

Friday, 11/4/11

# 59

WEEK 8 : 477

3959

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."  
 RECEIVED  
 NOV 07 2011  
 CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Susan Moreno Signature: Susan C Moreno	1228 S. 97th	City of West Allis	11/3/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Pedro Moreno Signature: Pedro Moreno	Same as above	City of West Allis	11/3/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Andrew Pthyrant Signature: Andrew Pthyrant	1220 S. 97th Street	City of West Allis	11/3/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Richard Kneppert Signature: RICHARD KNEPPERT	1212 S. 97th 53214	City of West Allis	11/3/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Sue Laudon Signature: Sue Laudon	1109 S. 98th	City of West Allis 53214	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: Dawn Muffler Signature: Dawn Muffler	1229 S. 98th St.	City of West Allis 53214	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Madeline Tziaros Signature: MADELINE TZIAROS	1305 S. 98th 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Ryan Elder Signature: Ryan Elder	1471 South 99th Street 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Tom Kee Signature: Tom Kee	1475 S 94th 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: Brian Bergande Signature: Brian Bergande	1491 S. 94th WEST 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Marsha Vile certify that I reside at 5174 Lakeside Drive  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wisconsin Statutes.

Nov 4, 2011  
 (Date)

Marsha Vile  
 (Signature of circulator)

400

RECEIVED

PETITION FOR DIRECT LEGISLATION

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution: RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that: 1. Only human beings, not corporations, are entitled to constitutional rights, and 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), and Contact Information (optional). Contains 10 rows of handwritten entries.

Certification of Circulator

I, Virgine Lawinger certify that I reside at German town, WI 53022, 1100 W 164 Revere La (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1 2.13(3)(a), Wisconsin Statutes.

11-4-11 (Date)

Virgine Lawinger (Signature of circulator)

401

# PETITION FOR DIRECT LEGISLATION

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I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

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2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

NOV 17 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Shawna Tucker</u> Signature: <u>Shawna Tucker</u>	<u>2174 S. 92nd</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Maria Van Dixhorn</u> Signature: <u>Maria Van Dixhorn</u>	<u>609 S. 103rd</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Darin S. Piasecki</u> Signature: <u>D. Piasecki</u>	<u>811 S. 100th St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Marie A Norton</u> Signature: <u>Marie A. Norton</u>	<u>2149 S. 108th West Allis</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone: <u>414.554.3035</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
5. Name: <u>LaShaunda Campbell</u> Signature: <u>LaShaunda Campbell</u>	<u>1020 S. 110th St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Ajaceli Huerta</u> Signature: <u>A. Huerta</u>	<u>2428 S. 83 St</u>	City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>SCOTT RATKE</u> Signature: <u>Scott Ratke</u>	<u>2350 S 99 St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Tabatha Narloch-Holl</u> Signature: <u>Tabatha Narloch-Holl</u>	<u>1679 S. 71st</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, JAMES BALK certify that I reside at 4347 S. Packard Ave. Cudahy WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/4/2011  
(Date)

James Balk  
(Signature of circulator)

402

**PETITION FOR DIRECT LEGISLATION**

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CITY OF WEST ALLIS  
CLERK OF COURTS

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Chris Nardis</u> Signature: <u>Chris Nardis</u>	<u>9106 W. Keston</u>	City of West Allis	<u>11/04/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Kelli Wick</u> Signature: <u>Kelli Wick</u>	<u>1116 W. Wildwood Lane</u>	City of West Allis	<u>11/04/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Kathleen Raynier certify that I reside at 9276 N. 70<sup>th</sup> Street Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-04-2011  
(Date)

Kathleen Raynier  
(Signature of circulator)

403

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CITY TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: KEITH ROBERTSON Signature: <i>[Signature]</i>	2109 S. 102 <sup>ND</sup> APT 102	City of West Allis	11/04/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Elnad Garichel Signature: <i>[Signature]</i>	2408 S 83 <sup>RD</sup>	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: ANNEMARIE BRETZ Signature: <i>[Signature]</i>	820 S. 103 <sup>RD</sup> ST	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: CRAIG SCHMIDT Signature: <i>[Signature]</i>	7211 W. Beecher #6	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Joseph Mazzone Signature: <i>[Signature]</i>	2145 S. 75 <sup>TH</sup> St. West Allis WI 53219	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: William Boski Signature: <i>[Signature]</i>	1236 S. 104 <sup>ST</sup> West Allis 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Cathy Annwood Signature: <i>[Signature]</i>	10350 W Bungalow PRKY 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Kim Huber Signature: <i>[Signature]</i>	10211 W 1013 Greenfield 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <i>[Signature]</i> Signature: <i>[Signature]</i>	2014 S. 102 <sup>ND</sup>	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: Christa Ehler Signature: <i>[Signature]</i>	9106 W. National Ave.	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Kathleen Raynier certify that I reside at 9276 N. 70<sup>th</sup> St., Milwaukee  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-04-2011  
(Date)

Kathleen Raynier  
(Signature of circulator)

404

**PETITION FOR DIRECT LEGISLATION**

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CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Juan J Cruz Signature: Juan J Cruz	1220 S. 7th	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: FRANK BIALEK Signature: Frank Bialek	1630 S 80	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Greg Paulson Signature: Greg Paulson	1563 S. 62 ST	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Brendon Dutcher Signature: Brendon Dutcher	9707 W. National	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Julie Kudla Signature: Julie Kudla	7745 W BECHER	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: Dianna Foster Signature: Dianna Foster	1438 S 71st	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: JOHN VEGAS Signature: John Vegas	7402 W. WASHINGTON ST	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Margaret Mercado Signature: Margaret Mercado	2038 S. 69th	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: John Daubon Signature: John Daubon	1028 S 97th	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: Sam Tucker Signature: Sam Tucker	8174 S. 92nd	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, JAMES BALK certify that I reside at 4392 S. Parkwood Ave Cudahy WI 53110  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/4/2011  
 (Date)

James Balk  
 (Signature of circulator)

405

Thursday 11/3/11

#34

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2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing, Contact Information (optional). Contains 10 rows of signatures and addresses.

Certification of Circulator

Germanstown, WI 53002

I, Virgine Lawinger certify that I reside at N100W16450 Revere Ln
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-3-11

(Date)

Virgine Lawinger

(Signature of circulator)

406

**PETITION FOR DIRECT LEGISLATION**

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NOV 07 2011

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Sandy Karno</u> Signature: <u>Sandra Karno</u>	<u>819 S. 88th</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Lee Everett</u> Signature: <u>Lee Everett</u>	<u>501 S. 85th</u> <u>53214</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Pat Dobeck</u> Signature: <u>Pat Dobeck</u>	<u>739 S. 88th</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Sandra Gost</u> Signature: <u>Sandra Gost</u>	<u>1134 So. 96th St</u> <u>West Allis WI 53214</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>John Amy</u> Signature: <u>John Amy</u>	<u>1203 96th St</u> <u>West Allis WI 53214</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Patricia Alar</u> Signature: <u>Patricia Alar</u>	<u>1206 So. 96 St</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Ray Ziolecky</u> Signature: <u>Ray Ziolecky</u>	<u>1224 S. 96th</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Sandra Becker</u> Signature: <u>Sandra Becker</u>	<u>1328 S. 96</u> <u>W.A. 53214</u>	City of West Allis	<u>11/13/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Joyce Zest</u> Signature: <u>Joyce Zest</u>	<u>1314 So. 97th St</u> <u>53214</u>	City of West Allis	<u>11/13/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Erik Jackson</u> Signature: <u>Erik Jackson</u>	<u>1234 S. 97th St</u> <u>53214</u>	City of West Allis	<u>11/13/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Marsha Yida certify that I reside at 5174 Lakeside Drive  
(Name of circulator) (Circulator's residence, include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

November 03 2011  
(Date)

Marsha Yida  
(Signature of circulator)

407

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution NOV 07 2011  
without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

*"Shall the City of West Allis adopt the following resolution:*

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>LEONARD MILLER</u> Signature: <u>[Signature]</u>	<u>8009 W. GREENFIELD ST. 53214</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Deb Buckley</u> Signature: <u>[Signature]</u>	<u>1361 S. 95th St. West Allis</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>John K. Staszak</u> Signature: <u>[Signature]</u>	<u>1237 So. 95th</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Louis M. Staszak</u> Signature: <u>[Signature]</u>	<u>1237 S 95th</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Erin Luedke</u> Signature: <u>[Signature]</u>	<u>1133 S. 95th St</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Helen Campbell</u> Signature: <u>[Signature]</u>	<u>2131 S. 96th St</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Cyrus Szarnecki</u> Signature: <u>[Signature]</u>	<u>1337 S. 96th St</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>WARREN YOUNG</u> Signature: <u>Wann Young</u>	<u>1359 S 97th 5426A</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Stacy Newman</u> Signature: <u>[Signature]</u>	<u>1349 S 97th</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>David Jesica</u> Signature: <u>[Signature]</u>	<u>1321 S. 97</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, James Ito certify that I reside at 3302 N. Bremen St., Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 127.3(3)(a), Wisconsin Statutes.

11/3/2011  
(Date)

[Signature]  
(Signature of circulator)

408

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Holly Pawelski</u> Signature: <u>Holly Pawelski</u>	<u>1129 S. 92nd St</u>	City of West Allis	<u>11/3/2011</u>	Email: <u>h.....</u> Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Heather Zastrow</u> Signature: <u>H Zastrow</u>	<u>1113 S 93rd West Allis 53214</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Edward By...</u> Signature: <u>Edward By...</u>	<u>1204 S. 94th</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Matt Reimer</u> Signature: <u>Matt Reimer</u>	<u>1205 S 94th</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, MARY C. LAAN certify that I reside at 3302 N. Bremen St., MILWAUKEE, WI 53212  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/3/2011  
 (Date)

Mary C. Laan  
 (Signature of circulator)

409

Tuesday 11/11/11 #50

3866

**PETITION FOR DIRECT LEGISLATION**

RECEIVED  
NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
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 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Anthony Barr</u> Signature: <u>[Signature]</u>	<u>260 S 92th</u> <u>Milwaukee</u> <u>53214</u>	City of West Allis	11/11/2011	Email:..... Phone: <u>608-216-4907</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Melissa Ganning</u> Signature: <u>[Signature]</u>	<u>654 S 93rd</u> <u>West Allis</u> <u>53214</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Sharm Fernald</u> Signature: <u>[Signature]</u>	<u>637 S</u> <u>93rd</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Wm Fischer</u> Signature: <u>[Signature]</u>	<u>657 S 93rd</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Lynn Howard</u> Signature: <u>[Signature]</u>	<u>655 S 94th</u> <u>St</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
6. Name: <u>Mark Simonsen</u> Signature: <u>[Signature]</u>	<u>806 S 94th</u> <u>St</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Dan Walberts</u> Signature: <u>[Signature]</u>	<u>9409 W</u> <u>Schwager</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>JOHN ALBERT</u> Signature: <u>[Signature]</u>	<u>732</u> <u>S 93</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>CHRISTO DIMITRIADIS</u> Signature: <u>[Signature]</u>	<u>739 S 93rd</u> <u>STR</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Diane Orestovic</u> Signature: <u>[Signature]</u>	<u>2055 S 93rd</u> <u>St</u>	City of West Allis	11/11/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Steven T Mundschan certify that I reside at 2802 Buckingham Ct, Waukesha, WI 53158  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

Nov 11, 2011  
(Date)

Steven T Mundschan  
(Signature of circulator)

410

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS CLERK

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Paul R Roberts</u> Signature: <u>[Signature]</u>	<u>2056 S. 79th West Allis</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Carie Kurtz</u> Signature: <u>[Signature]</u>	<u>2052 S. 79th West Allis WI, 53005</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Holly Chlodek</u> Signature: <u>[Signature]</u>	<u>2405 S. 79th West Allis WI 53019</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Jessica McCormick</u> Signature: <u>[Signature]</u>	<u>2026 S. 79th</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Jerome McCormick</u> Signature: <u>[Signature]</u>	<u>2026 S. 79th</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Patricia A Russell</u> Signature: <u>[Signature]</u>	<u>9724 W. Cleveland Ave</u>	City of West Allis	<u>10/01/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Janet Nataroli</u> Signature: <u>[Signature]</u>	<u>1426 S. 87</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Christine Elliott</u> Signature: <u>[Signature]</u>	<u>1960 S 79th #4</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>KAMAL SEHAI</u> Signature: <u>[Signature]</u>	<u>7058 W. BELOIT RD</u>	City of West Allis	<u>11/01/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>ADAM JESCHKE</u> Signature: <u>[Signature]</u>	<u>2226 S 70th West Allis WI 53219</u>	City of West Allis	<u>11/01/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Steph K Sweet certify that I reside at 708 E Ross 11th W Milwaukee WI 53207  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/1/11  
(Date)

