number (required) if applicable
WI

State (required)
WI

Zip code
53122

Type of election (required)
 spring
 special

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Elm Grove

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Nathan Smith	1375 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/30/22
	Julie Papenbruss	1385 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/30/22
	Amy Scheidt	1373 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/31/22
	Chris Kolbe	1373 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/31/22
	Lois Kolbe	1310 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/31/22
	Kasee Whitaker	1310 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/31/22
	Patty Armiros-Dietz	1341 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-31-2022
	Steven Dietz	1350 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-31-2022
	Nancy C Seabrook	1350 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-31-2022
	Nisha Gupta	1420 Victoria Cir N	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12/31/2022

CERTIFICATION OF CIRCULATOR
 certify: I reside at 1305 VICTORIA CIR S, ELM GROVE WI 53122
(Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(5)(a).

(Date) 12/31/22

(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) No P.O. box addresses
 Street, fire, or rural route number, box number (if rural route), and name of street or road
14275 Hillside Road

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
 Elm Grove (name of municipality)

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

State (required)
WI

Zip code
53122

Type of election (required)
 spring
 special

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
At-Large

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Kristin Walters	1300 Victoria Cir S Elm Grove WI 53122	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-29-22
	Christian Walters	1300 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-29-22
	Lisa M. Becker	1155 Church St, Elm Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22
	Jack Shulick	1155 Church St, Elm Grove	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22
	Avery Noss	4255 Cherry Hill Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield	12-30-22
	Scott Shulick	1155 Church St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22
	Carter Shulick	1155 Church St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22
	Mary Kebbekus	1410 Victoria Cir N	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22
	David Kebbekus	1410 Victoria Cir N	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22
	Kristin Smith	1375 Victoria Cir S	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove	12-30-22

CERTIFICATION OF CIRCULATOR
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

certify: I reside at 1305 Victoria Cir. S, Elm Grove WI 53122
(Circulator's residential address - include number, street, and municipality.)

Nisha Gupta
(Signature of circulator)

12/30/22
(Date)

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

Candidate's residential address (required) No P.O. Box addresses
 Street, fire, or rural route number, box number (if rural route), and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
 State (required) **WI** Zip code **53122**

Title of office (required)
Board of Education

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
At Large

Name of jurisdiction or district in which candidate seeks office (required)
Elmbrook School District

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Brookfield

Election date (required) Do not use primary date.
 Mo/Day/Year
04/04/2023

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Douglas Piereo	19370 N Hills Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	BRADFORD GUE	4100 ALPINE CIR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Won Chul Song	20880 Carrington Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Lance Fisher	18700 Lamplighter Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Nephie Gustafson	2700 Almsbury Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Scott Wheeler	4270 Peppercorn Cir	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Andrea Wheeler	4270 Peppercorn Cir.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Benjamin Malnar	2890 meadowside ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23
	Scott Wheeler		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	1/1/23

CERTIFICATION OF CIRCULATOR
 I, Scott Wheeler (Name of circulator) certify: I reside at 4270 Peppercorn Cir., Brookfield (Circulator's residential address - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

1/1/2023 (Date)
 (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. David W. Irwin		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 14275 Hillside Road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elm Grove (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality) 14275 Hillside Road		Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		Election date (required) <i>Do not use primary date.</i> Mo/Day/Year 04/04/2023	
Title of office (required) School Board Member		State (required) WI		Zip code 53122	
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input checked="" type="checkbox"/> Seat At-Large		Name of jurisdiction or district in which candidate seeks office (required) School District of Elmbrook			

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.	
Signatures of Electors	Municipality of Residence Check the type and write the name of your municipality for voting purposes.
1.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
2.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
3.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
4.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
5.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
6.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
7.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
8.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
9.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield
10.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Brookfield

CERTIFICATION OF CIRCULATOR
 I, Sean Lambert (Name of circulator) certify: I reside at 15150 Tulane Ct (Circulator's residential address - Include number, street, and municipality.)
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).
 O 10 / 2023 (Date) Sean Lambert (Signature of circulator)
 Page No. 21

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Candidate's residential address (required) *No P.O. box addresses*
 Street, fire, or rural route number; box number (if rural route); and name of street or road
14275 Hillside Road

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
14275 Hillside Road

Title of office (required)
School Board Member

Branch, district or seat number (required if applicable)
WI At-Large

State (required)
WI

Zip code
53122

Type of election (required)
 spring
 special

Name of jurisdiction or district in which candidate seeks office (required)
School District of Elmbrook

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
 Elm Grove (name of municipality)

Election date (required) *Do not use primary date.*
 Mo/Day/Year
04/04/2023

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<i>Patricia Flynn</i>	<i>Patricia Flynn</i>	<i>1460 Ridgewood Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Brookfield</i>	<i>1/1/23</i>
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, *Alan Lambert* (Name of circulator) certify: I reside at *15150 Tulane Ct Brookfield* (Circulator's residential address - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

01/01/2023 (Date) *Alan Lambert* (Signature of circulator)

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