[Signature]  
(Signature of circulator)

411

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Deborah Hopper</u> Signature: <u>Deborah Hopper</u>	<u>1557 S. 71st St</u>	City of West Allis	<u>11/01/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Pauline Glanys</u> Signature: <u>Pauline Glanys</u>	<u>2201 S. 74th St.</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Mary Koepfer</u> Signature: <u>Mary Koepfer</u>	<u>6820 W Mitchell St</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Mikayla Fernandez</u> Signature: <u>Mikayla Fernandez</u>	<u>1033 S. 75th Street West Allis, WI</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Francesca Koehn</u> Signature: <u>Francesca Koehn</u>	<u>617 S. 103rd</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Kelly Newton</u> Signature: <u>Kelly Newton</u>	<u>1224 S. 103rd</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Jenny Schuler</u> Signature: <u>Jenny Schuler</u>	<u>199 S. 93rd St W.A. WI 53229</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Bob Lipke</u> Signature: <u>Robert Lipke</u>	<u>4222 W. Schlinger</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Dana Fiddy</u> Signature: <u>DANA FIDDY</u>	<u>6365 93RD</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Tammy Reddi</u> Signature: <u>Tammy Reddi</u>	<u>651 S. 93</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Stephan K. Sobczak certify that I reside at 208 E Russell Ave Milwaukee WI 53229  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/1/11  
(Date)

Stephan K. Sobczak  
(Signature of circulator)

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Bin Reddie</u> Signature: <u>[Signature]</u>	<u>651 S. 93</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Cheryl Figueroa</u> Signature: <u>[Signature]</u>	<u>1081 S. 93</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Kennedi Miller</u> Signature: <u>[Signature]</u>	<u>683 S. 93rd</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Die Sembrado</u> Signature: <u>[Signature]</u>	<u>9244 W. Schlinger Avenue</u>	City of West Allis	<u>11/04/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Wienkaut</u> Signature: <u>[Signature]</u>	<u>644 So 94th Street</u>	City of West Allis	<u>11/01/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Joe Cascio</u> Signature: <u>[Signature]</u>	<u>824 S. 95th St.</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Kathleen Cascio</u> Signature: <u>[Signature]</u>	<u>824 S 95th Street</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Joyce ZAWERSCHNIK</u> Signature: <u>[Signature]</u>	<u>833 So 94th</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Rick Hoppert</u> Signature: <u>[Signature]</u>	<u>805 S. 94th St.</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Dona Hefner</u> Signature: <u>[Signature]</u>	<u>727 S. 94th St</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Stephen K Sweet certify that I reside at 708 E Russell Ave Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1 2.13(3)(a), Wisconsin Statutes.

11/1/11  
(Date)

[Signature]  
(Signature of circulator)

413

PETITION FOR DIRECT LEGISLATION

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution: RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that: 1. Only human beings, not corporations, are entitled to constitutional rights, and 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), and Contact Information (optional). Rows 1-7 contain handwritten entries for Kristin Gjeroket, Marta Leaf, Frank Lustik, Jeanette Hute, Ron Hietpas, Donna Hietpas, and Charlotte A King. Rows 8-10 are crossed out with a large diagonal line.

Certification of Circulator

I, Kenneth P. Greening certify that I reside at 642 South 94 PLACE, West Allis, WI 53214

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1 2.13(3)(a), Wisconsin Statutes.

11-1-11 (Date)

Kenneth P. Greening (Signature of circulator)

414

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Catherine Wilson Signature: Catherine Wilson	7027 W Dreyer Place	City of West Allis	11/1/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Joan Pauc Signature: Joan Pauc	8930 W. Montana	City of West Allis	11/1/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Angela D. Cuffley Signature: Angela D. Cuffley	1724 S 89th St	City of West Allis	11/1/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	/ /2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, MARY C. LAHAN certify that I reside at 3302 N. Bremen St., Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality) 53212

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under 8.12.13(8)(a), Wisconsin Statutes.

11/1/11  
(Date)

Mary C. Lahan  
(Signature of circulator)

45

Monday 10/31/11

#77

8816

PETITION FOR DIRECT LEGISLATION

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes

"Shall the City of West Allis adopt the following resolution:

CITY OF WEST ALLIS  
INSURER

- RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:
1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), and Contact Information (optional). Rows include Tiffany Kuhnke, Kristina Briley, Michael D Briley, Richard Altenbach, Jennifer Adams, Harold Schneider, Larry Rogutich, Mildred Rogutich, and Carol Rohrer.

Certification of Circulator

I, JAMES BALK certify that I reside at 4347 S. Packard Ave Crestedale WI 53110

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/30/2011 (Date)

[Signature] (Signature of circulator)

416

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

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**RECEIVED**  
NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Matthew Pankratz</u> Signature: <u>Matthew Pankratz</u>	<u>7821 W. Beloit Rd.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Larry R. Rehart</u> Signature: <u>Larry Rehart</u>	<u>9701 W National Ave #117</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>John M. Guenette</u> Signature: <u>John M. Guenette</u>	<u>1921 S 75th St</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Cynthia Reindl</u> Signature: <u>Cynthia Reindl</u>	<u>2426 S. 73rd St.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Ben Hynes</u> Signature: <u>Ben Hynes</u>	<u>8369 W Dwyer Pl</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>SHANE TALEN</u> Signature: <u>Shane Talen</u>	<u>8226 W, OKLAHOMA AVE #7</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
7. Name: <u>MILAN SAGORAC</u> Signature: <u>Milan Sagorac</u>	<u>2100 So. 106th</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <del><u>JOHN REARD</u></del> Signature: <del>.....</del>	<del><u>1114 W WADSWORTH AVE.</u></del>	<del>City of West Allis</del>	<del><u>1/2011</u></del>	<del>Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No.</del>
9. Name: <u>WAYNE UHLER</u> Signature: <u>Wayne Uhl</u>	<u>8750 W, NATIONAL</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone: <u>414-429-6254</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>B.C. DONOVAN</u> Signature: <u>Brenden Donovan</u>	<u>10315 W. Greenfield #102</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

W.A. Wis  
**Certification of Circulator**

I, Kathleen Raynier certify that I reside at 9276 N. 70th St, Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

Oct. 31, 2011  
(Date)

Kathleen Raynier  
(Signature of circulator)

417

# PETITION FOR DIRECT LEGISLATION

RECEIVED

NOV 07 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

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2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Emily Fischer-Joerpe</u> Signature: <u>Emily Fischer-Joerpe</u>	<u>1213 S. 72<sup>nd</sup></u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>RICHARD BERGHOFER</u> Signature: <u>Richard Berghofer</u>	<u>715 S 111<sup>th</sup> ST</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Catherine McMullen</u> Signature: <u>Catherine E. McMullen</u>	<u>5118 W. Oklahoma Ave. Apt. 16</u>	City of West Allis	<u>10/21/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>MARION BAILEY</u> Signature: <u>Marion Bailey</u>	<u>10728 W. Grand ST</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Elizabeth Coover</u> Signature: <u>Ely Co</u>	<u>2144 S. 111<sup>th</sup> #3 apt</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>GARY GARDNER</u> Signature: <u>Gary Gardner</u>	<u>1512 SO. 76 ST.</u>	City of West Allis	<u>1/1/2011 10-31</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Thomas M Cason</u> Signature: <u>Thomas M. Cason</u>	<u>5723 W. #6 Lincoln Ave</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Alison Luellwitz</u> Signature: <u>Alison Luellwitz</u>	<u>1122 S. 115<sup>th</sup> St.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>CARL A. JAHNKE</u> Signature: <u>Carl A. Jahnke</u>	<u>1127 S 73<sup>RD</sup></u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Cari L. Pichler</u> Signature: <u>Cari L. Pichler</u>	<u>2144 S. 70<sup>th</sup></u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, MARY C. HAAN (Name of circulator) certify that I reside at 3302 N. Bremen St., Milwaukee, WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

53212

418

10/31/2011  
(Date)

Mary C. Haan  
(Signature of Circulator)

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: 10/7/2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
 CITY TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>ROSE MARIE FRITTA</u> Signature: <u>Rosemaria Fritta</u>	<u>10315 W Greenfield Ave. #852</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>ALLAN W FOX</u> Signature: <u>allan w fox</u>	<u>9675 60 Street</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Carol L Mackay</u> Signature: <u>Carol L Mackay</u>	<u>11505 W Greenfield Ave</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Berenia Roman</u> Signature: <u>Berenia Roman</u>	<u>7320 W Beloit Rd.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Brian Williams-Hartling</u> Signature: <u>B. Williams-Hartling</u>	<u>1723 S. 75TH St. Apt 2</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Pat Wulin</u> Signature: <u>PAT WULIN</u>	<u>10924 W MEQUANIGO DR. W. A.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Jannette Hooker</u> Signature: <u>Jannette Hooker</u>	<u>2232 S. 76th St.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Kevin Strike</u> Signature: <u>Kevin Strike</u>	<u>2910 W. Becker West Allis</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Carey Kalb</u> Signature: <u>Carey Kalb</u>	<u>11024 W. Oklahoma West Allis</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Dena Kalb</u> Signature: <u>Dena Kalb</u>	<u>11024 W. Oklahoma Ave #102 West Allis 53227</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Kathleen C. Raynier certify that I reside at 9276 N. 70 St, Milwaukee ✓  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

Oct. 31, 2011  
 (Date)

Kathleen C. Raynier  
 (Signature of circulator)

419

**PETITION FOR DIRECT LEGISLATION**

RECEIVED  
RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence, by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>DAVID CARMODY</u> Signature: <u>David Carmody</u>	<u>10315 W Greenfield LOT 531</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>KAREN MICHALASEWSKI</u> Signature: <u>Karen Michalasewski</u>	<u>1325 S. 103</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Ms. LESIA M. DAUV</u> Signature: <u>Ms. Lesia M. Davy</u>	<u>1918 So. 57th St. West Allis WI 53219</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Joseph Thomas</u> Signature: <u>Joseph Thomas</u>	<u>1918 S. 57th</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Gayle Pabian</u> Signature: <u>Gayle Pabian</u>	<u>2526 S 89th</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>ROBERT J. BORNHEIMER</u> Signature: <u>Robert J. Bornheimer</u>	<u>1128 S 62nd</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>VINCENT FRITTA</u> Signature: <u>Vincent Fritta</u>	<u>10315 W GREENFIELD</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>John Gleason</u> Signature: <u>John Gleason</u>	<u>3011 S 111</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Shannyn Miller</u> Signature: <u>Shannyn Miller</u>	<u>923 S. 75th St.</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Kellen Fischer</u> Signature: <u>Kellen Fischer</u>	<u>1213 S 73rd Street</u>	City of West Allis	<u>10/31/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, MARY C. LAAN certify that I reside at 3302 No. Bremen St, Milwaukee, WI 53212  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/31/2011  
(Date)

Mary C. Laan  
(Signature of circulator)

420

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

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Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: PATRICK KIRKPATRICK Signature: Patrick Kirkpatrick	1114 S 88	City of West Allis	10/31/2011	Email: ..... Phone: 924/4-475-5475 Interested in volunteering? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Maybe <input type="checkbox"/> No
2. Name: Patricia Kirkpatrick Signature: Patricia Kirkpatrick	1114 S 88	City of West Allis	10-31-1/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Gnsel Lopez Signature: Gnsel Lopez	5606 West Beloit Road	City of West Allis	10/31/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Saama Valliani Signature: Saama Valliani	1113 West Wildwood Lane	City of West Allis	10/31/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Michael Coors Signature: Michael Coors	2144 S 111st Apt #3	City of West Allis	10/31/2011	Email: ..... Phone: 414-759-9799 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: Marjorie Peterson Signature: Marjorie Peterson	8433 W Oklahoma	City of West Allis	10/31/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: MATT GREENING Signature: MATT GREENING	827 S. 102ND ST	City of West Allis	10/31/2011	Email: ..... Phone: 262-327-8731 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
8. Name: Natasha Hendrix Signature: Natasha Hendrix	1709A S. 62nd	City of West Allis	10/31/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Caroline Phony Signature: Caroline Phony	1734 S. 65th	City of West Allis	10/31/2011	Email: Caroline.Thomas372@gmail.com Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: ..... Signature: .....	.....	City of West Allis	1/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Kathleen Raynier (Name of circulator) certify that I reside at 9276 N. 70th St, Milwaukee (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

Oct. 31, 2011 (Date)

Kathleen Raynier (Signature of circulator)

421

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

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**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Greta Saari (Greta Saari)</u> Signature: <u>Greta Saari</u>	<u>1857 S. 81st St</u>	City of West Allis	<u>10/28/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Michelle Bergemann</u> Signature: <u>Michelle Bergemann</u>	<u>1046 858</u>	City of West Allis	<u>10/28/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Hayley Michaels</u> Signature: <u>Hayley Michaels</u>	<u>2111 57th</u>	City of West Allis	<u>10/28/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Robert J. Whitlow</u> Signature: <u>Robert J. Whitlow</u>	<u>2119 S. 70th</u>	City of West Allis	<u>10/28/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Carl Scricciolo</u> Signature: <u>Carl Scricciolo</u>	<u>2154 S 70th</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>KURT K KADOW</u> Signature: <u>Kurt K Kadow</u>	<u>2165 S 70th</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>GERALD MEREJITH</u> Signature: <u>Gerald Meredith</u>	<u>2148 S 70th</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>EVAN OLSON</u> Signature: <u>Evan Olson</u>	<u>2146 S 70th St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Virginia Jutrzonka</u> Signature: <u>Virginia Jutrzonka</u>	<u>2136 S 70th</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Patricia Kogut-Kienicz</u> Signature: <u>P. Kogut-Kienicz</u>	<u>2115 S. 69th St</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, JAMES BALK certify that I reside at 4347 S. Packard Ave, Cudahy WI 53110  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wisconsin Statutes.

10/30/2011  
(Date)

James Balk  
(Signature of circulator)

422

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: David Kankol Signature: David A. Kankol	1180 SD 9151	City of West Allis	10/26/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Barbara Olson Signature: Barbara Olson	1225 S 90 st	City of West Allis	10/26/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Tom Hite Signature: Tom Hite	1620 S 094 PLACE	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Tom Healy Signature: Thomas Healy	9316 W MITCHELL	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Amy Graham Signature: Amy Graham	7200 W MITCHELL	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: KATHRYN MICHAEL Signature: Kathryn Michael	1500 S 73	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Martin R ZANON Signature: Martin R Zanon	1616 S 93rd	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Glen Clouse Signature: Glen Clouse	1627 Sandst	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Claudia Fien Signature: Claudia Fien	8497 W MITCHELL ST.	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: MAURZEL WHITE Signature: Maurzel White	9325 W Lupinus st	City of West Allis	10/31/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Edward Kartheiser certify that I reside at 4041 N. Prospect Ave. Shorewood WI 53219  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S 12.13(3)(a), Wisconsin Statutes.

10/31/2011  
(Date)

Edward Kartheiser  
(Signature of circulator)

423

Sunday 10/30/11 #100

3739

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

"Shall the City of West Allis adopt the following resolution:

RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>William Moran</u> Signature: <u>[Signature]</u>	<u>8925 W. Schlotz</u> <u>West Allis, WI</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Kevin Manser</u> Signature: <u>[Signature]</u>	<u>819 S 90th St</u> <u>West Allis</u> <u>53214</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Bob DREITZMAN</u> Signature: <u>[Signature]</u>	<u>837 S 90</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>[Signature]</u> Signature: <u>Roger Nelson</u>	<u>800 S 91st</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>[Signature]</u> Signature: <u>Gregory Ziegler</u>	<u>1433-A</u> <u>South</u> <u>57th St</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Lawrence Kochenreuther</u> Signature: <u>[Signature]</u>	<u>1618 S</u> <u>88th St</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>James Brugate</u> Signature: <u>[Signature]</u>	<u>8617 W</u> <u>Lapham</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>CAROL RYAN</u> Signature: <u>Carol Ryan</u>	<u>1521 S. 93</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Esther Mersanda</u> Signature: .....	<u>1497 S 93rd</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>DEBUCCI</u> Signature: .....	<u>1462 S 94</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, James Ito certify that I reside at 3302 N. Bremen St., Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/30/2011  
(Date)

[Signature]  
(Signature of circulator)

424

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>MICHAEL STUART</u> Signature: <u>[Signature]</u>	<u>8723 W. GREEN FIELD TRAIL</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Patricia Sanboen</u> Signature: <u>P. Sanboen</u>	<u>8503 W Orchard St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>JUDITH NITKOWSKI</u> Signature: <u>Judith Nitkowski</u>	<u>1573 S 78th St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Kristine Rodriguez</u> Signature: <u>[Signature]</u>	<u>1515 W Grant St Milwaukee 53215</u>	City of West Allis	<u>10/30/2011</u>	Email: <u>Kristy0113@gmail.com</u> Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Amy Simmons</u> Signature: <u>Amy Simmons</u>	<u>8624 W Maple St West Allis 53214</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
<del>6. Name: <u>Melissa Simmons</u> Signature: <u>Melissa Simmons</u></del>	<del><u>3308 S Chicago South Milwaukee WI</u></del>	<del>City of West Allis</del>	<del><u>10/30/2011</u></del>	<del>Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No</del>
7. Name: <u>Jill S. Bean</u> Signature: <u>Jill S. Bean</u>	<u>8524 W Mitchell West Allis WI (WIS)</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Judy Nickels</u> Signature: <u>Judy Nickels</u>	<u>1601885 West Allis WI</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
<del>9. Name: <u>[Signature]</u> Signature: <u>[Signature]</u></del>	<del><u>1720 W College</u></del>	<del>City of West Allis</del>	<del><u>1 / 2011</u></del>	<del>Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No</del>
10. Name: <u>Terry Strom</u> Signature: <u>Terry Strom</u>	<u>9455 W Maple St</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Pamela Richard (Name of circulator) certify that I reside at 2400 E. Bradford #404, Milwaukee WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/30/11  
(Date)

Pamela Richard  
(Signature of circulator)

425

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK OF COURTS

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Joseph A. Nicklis Signature: Joseph Nicklis	1601 S. 85 <sup>TH</sup> APT#2	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Debra Schneider Signature: DEBRA SCHNEIDER	8714 W. LAFHAM ST.	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Karen Bywater Signature: Karen Bywater	1522 S 93 ST	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Janis Medek Signature: J. Medek	9328 W. Mitchell	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Jarow Lotus Signature: Jarow Lotus	1490 S. 93 <sup>rd</sup> ST	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: BRIAN TORRES Signature: B.T.	9309 W. ORCHARD ST.	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Amanda Hildese Signature: Amanda Hildese	1480 S. 94 <sup>ST</sup>	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Mike Acad Signature: Mike Acad	1496 S 94 <sup>th</sup> ST	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Kather Kantw Signature: Kather Kantw	9308 W Orchard	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: ..... Signature: .....		City of West Allis	1 / 2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Pamela Richard certify that I reside at 2400 Bradford #404 Milwaukee WI  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/30/11  
(Date)

Pamela Richard  
(Signature of circulator)

426

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>CARL PIVOTTO</u> Signature: <u>Carl Pivotto</u>	<u>1451 So. 84th St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Kathleen M. Lampore</u> Signature: <u>Kathleen M. Lampore</u>	<u>9434 W. Maple St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
3. Name: <u>Laura Saldívar</u> Signature: <u>Laura Saldívar</u>	<u>1732 So. 76<sup>th</sup> West Allis</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Jane P. Henry</u> Signature: <u>Jane P. Henry</u>	<u>59th St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Daniel Swift</u> Signature: <u>Daniel Swift</u>	<u>1603 S 92nd</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>THEO JACKSON</u> Signature: <u>Theo Jackson</u>	<u>1234 S 97th WA</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>SARA MARLEA</u> Signature: <u>Sara Marlea</u>	<u>2556 n. 60th St. Milwaukee 53210</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Trudy Koehler</u> Signature: <u>Judy Koehler</u>	<u>319 S. 122nd St West Allis</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Marcus Valanachina</u> Signature: <u>Marcus Valanachina</u>	<u>1965 South 90th Street West Allis WI 53225</u>	City of West Allis	<u>10/11/2011</u>	Email: <u>valanachina@epho.com</u> Phone: <u>(415) 307-0327</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Dwayne Cistaro</u> Signature: <u>Dwayne Cistaro</u>		City of West Allis	<u>1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Dwayne Block (Name of circulator) certify that I reside at 637 Daisy Lane, Oconomowoc, WI (Circulator's residence - Include number, street, and municipality) 53066

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/11/11  
(Date)

Dwayne Block  
(Signature of circulator)

427

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Amanda Kopp</u> Signature: <u>[Signature]</u>	<u>2159 S. 1st</u> <u>W. Allis WI</u> <u>53219</u>	City of West Allis	<u>10/18/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>[Signature]</u> Signature: <u>[Signature]</u>		City of West Allis	<u>1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Randy Stefanick Jr</u> Signature: <u>[Signature]</u>	<u>2047 S.</u> <u>105th st.</u>	City of West Allis	<u>10/18/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
4. Name: <u>Carrie Smith</u> Signature: <u>Carrie Smith</u>	<u>61st</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Jennifer Nichols</u> Signature: <u>[Signature]</u>	<u>1438 S85</u> <u>W. Allis</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Jack Henry</u> Signature: <u>[Signature]</u>	<u>1976 SO</u> <u>59th ST.</u> <u>W</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>[Signature]</u> Signature: <u>[Signature]</u>	<u>2128 S.</u> <u>89th St. W. Allis</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>KATH WILKINSON</u> Signature: <u>[Signature]</u>	<u>12313 W.</u> <u>OKLAHOMA</u> <u>AVE # 40</u> <u>W. ALLIS</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>CHRISTOPHER KURTZ</u> Signature: <u>[Signature]</u>	<u>1033 S-76th</u> <u>53219</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Christopher Jaster</u> Signature: <u>[Signature]</u>	<u>1581 S</u> <u>82nd St.</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Dwayne Block certify that I reside at 637 Daisy Ln, Oconomowoc, WI.  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality) 53066

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/11/11  
 (Date)

Dwayne Block  
 (Signature of circulator)

428

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED,** the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Cindi S. Rusch</u> Signature: <u>Cindi Rusch</u>	<u>1467 S. 75th St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Nicole Damiano</u> Signature: <u>Nicole Damiano</u>	<u>1522 S. 75th St.</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Laura Sandoz</u> Signature: <u>Laura Sandoz</u>	<u>2714 S 69th St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Deborah Modjeska</u> Signature: <u>Deborah Modjeska</u>	<u>7357 W. Beloit Rd #210</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Lauri Pudleiner</u> Signature: <u>Lauri Pudleiner</u>	<u>5511 W. Lincoln W. Allis, WI</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Charlotte Jacobson</u> Signature: <u>Charlotte Jacobson</u>	<u>2029 S 72nd St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Laura King</u> Signature: <u>Laura King</u>	<u>2129 S 88th St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Nicole Castigan</u> Signature: <u>Nicole Castigan</u>	<u>2234 S. 75th St.</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Laura Burant</u> Signature: <u>Laura Burant</u>	<u>1736 SO 66th St</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Rebecca Templin</u> Signature: <u>Rebecca Templin</u>	<u>5925 W. National Ave</u>	City of West Allis	<u>10/11/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Dwayne Block certify that I reside at 637 Daisy Ln, Oconomowoc, WI 53066  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/11/11  
(Date)

Dwayne Block  
(Signature of circulator)

429

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

NOV 07 2011

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**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
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CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>ROANNE B. SIPPEL</u> Signature: <u>[Signature]</u>	<u>1441 S. 68th St</u>	City of West Allis	9/12/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>MARY SIPPEL</u> Signature: <u>Mary Q. Sippel</u>	<u>1441 S. 68th St</u>	City of West Allis	9/12/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>SAMUEL ERCEG</u> Signature: <u>[Signature]</u>	<u>1441 S. 68th St</u>	City of West Allis	9/12/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>CONSTANEE ALAUF</u> Signature: <u>Constanee Alauf</u>	<u>1441 S. 68th St</u>	City of West Allis	9/12/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Mary Netzer</u> Signature: <u>[Signature]</u>	<u>1502 S. 91st St</u> <u>53214</u>	City of West Allis	9/12/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>SANDRA TESMER</u> Signature: <u>[Signature]</u>	<u>2042 S. 95th</u> <u>53227</u>	City of West Allis	9/15/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Troy Manuilla</u> Signature: <u>[Signature]</u>	<u>1747 S. 92nd St</u>	City of West Allis	9/16/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Debby Manuilla</u> Signature: <u>[Signature]</u>	<u>1747 S. 92nd St</u>	City of West Allis	9/16/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Linda Gannor</u> Signature: <u>[Signature]</u>	<u>9701 W National Av</u>	City of West Allis	9/17/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Steven Erceg</u> Signature: <u>[Signature]</u>	<u>1502 S. 91st St</u>	City of West Allis	9/24/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, JEANNE ERCEG certify that I reside at 9526 W BECHER ST WEST ALLIS  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

9-24-2011

(Date)

[Signature]  
 (Signature of circulator)

430

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>JULIE VENIUS</u> Signature: <u>[Signature]</u>	<u>1329</u> <u>587th</u>	City of West Allis	<u>10/28/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Shirley Rohde</u> Signature: <u>[Signature]</u>	<u>2145 S. 80th</u> <u>53219</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Kevin Martin</u> Signature: <u>[Signature]</u>	<u>1605</u> <u>588 ST</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Charlene Williams</u> Signature: <u>[Signature]</u>	<u>1606 S.</u> <u>88th</u> <u>APT 1</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Tony Stewart</u> Signature: <u>[Signature]</u>	<u>1606</u> <u>APT 4</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>DENNIS O'CONNOR</u> Signature: <u>[Signature]</u>	<u>1612 538</u> <u>#4</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>SHIRLEY STEVENS</u> Signature: <u>[Signature]</u>	<u>18726 W</u> <u>MITCHELL</u> <u>#1</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Angel Velazquez</u> Signature: <u>[Signature]</u>	<u>8726 W #4</u> <u>MITCHELL</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Daniel Pekar</u> Signature: <u>[Signature]</u>	<u>5604 W.</u> <u>MITCHELL ST</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Dale Bean</u> Signature: <u>[Signature]</u>	<u>8524 W.</u> <u>MITCHELL</u>	City of West Allis	<u>10/30/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, MARY C. LAAN certify that I reside at 3302 N. Bremen St, Milwaukee WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(B)(a), Wisconsin Statutes.

10/30/2011 (Date) [Signature] (Signature of circulator)

(431)

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

RECEIVED  
NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Wendy Rebeck Signature: Wendy Rebeck	9033 W. SCHLINGER	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: DAVE REBECK Signature: Dave Rebeck	9033 W SCHLINGER	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: SHARON BUSSE Signature: Sharon Busse	9013 W. Schlingel	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: DON BUSSE Signature: Don W Busse	9013 W. Schlingel	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Patricia Niwash Signature: Patricia Niwash	714 S. 90	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: Bill McAllister Signature: Bill McAllister	740 S. 90th	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Sarah McAllister Signature: Sarah McAllister	740 S 90th	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: MARY RADLIFF Signature: Mary Radliff	802 S 90	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Ann C. Reed Signature: Ann C Reed	827 S 90	City of West Allis	10/30/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: Rick Fox Signature: Rick Fox	8304. 90	City of West Allis	10/36/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, MARY C. LAAN (Name of circulator) certify that I reside at 3302 No. Bremen St, MILWAUKEE, WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/30/2011 (Date) Mary C. Laan (Signature of circulator) 53212  
**432**  
Version 3a

# PETITION FOR DIRECT LEGISLATION

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I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

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CITY OF WEST ALLIS  
CLERK/TREASURER

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2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Tom Kuraeo</u> Signature: <u>[Signature]</u>	<u>8421 W ORCHARD</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Margaret Fluege</u> Signature: <u>[Signature]</u>	<u>8440 W Lapham Street</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>William Breyer</u> Signature: <u>[Signature]</u>	<u>8430 W LAPHAM ST</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Dylan Blunden</u> Signature: <u>[Signature]</u>	<u>8424 W Lapham ST</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Shari Barrett</u> Signature: <u>[Signature]</u>	<u>8424 Mitchell St</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Kerth Prybyl</u> Signature: <u>[Signature]</u>	<u>8410 W Mitchell St</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Kenneth P. Greening certify that I reside at 642 South 94 PLACE, West Allis, Wis 53214  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10-30-11  
(Date)

Kenneth P. Greening  
(Signature of circulator)

433

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

NOV 07 2011

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CITY OF WEST ALLIS  
TREASURER

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Terese Gluszek</u> Signature: <u>Terese Gluszek</u>	<u>3043 S 83 St</u>	City of West Allis	<u>9/28</u> 2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Connie Bauer</u> Signature: <u>Connie Bauer</u>	<u>2234 S. 66th St.</u>	City of West Allis	<u>9/30</u> 2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>SHARON K. NELSON</u> Signature: <u>Sharon K Nelson</u>	<u>9528 W Becher St</u>	City of West Allis	<u>10/4</u> 2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Ruth Snedie</u> Signature: <u>Ruth Snedie</u>	<u>9038 W. Orchard St.</u>	City of West Allis	<u>10/11</u> 2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>JAMES SNEDIE</u> Signature: <u>James Snedie</u>	<u>9038 W. ORCHARD ST.</u>	City of West Allis	<u>10/11</u> 2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name:..... Signature:.....		City of West Allis	<u>/</u> /2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/</u> /2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/</u> /2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/</u> /2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/</u> /2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, JEANNE ERCEC certify that I reside at 9526 W BECHER ST WEST ALLIS  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

10-24-2011  
 (Date)

Jeanne Ercec  
 (Signature of circulator)

434

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: 10/07/2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."  
CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Josie Guitkin</u> Signature: <u>Josie Guitkin</u>	<u>8611 W GREENFIELD AVE WEST ALLIS, WI</u>	City of West Allis	<u>10/30/2011</u>	Email: ..... Phone: <u>(414) 763-8069</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Harold Butler</u> Signature: <u>Harold Butler</u>	<u>8641 W LAD #4</u>	City of West Allis	<u>10/30/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>MIKE SYTKOWSKI</u> Signature: <u>MIKE SYTKOWSKI</u>	<u>8641 W LAD #3</u>	City of West Allis	<u>10/30/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>LORRAINE WHITEHEAD</u> Signature: <u>Lorraine Whitehead</u>	<u>1503 S. 93</u>	City of West Allis	<u>1/ /2011</u> <u>10-30-11</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Rita Merkel</u> Signature: <u>Rita Merkel</u>	<u>1475 S. 93</u> <u>53214</u>	City of West Allis	<u>10/30/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
6. Name: <u>Carrie Czarnota</u> Signature: <u>Carrie Czarnota</u>	<u>1475 S 94 ST</u> <u>53214</u>	City of West Allis	<u>10/30/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
7. Name: ..... Signature: .....		City of West Allis	<u>1 /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: ..... Signature: .....		City of West Allis	<u>1 /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: ..... Signature: .....		City of West Allis	<u>1 /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: ..... Signature: .....		City of West Allis	<u>1 /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Mary C. Hoan certify that I reside at 3302 N. Bremen St., Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/30/2011 Mary C. Hoan  
(Date) (Signature of circulator)

435

3639  
 RECEIVED  
 NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence**  
 by amending the United States Constitution to establish that:  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>K. P. Kadice</u> Signature: <u>[Signature]</u>	<u>2464 63rd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Robyn Korol</u> Signature: <u>Robyn Korol</u>	<u>6302 W Arthur</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>ART WANKE</u> Signature: <u>Art Wanka</u>	<u>2471 S Arthur</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>EVA M EWASKOWI</u> Signature: <u>Eva M. Ewaszkowicz</u>	<u>2455 S Arthur</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email: <u>ZWASRAD@POL.COM</u> Phone: <u>414-403-0360</u> Interested in volunteering? <input checked="" type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Amber Robson</u> Signature: <u>[Signature]</u>	<u>2453 S 63rd St</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Dan Takala</u> Signature: <u>Dan Takala</u>	<u>2409 S 63rd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Janice Schumm</u> Signature: <u>[Signature]</u>	<u>6304 W Arthur</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone: <u>414-940-5859</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Jeff Clark</u> Signature: <u>Jeff Clark</u>	<u>6321 W Arthur</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Douglas E. Fleet</u> Signature: <u>[Signature]</u>	<u>6321 W Arthur</u>	<u>City of West Allis</u>	<u>11/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Holly Bennett</u> Signature: <u>Holly Bennett</u>	<u>2383 S. Budananpi West Allis WI</u>	<u>City of West Allis</u>	<u>11/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Tim Sobczak certify that I reside at 2450 S. 70th St. West Allis  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10-29-11  
 (Date)

TRSC  
 (Signature of circulator)

436

**PETITION FOR DIRECT LEGISLATION**

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Marty Zane</u> Signature: <u>Marty Zane</u>	<u>2431 S. 62nd ST</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>JOANNE PLUTA</u> Signature: <u>Joanne Pluta</u>	<u>2425 S. 62nd St.</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
3. Name: <u>Jim DAHL</u> Signature: <u>J. Dahl</u>	<u>2413 S 62nd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>JEFF PALOMAK</u> Signature: <u>Jeff Palomak</u>	<u>2405 S 62nd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Heather Dahl</u> Signature: <u>Heather Dahl</u>	<u>2413 S. 62nd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>William J. Mater</u> Signature: <u>WILLIAM J. MATER</u>	<u>2403 S. 62nd St</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>JAMES SCHULTZ</u> Signature: <u>James Schultz</u>	<u>2412 S 63 ST</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Aurèlie Bertucci</u> Signature: <u>A. Bertucci</u>	<u>2436 S. 63rd St</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
9. Name: <u>David Schuckert</u> Signature: <u>David Schuckert</u>	<u>2440 S 63rd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Kyle Krasinski</u> Signature: <u>Kyle Krasinski</u>	<u>2440 S 63rd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Tim Sobczak certify that I reside at 2450 S 70th St West Allis  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10-29-11  
(Date)

TRSL  
(Signature of circulator)

437

NOV 07 2011

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>DAVID SWIERTZ</u> Signature: <u>David Swiertz</u>	<u>2458 S. 70 ST</u>	<u>City of West Allis</u>	<u>10/22/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>EVELYN SWIERTZ</u> Signature: <u>Evelyn Swiertz</u>	<u>2458 S. 70 ST.</u>	<u>City of West Allis</u>	<u>10/22/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Rachel Sobczak</u> Signature: <u>Rachel</u>	<u>2450 S. 70th</u>	<u>City of West Allis</u>	<u>10/22/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
4. Name: <u>Thomas W. Becher</u> Signature: <u>THOMAS W. Becher</u>	<u>7202 W. Becher #4</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
5. Name: <u>Richard Buck</u> Signature: <u>Richard Buck</u>	<u>7205 W. Becher 5th</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
6. Name: <u>Janet Bartz</u> Signature: <u>Janet Bartz</u>	<u>2465 S. 62</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Marie Schwindt</u> Signature: <u>Marie B. Schwindt</u>	<u>2457 S. 62</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
8. Name: <u>Donna Belanger</u> Signature: <u>Belanger</u>	<u>2451 S. 62nd</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
9. Name: <u>James Mungia</u> Signature: <u>James Mungia</u>	<u>2445 S. 62</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
10. Name: <u>DARWIN BELL</u> Signature: <u>Darwin Bell</u>	<u>2437 50.62 ST</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No

**Certification of Circulator**

I, Tim Sobczak certify that I reside at 2450 S. 70th St. West Allis  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

438

10-29-11  
(Date)

TRC  
(Signature of circulator)

# 127-128

RECEIVED

PETITION FOR DIRECT LEGISLATION

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution:

RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

- 1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing, Contact Information (optional). Contains 10 rows of handwritten entries.

Certification of Circulator

I, Kathleen Slamka certify that I reside at 9210 S. Chicago Rd, Oak Creek, WI 53154

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above.

Oct 29, 2011 (Date)

KM Slamka (Signature of circulator)

439

# PETITION FOR DIRECT LEGISLATION

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Phillip A Hunt</u> Signature: <u>Phillip Hunt</u>	<u>11102 W. OKLA AVE 214</u>	City of West Allis	<u>10/14/2011</u>	Email: <u>PHUNT91@Live.com</u> Phone: <u>414-405-9211</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Betty Bobl</u> Signature: <u>Betty Bobl</u>	<u>11102 W OKLAHOMA 117</u>	City of West Allis	<u>10/15/2011</u>	Email: ..... Phone: <u>545-5814</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>LaDonna Roles</u> Signature: <u>LaDonna Roles</u>	<u>11102 W. OKLAHOMA W-1</u>	<u>APT 219</u> City of West Allis	<u>10/17/2011</u>	Email: ..... Phone: <u>414-546-2523</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Richard Child</u> Signature: <u>Richard Child</u>	<u>11102 W OKLAHOMA AVE #310</u>	City of West Allis	<u>10/17/2011</u>	Email: <u>N/A</u> Phone: <u>414-870-1939</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Stefanie Johnson</u> Signature: <u>Stefanie Johnson</u>	<u>11102 W OKLAHOMA APT #305</u>	City of West Allis	<u>10/17/2011</u>	Email: ..... Phone: <u>414-543-7623</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>PHYLLIS JENSEN</u> Signature: <u>Phyllis Jensen</u>	<u>11102 W OKLAHOMA APT #205</u>	City of West Allis	<u>10/17/2011</u>	Email: ..... Phone: <u>414-328-0710</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Joyce Hansen</u> Signature: <u>Joyce Hansen</u>	<u>APT 211 11102 W OKLA</u>	City of West Allis	<u>10/17/2011</u>	Email: ..... Phone: <u>414-489-2287</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Helen Guist</u> Signature: <u>Helen Guist</u>	<u>11102 W OKLA #303</u>	City of West Allis	<u>10/18/2011</u>	Email: ..... Phone: <u>414-545-6126</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Carol Frank</u> Signature: <u>CAROL FRANK</u>	<u>11102 W OKLA</u>	City of West Allis	<u>10/18/2011</u>	Email: ..... Phone: <u>414-541-6112</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>FLORENCE AUDAS</u> Signature: <u>F Audas</u>	<u>11102 W OKLA</u>	City of West Allis	<u>10/18/2011</u>	Email: <u>414 543 4134</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Matthew News certify that I reside at 8015 W. Van Dyke Ave.  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/28/11  
(Date)

Matthew News  
(Signature of circulator)

440

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: 10/27/2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Amara Blisch</u> Signature: <u>[Signature]</u>	<u>1325 391<sup>st</sup></u>	City of West Allis	<u>10/20/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Charles Judkins</u> Signature: <u>Charles Judkins</u>	<u>1319 S. 91<sup>st</sup></u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Jason Kline</u> Signature: <u>[Signature]</u>	<u>1363 S. 90th<sup>st</sup></u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Karen J. Kline</u> Signature: <u>Karen J. Kline</u>	<u>1363 S. 90<sup>th</sup></u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Allen Barnes</u> Signature: <u>Allen Barnes</u>	<u>1253 S. 90<sup>th</sup></u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Nancy Moore</u> Signature: <u>Nancy Moore</u>	<u>1337 S. 90</u>	City of West Allis	<u>10/24/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Lynn Bell</u> Signature: <u>[Signature]</u>	<u>1355 50<sup>s</sup></u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>William M. Kemp</u> Signature: <u>[Signature]</u>	<u>2014 51<sup>st</sup></u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Doug Ewald</u> Signature: <u>[Signature]</u>	<u>7332 W Oklahoma</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Janet Smith</u> Signature: <u>Janet Smith</u>	<u>8640 W Walker<sup>st</sup></u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, MARY C. LAAN certify that I reside at 3302 N. Bremen St.  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under §. 12.13(3)(e), Wisconsin Statutes.

10/29/2011  
 (Date)

[Signature]  
 (Signature of circulator)

441

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: NOV 07 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED,** the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Judy Strong</u> Signature: <u>JUDY STRONG</u>	<u>2029 S. 107</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Jocelyne Buchan</u> Signature: <u>Jocelyne Buchan</u>	<u>2037 S. 107th</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Mary Zak</u> Signature: <u>MARY ZAK</u>	<u>2047 S 107 St</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>William Looze</u> Signature: <u>William Looze</u>	<u>2052 S. 107 St.</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Harold Bree</u> Signature: <u>Harold Bree</u>	<u>2073 S 107th St</u>	City of West Allis	<u>10/27/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Teri Rickert</u> Signature: <u>Teri Rickert</u>	<u>8802 W. Lapham</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Amanda Bahson</u> Signature: <u>Amanda Bahson</u>	<u>1530 S. 90th.</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Khanh Nguyen</u> Signature: <u>Khanh Nguyen</u>	<u>8708 W. Lapham St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Karen Menden</u> Signature: <u>Karen Menden</u>	<u>8618 W. Lapham St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>RICHARD BERKHAHN</u> Signature: <u>Richard Berkahn</u>	<u>8520 W Lapham</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Pamela Richard certify that I reside at 2400 Bradford #404, Milwaukee, WI  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/11  
(Date)

Pamela Richard  
(Signature of circulator)

442

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence, by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Emily Brussnich</u> Signature: <u>Emily Brussnich</u>	<u>845 S 85th St</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Mary Wata</u> Signature: <u>Mary Wata</u>	<u>844 S. 86th</u>	City of West Allis	<u>10/29/2011</u>	Email: <u>m.wata@wi.ci.wa.wi.us</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Rose Mietos</u> Signature: <u>Rose R. Mietos</u>	<u>8814 W Lapham</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>JAMES RAKOWIECKI</u> Signature: <u>James Rakowicki</u>	<u>1518 S 90th St</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Ellen Sabady</u> Signature: <u>Ellen Sabady</u>	<u>8725 W. Orchard</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Hilary Peter</u> Signature: <u>Hilary Peter</u>	<u>1500 So. 87th St</u>	City of West Allis	<u>10/29/2011</u>	Email: <u>N/A</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Rachel Mays</u> Signature: <u>Rachel Mays</u>	<u>8632 W. Lapham</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>James Sorensen</u> Signature: <u>James Sorensen</u>	<u>8722 W. Lapham St.</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Dave Melean</u> Signature: <u>Dave Melean</u>	<u>8750 Lapham St</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Elyse Wageman</u> Signature: <u>Elyse Wageman</u>	<u>2655 S 93 St</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: <u>414 810 6693</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, James Ito certify that I reside at 3302 N. Bremen St, Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

[Signature]  
(Signature of circulator)

443

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Oariene Wissbroecker</u> Signature: <u>Oariene Wissbroecker</u>	<u>1500 S. 92nd #6</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Elizabeth Burr</u> Signature: <u>Elizabeth Burr</u>	<u>1500 S 92nd #5</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Renée Lee Hansen</u> Signature: <u>Renée Hansen</u>	<u>1504 S. 92nd Apt WEST ALLIS.</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Susan Probst</u> Signature: <u>Susan Probst</u>	<u>1500 S. 92nd #11</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>David Norcross</u> Signature: <u>David Norcross</u>	<u>1484 S. 92nd St Apt 3</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>M. K. Laffey</u> Signature: <u>M. K. Laffey</u>	<u>1484 92nd St Apt 4 Milwaukee WI 53214</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Pamela Ann Sobczak</u> Signature: <u>Pamela Sobczak</u>	<u>1484 S 92nd St West Allis WI 53214 Apt 16</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>William F. Probst</u> Signature: <u>Bill Probst</u>	<u>1484 S. 92 West Allis WI</u>	City of West Allis	<u>10-29-11</u> <u>10/29/2011</u>	Email:..... Phone: <u>414-559-9110</u> Interested in volunteering? <input checked="" type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Jammy L. Gwertha</u> Signature: <u>Jammy Gwertha</u>	<u>1480 S. 92nd #7</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>KAREN J. JORGENSEN</u> Signature: <u>Karen Jorgensen</u>	<u>1480 S 92nd St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, James R Carpenter certify that I reside at 1633 N. Prospect #9C Milwaukee  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

James R Carpenter  
(Signature of circulator)

444

PETITION FOR DIRECT LEGISLATION

10/07/2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: CITY OF WEST ALLIS CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution: RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that: 1. Only human beings, not corporations, are entitled to constitutional rights, and 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), and Contact Information (optional). Contains 10 rows of handwritten entries for various electors in West Allis, WI, signed between 10/29/2011 and 10/29-11/2011.

Certification of Circulator

I, James Ito certify that I reside at 3302 N. Bremen St., Milwaukee, WI (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(2)(a), Wisconsin Statutes.

10/29/2011 (Date)

[Signature] (Signature of circulator)

445

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Stephen Peters</u> Signature: <u>[Signature]</u>	1476 S. 92 ST	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Mary Peters</u> Signature: <u>MARY PETERS</u>	1476 S. 92 ST	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Janet Kennedy</u> Signature: <u>Janet Kennedy</u>	14645 S. 92 ST	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Ray Vallarta</u> Signature: <u>Ray Vallarta</u>	9115 W. 6th St.	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>John Gansse</u> Signature: <u>[Signature]</u>	1479 S 90th ST	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>DANIEL TRZELSKI</u> Signature: <u>[Signature]</u>	1427 S. 90	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Math Bick</u> Signature: <u>[Signature]</u>	1473 S 90th	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Heather Lawson</u> Signature: <u>[Signature]</u>	1473 S. 90th St.	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Stephen Wael</u> Signature: <u>STEPHEN WAEL</u>	1483 S 90th	City of West Allis	10/29/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>[Signature]</u> Signature: <u>[Signature]</u>		City of West Allis	11/2011	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, James R Carpenter certify that I reside at 1633 N. Prospect #9c Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

[Signature]  
(Signature of circulator)

446

NOV 07 2011

PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution:

RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

- 1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), Contact Information (optional). Contains 10 rows of handwritten entries for various electors.

Certification of Circulator

I, MARY C. LAAN certify that I reside at 3302 N. Bremen St., Milwaukee, WI 53212 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/26/2011 (Date)

Mary C. Laan (Signature of circulator)

447

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Ryan Stevens</u> Signature: <u>[Signature]</u>	<u>857 E. 86th</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: <u>414-292-7216</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Pieter Biedermaier</u> Signature: <u>[Signature]</u>	<u>8626 W Walker</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: <u>262-470-2842</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
3. Name: <u>Angela Holbach</u> Signature: <u>[Signature]</u>	<u>8626 W Walker</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: <u>414-795-7429</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
4. Name: <u>Pennie Jones</u> Signature: <u>[Signature]</u>	<u>887 S 86th W</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Dorothy Kosmina</u> Signature: <u>[Signature]</u>	<u>831 S 86th W</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Matt Kosbiech</u> Signature: <u>[Signature]</u>	<u>809 S 85th Street</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Jodi Kosbiech</u> Signature: <u>[Signature]</u>	<u>809 S 85th St.</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Kynn Maltak</u> Signature: <u>[Signature]</u>	<u>837 So. 85th</u>	City of West Allis	<u>10/29/2011</u>	Email: <u>already signed</u> Phone: <u>signed</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Linda Sanna</u> Signature: <u>[Signature]</u>	<u>1501 S 87th West</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Feromo J BREKRI</u> Signature: <u>[Signature]</u>	<u>1514 S 87th West Allis 53214</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Mary C. LAAN certify that I reside at 3302 N Bremen St, Milwaukee WI  
(Name of circulator) (Circulator's residence - include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

[Signature]  
(Signature of circulator)

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name..... <u>H-10 LITEU</u> Signature..... <u>[Signature]</u>	<u>1421 S. 85TH</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name..... <u>Matthew Schwartz</u> Signature..... <u>[Signature]</u>		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name..... <u>Rozalyn Meyer</u> Signature..... <u>[Signature]</u>	<u>1465 S. 84TH</u>	City of West Allis	<u>10/29/2011</u>	Email:..... <u>rozalynn@live.com</u> Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name..... <u>GINA MARTINEZ</u> Signature..... <u>[Signature]</u>	<u>1481 S. 84TH</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... <u>LEA ANN TUCKER</u> Signature..... <u>[Signature]</u>	<u>1420 S 85TH</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... <u>Tyler Beck</u> Signature..... <u>[Signature]</u>	<u>1470 S 85th</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... <u>Jill Goodney</u> Signature..... <u>[Signature]</u>	<u>1462 S 85th</u>	City of West Allis	<u>10/24/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... <u>Jamie CarBook</u> Signature..... <u>[Signature]</u>	<u>10532 W OKLAHOMA AVENUE</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Alexis Gassenhuber certify that I reside at 9210 S. Chicago Rd. Oak Creek  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

October 29, 2011  
(Date)

Alexis Gassenhuber  
(Signature of circulator)

**449**  
Version 3a

**PETITION FOR DIRECT LEGISLATION**

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Michelle Werner</u> Signature: <u>[Signature]</u>	<u>1417 S. 87<sup>th</sup> St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Linda Sonnenberg</u> Signature: <u>[Signature]</u>	<u>1424 S 87<sup>th</sup> St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
3. Name: <u>Angela Pregel</u> Signature: <u>[Signature]</u>	<u>1428 587<sup>th</sup> St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Amy Klackiewicz</u> Signature: <u>[Signature]</u>	<u>8608 W Orchard St</u>	City of West Allis	<u>10/29/2011</u>	Email: <u>ari.e.k@wi.rr.com</u> Phone: <u>414-727-0582</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
5. Name: <u>PAUL MAUTYH</u> Signature: <u>[Signature]</u>	<u>1447 S. 86<sup>th</sup></u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone: <u>414-475-9380</u> Interested in volunteering? <input checked="" type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Anthony Palitti</u> Signature: <u>[Signature]</u>	<u>14435 86<sup>th</sup></u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Ed. BATURA</u> Signature: <u>[Signature]</u>	<u>1437 S. 86<sup>th</sup></u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Gregory F. Walz-Chojnacki certify that I reside at 8007 Portland Ave Wauwatosa, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

[Signature]  
(Signature of circulator)

450

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

OCT 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence**  
**by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>James Sigoric</u> Signature: <u>[Signature]</u>	<u>8800 W Orchard St</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Cindy Hiltner</u> Signature: <u>[Signature]</u>	<u>8814 W Orchard</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Paul Antoniewicz</u> Signature: <u>[Signature]</u>	<u>8814 W Orchard</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>MIKE DOBBS</u> Signature: <u>[Signature]</u>	<u>1436 SO 89</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>KAREN HEIDENREICH</u> Signature: <u>[Signature]</u>	<u>1451 S. 89 West Allis</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Keith Eble</u> Signature: <u>[Signature]</u>	<u>8906 W Orchard West Allis</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Kenneth P. Greening certify that I reside at 642 South 94 PLACE, West Allis, WI 53214  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

10-29-11  
(Date)

Kenneth P. Greening  
(Signature of circulator)

451

# PETITION FOR DIRECT LEGISLATION

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I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

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CITY OF WEST ALLIS  
CLERK/TREASURER

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Susan Brzycki</u> Signature: <u>Susan Brzycki</u>	<u>1514 So. 87th</u> <u>53214</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Kristen Maye</u> Signature: <u>Kristen Maye</u>	<u>8632 W Lapham</u> <u>53214</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Nikhil Nelson</u> Signature: <u>Nikhil Nelson</u>	<u>8521 W Orchard</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>DAVE E. GLASER</u> Signature: <u>Dave E. Glaser</u>	<u>8728 W LAPHAM ST</u>	City of West Allis	<u>10/29/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Mary C. Hoan (Name of circulator) certify that I reside at 3382 No. Bremen St, Milwaukee, WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.36(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

Mary C. Hoan  
(Signature of circulator)

452

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

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CITY OF WEST ALLIS  
CLERK/TREASURER

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Vanessa Solberg</u> Signature: <u>Vanessa Solberg</u>	<u>2141 S. 68th St</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Maria Gandy</u> Signature: <u>Maria Gandy</u>	<u>659 S 67</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>TIMOTHY ROCK</u> Signature: <u>Timothy Rock</u>	<u>7626 W. BELWIT RD #17</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		<u>City of West Allis</u>	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, James Carpenter certify that I reside at 1633 N. Prospect #1c Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/29/2011  
(Date)

James R Carpenter  
(Signature of circulator)

453

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: NOV 07 2011

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CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Roment K. Carey</u> Signature: <u>[Signature]</u>	<u>1530 B</u> <u>116<sup>th</sup> St</u>	City of West Allis	<u>10/12/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Pam Flegel</u> Signature: <u>[Signature]</u>	<u>1552 D</u> <u>116<sup>th</sup> St</u>	City of West Allis	<u>10/12/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Matthew Weiss certify that I reside at 8015 W. Van Duse Ave.  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/28/11  
 (Date)

[Signature]  
 (Signature of circulator)

454

Saturday 11/5/11 # 271

4230

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

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RECEIVED  
NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Virginia Stimac Signature: Virginia Stimac	1481 S. 9th 53214	City of West Allis	11/4/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Bette Talaska Signature: Bette Talaska	9413 W. Mitchell 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Kathy Grosskreutz Signature: Kathy Grosskreutz	9533 W. Lapham 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Nicole Smith Signature: Nicole Smith	9507 W. Lapham 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Rebecca Hobart Signature: Rebecca Hobart	9460 W. Maple Court 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: Catherine Werle Signature: Catherine Werle	9456 W. Maple Ct. 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Mary Kay Feeney Signature: Mary Kay Feeney	9428 W. Maple Ct West Allis 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Jill Granovsky Signature: Jill Granovsky	9516 W. Mitchell 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Brenda Leigh Wemer Signature: Brenda Leigh Wemer	9466 W. Mitchell 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: Mari Butler Signature: Mari Butler	8628 W. Maple West Allis, WI 53214	City of West Allis	11/5/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Marsha Viga certify that I reside at 5174 Lakeside Drive  
(Name of circulator) (Circulator's residence - include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

Nov 5, 2011  
(Date)

Marsha Viga  
(Signature of circulator)

455

PETITION FOR DIRECT LEGISLATION

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution:

RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

- 1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), Contact Information (optional). Contains 10 rows of elector information.

Certification of Circulator

I, Dan Wescher certify that I reside at 2110 6th Ave, South Milwaukee (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

11/5/11 (Date)

Donald A. Wescher (Signature of circulator)

456

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, **NOV 07 2011** without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Joseph Sammy</u> Signature: <u>Joseph Sammy</u>	<u>1481 S 98th St. Apt. 101</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Jean Tushar</u> Signature: <u>J Tushar</u>	<u>2203 39th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Sonia Miranda</u> Signature: <u>Sonia Miranda</u>	<u>9333 W Mitchell</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Terri Duchow</u> Signature: <u>Terri Duchow</u>	<u>9441 W. Mitchell</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Jane Leichtman</u> Signature: <u>J Leichtman</u>	<u>9515 W Lapwai</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Louise Andrezjak</u> Signature: <u>Louise Andrezjak</u>	<u>9446 W Maple Ct</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Norma Fernhout</u> Signature: <u>NORMA FERHOUT</u>	<u>9422 W. MAPLE CT</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Patricia Jakus</u> Signature: <u>Patricia Jakus</u>	<u>9502 St. Mitchell St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Aaron Klein</u> Signature: <u>Aaron Klein</u>	<u>9444 W Mitchell</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Rachel Beaudry-Ray</u> Signature: <u>Rachel Beaudry-Ray</u>	<u>718 S. 120th St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Pamela Richard certify that I reside at 2400 Bradford #404, Milwaukee  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/5/11  
 (Date)

Pamela Richard  
 (Signature of circulator)

457

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>JOE QUARTANA</u> Signature: <u>[Signature]</u>	<u>725 S 43rd St</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>David Johnson</u> Signature: <u>[Signature]</u>	<u>739 S 43</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Jim Urban</u> Signature: <u>TIM URBAN</u>	<u>8015 93rd St</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Bob M. Mutsch</u> Signature: <u>ROBERT M MUTSCH</u>	<u>807 S. 93rd ST</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Shirley Wiedmeyer</u> Signature: <u>Shirley Wiedmeyer</u>	<u>811 S. 93rd St.</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>PETREA KING</u> Signature: <u>Petrea King</u>	<u>8335 S 93rd</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Dawn Nardi</u> Signature: <u>Dawn Nardi</u>	<u>1220 S 63rd St</u>	City of West Allis	<u>11/2/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Nadine Nardi</u> Signature: <u>Nadine Nardi</u>	<u>1220 S. 63</u>	City of West Allis	<u>11/2/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Alicia Branaman</u> Signature: <u>Alicia Branaman</u>	<u>2057 S. 57th</u>	City of West Allis	<u>11/2/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Douglas A. Vassallo</u> Signature: <u>[Signature]</u>	<u>2231 S. 62nd St.</u>	City of West Allis	<u>11/2/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Stephank Sweet certify that I reside at 708 E. 25th Ave Milwaukee WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-2-11  
(Date)

Stephank Sweet  
(Signature of circulator)

458

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, NOV 07 2011 without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

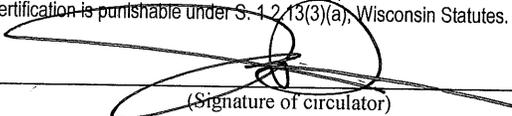
Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Diana Poweleit</u> Signature: <u>Diana Poweleit</u>	<u>1949 S. 90th St.</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>PAM MULDOON</u> Signature: <u>Pam Muldoon</u>	<u>1931 S. 90th St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Tammy Hart</u> Signature: <u>Tammy Hart</u>	<u>1971 S. 89</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Moises Delgado</u> Signature: <u>Moises Delgado</u>	<u>1931 S 89</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Lori Swanson</u> Signature: <u>Lori Swanson</u>	<u>704 S. 184th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Mary Mabery</u> Signature: <u>Mary Mabery</u>	<u>916 S. 124th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Cody Porre</u> Signature: <u>Cody Porre</u>	<u>1036 S 124th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Richard Bucholtz</u> Signature: <u>Richard Bucholtz</u>	<u>1037 S 123rd</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>MARGARET KRAHN</u> Signature: <u>Margaret Krahn</u>	<u>724 S. 123rd</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>JAMES KRAHN</u> Signature: <u>James Krahn</u>	<u>724 S. 123rd</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, James Ito certify that I reside at 3302 N. Bremen St., Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/5/2011  
(Date)

  
(Signature of circulator)

459

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011  
WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Samuel L. Lund</u> Signature: <u>Samuel L. Lund</u>	<u>1317 S 97th St</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Susan Schuh</u> Signature: <u>Susan J. Schuh</u>	<u>1243 S 97th St</u>	City of West Allis	<u>11/3/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Shawn Schuder</u> Signature: <u>Shawn Schuder</u>	<u>8802 W Rogers</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Keith Schyety</u> Signature: <u>Keith Schyety</u>	<u>8802 W Rogers Street</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Edward Riebo</u> Signature: <u>Edward Riebo</u>	<u>2043 S 90th St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Pamela Saganaki</u> Signature: <u>Pamela Saganaki</u>	<u>2043 S 90th Street</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>RICHARD R MURRAY</u> Signature: <u>Richard R Murray</u>	<u>2013 S 90th St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>MARGARET C MURRAY</u> Signature: <u>Margaret C Murray</u>	<u>2013 S 90th St</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>SANDRA L. PUCHALLA</u> Signature: <u>Sandra Puchalla</u>	<u>2009 S 90th</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Patrick J. Gibbons</u> Signature: <u>Patrick J. Gibbons</u>	<u>4004 W Rogers</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, James Ito certify that I reside at 3302 N. Bremen St., Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1213(3)(a), Wisconsin Statutes.

11/5/2011  
(Date)

[Signature]  
(Signature of circulator)

460

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: Patrick Polley Signature: Patrick Polley	7720 Honey Creek PKwy	City of West Allis	10/12/2011	Email: ..... Phone: 262-719-5573 Interested in volunteering? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Maybe <input type="checkbox"/> No
2. Name: Dawn Koukol Signature: Dawn Koukol	1036 S. 64th	City of West Allis	10/12/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Carol Albrecht Signature: Carol Albrecht	957 S. 60	City of West Allis	10/12/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: MARK OPALEWSKI Signature: Mark Opalen	1045 S. 90th	City of West Allis	10/12/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: ERIC JOLL Signature: E J Joll	2114 S. 60th	City of West Allis	10/12/2011	Email: ..... Phone: (414) 202-8377 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: JUDY TEICH Signature: Judy M. Teich	2122 S. 60th St	City of West Allis	10/12/2011	Email: ..... Phone: 414-545-2865 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Diane Dalcin Signature: Diane Dalcin	2152 S. 60th St	City of West Allis	10/12/2011	Email: ..... Phone: 414-546-1915 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Troy D. Zietz Signature: Troy D. Zietz	2166 S. 64th St	City of West Allis	10/18/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Erika Korn Signature: Erika Korn	2258 S. 59th St	City of West Allis	10/22/2011	Email: ..... Phone: 414-221-5980 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: Eduardo Ortega Signature: Eduardo Ortega	2242 S. 59th St	City of West Allis	10/22/2011	Email: ..... Phone: 405 5770 Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Don Wescher certify that I reside at 2110 6th Ave., South Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/28/11  
(Date)

Donald A. Wescher  
(Signature of circulator)

461

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Gerardo Vazquez</u> Signature: <u>[Signature]</u>	<u>2131 S 54</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: <u>232 3814</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Melissa Golla</u> Signature: <u>[Signature]</u>	<u>2168 S 57</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Juan Ayne</u> Signature: <u>[Signature]</u>	<u>2150 S, 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Michelle Demos</u> Signature: <u>[Signature]</u>	<u>2156 S 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Steve Curtis</u> Signature: <u>[Signature]</u>	<u>2140 S 59th</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Peter Sarnowski</u> Signature: <u>[Signature]</u>	<u>2136 S 59</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>DALE BONAPARTE</u> Signature: <u>[Signature]</u>	<u>2124 S. 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>BRIAN LAPRADE</u> Signature: <u>[Signature]</u>	<u>2120 S. 59th</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Lynn Mesa</u> Signature: <u>[Signature]</u>	<u>2117 S 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Christina Sandoval</u> Signature: <u>[Signature]</u>	<u>2121 S 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Don Wescher certify that I reside at 2110 6th Ave, South Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

10/28/11  
(Date)

Donald A. Wescher  
(Signature of circulator)

462

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RECEIVED**

NOV 07 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Tom Gutzmacker</u> Signature: <u>[Signature]</u>	<u>2300 S. 59th St</u>	City of West Allis	<u>10/22/2011</u>	Email: ..... Phone: <u>919-543-4607</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Domingo Zamora</u> Signature: <u>[Signature]</u>	<u>2207 S. 94th St</u>	City of West Allis	<u>10/22/2011</u>	Email: ..... Phone: <u>414 698-0624</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Raquel Herrera</u> Signature: <u>[Signature]</u>	<u>2219 S. 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: <u>414-326-5812</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Brenda L. Beltion</u> Signature: .....	<u>1736 S. 645th</u>	City of West Allis	<u>10/22/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Carlos A. Polaj</u> Signature: <u>[Signature]</u>	<u>2025 St 6th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: <u>414-213-5169</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Joseph Johnson</u> Signature: <u>[Signature]</u>	<u>2239 95th</u>	City of West Allis	<u>10/22/2011</u>	Email: ..... Phone: <u>262 9054201</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>DAWN LEONARD</u> Signature: <u>[Signature]</u>	<u>2105 S. 59th St</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Michelle Ann</u> Signature: <u>[Signature]</u>	<u>2155 S. 94th West Allis WI 53227</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>JERRY W. Anderson</u> Signature: <u>[Signature]</u>	<u>1129 S 59th W. All 53219</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: <u>414-545-4413</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Kathy Mauermaier</u> Signature: <u>[Signature]</u>	<u>2133 55th West Allis, WI 53219</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: <u>414-321-6998</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Don Wescher certify that I reside at 2110 6th Ave, South Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/28/11  
(Date)

Ronald A. Wescher  
(Signature of circulator)

463

### PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: MICHELE BEHLING Signature: Michele Behling	1367 S. 59th ST	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: Tammy Jacobson Signature: Tammy Jacobson	6520 W. Revere Place	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: Marisa Lopez Signature: Marisa Lopez	1231 S. Beloit	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: Dawn Frymy Signature: Dawn Frymy	9425 W. Mitchell St	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: Jill Hansen Signature: Jill Hansen	12023 W. Holt Avenue	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: Ray Braske Signature: Ray Braske	2108 S 70th Street	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: Guillermina Viver Signature: Guillermina Viver	1821 S. 70th West Allis, WI 53214	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: Grace Pellet Signature: Grace Pellet	1821 S. 70th West Allis WI, 53214	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: Sandra Plotecher Signature: Sandra Plotecher	2153 S. 61st West Allis, WI 53219	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: MARY ZDROK Signature: Mary Zdrok	2830 S 65th St West Allis WI 53219	City of West Allis	10/18/2011	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

#### Certification of Circulator

I, Don Wescher (Name of circulator) certify that I reside at 2110 6th Ave, South Milwaukee (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/28/11  
(Date)

Donald A. Wescher  
(Signature of circulator)

464

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes.

NOV 07 2011

"*Shall the City of West Allis adopt the following resolution:*

CITY OF WEST ALLIS  
CLERK/TREASURER

RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Paula Murphy</u> Signature: <u>Paula Murphy</u>	<u>2105 S. 58th</u>	City of West Allis	<u>10/24/2011</u>	Email: <u>Paula.murphy@wecollege.com</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Michael Peters</u> Signature: <u>Michael Peters</u>	<u>2111 S. 58th</u>	City of West Allis	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Josiah Rivera</u> Signature: <u>Josiah Rivera</u>	<u>2119 S. 58th</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Frances W. Colon</u> Signature: <u>Frances W. Colon</u>	<u>2119 S. 58th</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Mary Henschel</u> Signature: <u>Mary Henschel</u>	<u>2129 S. 58th</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>John Dator</u> Signature: <u>John Dator</u>	<u>2145 S. 58th</u>	City of West Allis	<u>10/24/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Donald A. Wescher</u> Signature: <u>Donald A. Wescher</u>	<u>8910 W. Greengrass Rd</u>	City of West Allis	<u>10/28/2011</u>	Email: ..... Phone: <u>44-366-7565</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>JAMES R. CALDWELL</u> Signature: <u>James Caldwell</u>	<u>5713 W ROGERS</u>	City of West Allis	<u>10/28/2011</u>	Email: <u>bluezebra11@yahoo.com</u> Phone: <u>414-426-5407</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Ellen Nemeck</u> Signature: <u>Ellen Nemeck</u>	<u>2009 S 75</u>	City of West Allis	<u>10/28/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Mike Frangillo</u> Signature: <u>Mike Frangillo</u>	<u>1109 S. 61</u>	City of West Allis	<u>10/28/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Don Wescher certify that I reside at 2110 6th Ave., South Milwaukee  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/28/11  
(Date)

Donald A. Wescher  
(Signature of circulator)

465

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

NOV 17 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED,** the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Tiffany Patterson</u> Signature: <u>[Signature]</u>	<u>1621 59th St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Kyle King</u> Signature: <u>[Signature]</u>	<u>55th Lincoln</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Hayley King Smith</u> Signature: <u>[Signature]</u>	<u>55th Lincoln</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Eric Horn</u> Signature: <u>[Signature]</u>	<u>2075 S. 7TH</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Rebecca Kuhn</u> Signature: <u>[Signature]</u>	<u>11024 W. Oklahoma Ave West Allis, WI 53227</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>rebecca_a_k@hotmail.com</u> Phone: <u>414-313-6528</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
6. Name: <u>Chris Abernathy</u> Signature: <u>[Signature]</u>	<u>6911 W. Mitchell Apt 3</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>ill.wis.2010@gmail.com</u> Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Anne Marie Gojraty</u> Signature: <u>[Signature]</u>	<u>1319 S. 72</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Don Wescher certify that I reside at 2110 6th Ave, South Milwaukee  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/5/11  
 (Date)

Donald A. Wescher  
 (Signature of circulator)

466

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

RECEIVED  
NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
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Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Matthew Louison</u> Signature: <u>Matthew Louison</u>	<u>2178 S. 53<sup>rd</sup> St.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Jenny Rosek</u> Signature: <u>Jenny Rosek</u>	<u>[Handwritten mark]</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Roy R Beaudry</u> Signature: <u>ROY R BEAUDRY</u>	<u>2082 S 104<sup>th</sup> St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>WILLIAM BRADSHAW</u> Signature: <u>William Bradshaw</u>	<u>10328 W. Rogel St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Bradley Chybeck</u> Signature: <u>Budby Chybeck</u>	<u>10328 W. Rogel St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Rob Wells</u> Signature: <u>Rob Wells</u>	<u>12506 W. Rogel St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Bernard Klameck</u> Signature: <u>BERNARD KLAMECK</u>	<u>2005 S. 103<sup>rd</sup> Ct</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Pamela Richard certify that I reside at 2400 Bradford #404 Melev, W.I.  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/5/11 (Date) Pamela Richard (Signature of circulator) 467

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, NOV 07 2011 without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

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Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>FRANCIS M. YARSA</u> Signature: <u>Francis M. Yarsa</u>	<u>2318 S 59th</u> <u>WEST ALLIS</u> <u>WI 53219</u>	City of West Allis	10/11/2011	Email: ..... Phone: <u>414-327-3447</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Dwaine Breider</u> Signature: <u>Dwaine M. Breider</u>	<u>2330 S 59th</u> <u>ST</u> <u>West Allis</u>	City of West Allis	10/11/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Judith Berger</u> Signature: <u>Judith Berger</u>	<u>2346 S</u> <u>59th</u> <u>W.A. WI 53219</u>	City of West Allis	10/11/2011	Email: ..... Phone: <u>414-329-1938</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
4. Name: <u>Donald J. Wallock</u> Signature: <u>Donald J. Wallock</u>	<u>2356 S. FR ST</u> <u>West Allis</u> <u>53219</u>	City of West Allis	10/11/2011	Email: <u>d.j.wallock@yahoo.com</u> Phone: <u>414-546-0459</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Patricia A. Kato</u> Signature: <u>Patricia A. Kato</u>	<u>2412 S 59th</u> <u>West Allis</u> <u>53219</u>	City of West Allis	10/11/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Danielle Castro</u> Signature: <u>Danielle Castro</u>	<u>2412 S 59th</u> <u>West Allis</u> <u>53219</u>	City of West Allis	10/11/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>SHARON WOFFORD</u> Signature: <u>Sharon Wofford</u>	<u>2417 S. 60</u> <u>West Allis</u> <u>53219</u>	City of West Allis	10/14/2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: ..... Signature: .....		City of West Allis	/ /2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: ..... Signature: .....		City of West Allis	/ /2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: ..... Signature: .....		City of West Allis	/ /2011	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Robert J. Heule certify that I reside at 3643 W Barnard Dr Greenfield  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1 2.13(3)(a), Wisconsin Statutes.

11/6/11  
(Date)

Robert J. Heule  
(Signature of circulator)

468

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

NOV 07 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Reginald Miller</u> Signature: <u>[Signature]</u>	<u>1324</u> <u>S. 75<sup>TH</sup></u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Amanda Kunej</u> Signature: <u>Amanda Kunej</u>	<u>1744 S.</u> <u>56<sup>th</sup></u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Bradley Yakel</u> Signature: <u>Bradley Yakel</u>	<u>2512 S. 76<sup>th</sup></u> <u>St.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Payton Schwartz</u> Signature: <u>Payton Schwartz</u>	<u>2545 S. 9<sup>TH</sup></u> <u>St.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Chiuna Kalluzi</u> Signature: <u>[Signature]</u>	<u>2054 S 102<sup>nd</sup></u> <u>WEST ALLIS</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Rosa Gallardo</u> Signature: <u>[Signature]</u>	<u>2009 S. 70<sup>th</sup></u> <u>St.</u> <u>West Allis,</u> <u>WI 53219</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>gallardo.rosa@att.net</u> Phone: <u>(414) 327-4380</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Charles R. Stauber certify that I reside at 7032 Heath meadow Ct  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

5 Nov 2011  
(Date)

Charles R. Stauber  
(Signature of circulator)

469

PETITION FOR DIRECT LEGISLATION

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

"Shall the City of West Allis adopt the following resolution:

RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

- 1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Table with 5 columns: Name and Signature of Elector, Street & Number, Municipality of Residence, Date of Signing (Include Year), and Contact Information (optional). Contains 10 rows of signatures and contact info, with rows 4-10 crossed out.

Certification of Circulator

I, Steven Shea certify that I reside at 2124 S. 5th Pl. Milwaukee 53207
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/5/11 (Date)

Steven Shea (Signature of circulator)

470

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes. NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."  
CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>James McCloskey</u> Signature: <u>[Signature]</u>	<u>2025 591</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Laura Kukor certify that I reside at 3666 E. Armour Cudahy  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1-2.13(3)(a), Wisconsin Statutes.

11/5/11  
 (Date)

[Signature]  
 (Signature of circulator) (471)

# PETITION FOR DIRECT LEGISLATION

APB 130

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Audrea Arnold</u> Signature: <u>[Signature]</u>	<u>7350 Dreyer</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Todd Wilson</u> Signature: <u>[Signature]</u>	<u>7027 W. Dreyer</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>SHARON A NEUMAN</u> Signature: <u>[Signature]</u>	<u>7038 W Dreyer Pl.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>JOHN OBLUCK</u> Signature: <u>[Signature]</u>	<u>7020 W. DREYER</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Debra Demurat</u> Signature: <u>[Signature]</u>	<u>7000 W. Dreyer Pl.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Lisa Obluck</u> Signature: <u>[Signature]</u>	<u>7020 W Dreyer Pl.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Darleen Callan</u> Signature: <u>[Signature]</u>	<u>7005 W. Dreyer Pl.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>KATHLEEN C. STOTT</u> Signature: <u>[Signature]</u>	<u>7021 W Dreyer Pl</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>[Signature]</u> Signature: <u>[Signature]</u>	<u>7037 W. Dreyer Pl.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>ARLENE LINDHOLM</u> Signature: <u>[Signature]</u>	<u>7041 W Dreyer Pl.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Timothy Sobczak certify that I reside at 2450 S. 70th West Allis  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-5-2011

(Date)

[Signature]

(Signature of circulator)

472

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution **RECEIVED** without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>SUSAN Polzin</u> Signature: <u>Susan Polzin</u>	<u>1657 S. 1004th St.</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Michael Polzin</u> Signature: <u>Michael Polzin</u>	<u>1657 S. 100 St.</u>	<u>City of West Allis</u>	<u>10/29/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>David Sobczak</u> Signature: <u>David Sobczak</u>	<u>1832 S 66th St West Allis</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: <u>D.SOBZAK13@WT.RP.COM</u> Phone: <u>414-546-127</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
4. Name: <u>Deb Sobczak</u> Signature: <u>Deb Sobczak</u>	<u>1832 S 66th St</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Phil Lehmann</u> Signature: <u>Phil Lehmann</u>	<u>1501 S 70th St.</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>TIM WICK</u> Signature: <u>Tim Wick</u>	<u>7040 W. BELoit Rd.</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>PAT LeRoy</u> Signature: <u>Pat LeRoy</u>	<u>7035 W BELoit</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>MELADY HOUTALA</u> Signature: <u>Melody Houtala</u>	<u>7107 W. BELoit RD</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>JOHN DOTH</u> Signature: <u>John Doty</u>	<u>7100 W Dreyer Pl West Allis WI</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Kathy J. Doty</u> Signature: <u>Kathy J. Doty</u>	<u>7100 W Dreyer Pl West Allis, WI</u>	<u>City of West Allis</u>	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Timothy Sobczak (Name of circulator) certify that I reside at 2450 S. 70th West Allis WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wisconsin Statutes.

11-5-2011  
(Date)

TRSC  
(Signature of circulator)

473

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence, by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Jeanne Stroughness</u> Signature: <u>Jeanne Stroughness</u>	<u>2227 So 84 St</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>snoddlr@gmail.com</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Debra Linder</u> Signature: <u>Debra Linder</u>	<u>2221 S. 84th St</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>bigindy@bc-pak.com</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Stephany Paul</u> Signature: <u>Stephany Paul</u>	<u>2143 S 84th</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Amy Ritter</u> Signature: <u>Amy Ritter</u>	<u>2127 S 84th</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: <u>414-546-6883</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Michele Nymen</u> Signature: <u>Michele Nymen</u>	<u>2127 S 84th St</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: <u>414-546-6883</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>James Crego</u> Signature: <u>James Crego</u>	<u>2125 585th</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: <u>(414) 755-4445</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Debbie Moady</u> Signature: <u>Debbie Moady</u>	<u>2181 S. 85th St</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>dmoady130@gmail.com</u> Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
8. Name: <u>Jeffrey Anderson</u> Signature: <u>Jeffrey Anderson</u>	<u>2133 S. 85th St</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Bruce Brant</u> Signature: <u>Bruce Brant</u>	<u>2119 S. 85th</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Andy Galotta</u> Signature: <u>CINDY GALLOTTA</u>	<u>2117 S. 85th</u>	City of West Allis	<u>11/5/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Stephan K Sweet certify that I reside at 708 R. So 117th M. Wauwatosa WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.213(3)(a), Wisconsin Statutes.

474

11/5/11 (Date) Stephan K Sweet (Signature of circulator)

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes. NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Christi Zwicke</u> Signature: <u>Christi Zwicke</u>	<u>8515 W. Bainer St.</u>	City of West Allis	<u>11/15/2011</u>	Email: <u>Chrissy.Zwicke.7.7.20@gmail.com</u> Phone: <u>414-399-7008</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Ken Kerlin</u> Signature: <u>Ken Kerlin</u>	<u>8517 W. Becker St.</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Elizabeth Rogers</u> Signature: <u>Elizabeth Rogers</u>	<u>8525 W. Becker</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Jennifer Yager</u> Signature: <u>Jennifer Yager</u>	<u>2176 S. 86th St.</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Stephanie LaCase</u> Signature: <u>Stephanie LaCase</u>	<u>21683 S. 86th St.</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Jack Johnson</u> Signature: <u>Jack Johnson</u>	<u>11202 W. National Ave WA</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Greg Stengel</u> Signature: <u>Greg Stengel</u>	<u>2176 S. 86th</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Nancy Stengel</u> Signature: <u>Nancy Stengel</u>	<u>2176 S. 86th St</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Shaina Stengel</u> Signature: <u>Shaina Stengel</u>	<u>2176 S. 86th St</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>GORDON GUNDERSON</u> Signature: <u>Gordon Gunderson</u>	<u>2133 S. 86TH ST.</u>	City of West Allis	<u>11/15/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Stephen K Sweet certify that I reside at 708 E. Pysar 11 Pine M., Waukesha WI 53097  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 above. I intend to support this petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

475

11-5-11  
(Date)

Stephen K Sweet  
(Signature of circulator)

# PETITION FOR DIRECT LEGISLATION

RECEIVED

NOV 07 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Mr. Pat Morris</u> Signature: <u>Mr. Pat Morris</u>	<u>2001 S 105 ST.</u>	City of West Allis 53227	<u>11/5/2011</u>	Email: _____ Phone: <u>(414) 321-1232</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>R. Tetzou</u> Signature: <u>R. Tetzou</u>	<u>2150 87th</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>M. Harmaty</u> Signature: <u>M. Harmaty</u>	<u>2170 S. 87</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>THOMAS HARMATY</u> Signature: <u>Thomas Harmaty</u>	<u>2170 S. 87th</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>LUCILLE KRAFCHAK</u> Signature: <u>Lucille Krafchak</u>	<u>2173 So 87</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>L.raig Stancien</u> Signature: <u>L.raig Stancien</u>	<u>2163 S 87th St.</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Candice Stancien</u> Signature: <u>Candice Stancien</u>	<u>2163 S 87th St</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Ruth Stempski</u> Signature: <u>Ruth Stempski</u>	<u>2106 S. 88th #2</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>NAMES BANKMAN</u> Signature: <u>NAMES BANKMAN</u>	<u>2116 So 88th St</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Stephen K Swift</u> Signature: <u>Stephen K Swift</u>	<u>2125 58th</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Stephen K Swift certify that I reside at 700 E. 55th Ave Milwaukee WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-5-11  
(Date)

Stephen K Swift  
(Signature of circulator)

476

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, **RECEIVED** without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

NOV 07 2011  
 CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>John DUDZAK</u> Signature: <u>[Signature]</u>	<u>2136 S. 88</u>	City of West Allis	<u>11/05/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Steve Jacoby</u> Signature: <u>[Signature]</u>	<u>2140 S. 88th St.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Fred Ambrosio</u> Signature: <u>[Signature]</u>	<u>2161 S. 88th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Dennis Trepazier</u> Signature: <u>[Signature]</u>	<u>2165 S. 88th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Christine Klug</u> Signature: <u>[Signature]</u>	<u>2182 S. 88th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Richard Leifer</u> Signature: <u>[Signature]</u>	<u>8817 W. Becher St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Sara Gordon</u> Signature: <u>[Signature]</u>	<u>8823 W. Becher St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Kate Wilkes</u> Signature: <u>[Signature]</u>	<u>2118 S. 88th St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Susan Cypcar</u> Signature: <u>[Signature]</u>	<u>2124 S. 88th St.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Troy Depew</u> Signature: <u>[Signature]</u>	<u>2177 S. 88th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Stephen K Sweet certify that I reside at 708 F. R. S. W. Ave Milwaukee WI  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

11-5-11

[Signature]

477

(Date)

(Signature of circulator)

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>David A. Halverson</u> Signature: <u>[Signature]</u>	<u>2174 S. 84th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Alisa M Berndt</u> Signature: <u>[Signature]</u>	<u>2201 S. 89th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
3. Name: <u>Dan Kocher</u> Signature: <u>[Signature]</u>	<u>2219 S 84th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
4. Name: <u>Dan Wolf</u> Signature: <u>[Signature]</u>	<u>2225 S. 84th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
5. Name: <u>John Harrits</u> Signature: <u>[Signature]</u>	<u>2210 S 89th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
6. Name: <u>Sarah Harrits</u> Signature: <u>[Signature]</u>	<u>2210 S 89th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
7. Name: <u>Jackie Spines</u> Signature: <u>[Signature]</u>	<u>8805 S Grant St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
8. Name: <u>Jan Spines</u> Signature: <u>[Signature]</u>	<u>8805 W Grant St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
9. Name: <u>Gerald Raatz</u> Signature: <u>[Signature]</u>	<u>8775 W Grant St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
10. Name: <u>Scott Crane</u> Signature: <u>[Signature]</u>	<u>2059 S. 84th St.</u>	City of West Allis	<u>11/6/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No

### Certification of Circulator

I, Stephan Swift certify that I reside at 708 E Russell 11 Ave Milwaukee WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

478

11-6-11  
(Date)

Stephan K Swift  
(Signature of circulator)

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>ERIC BORCHERT</u> Signature: <u>[Signature]</u>	<u>2036 S. 92nd ST, West Allis, WI</u>	City of West Allis	<u>11/14/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Amardo Rodriguez</u> Signature: <u>[Signature]</u>	<u>1523 S 94 West Allis, WI</u>	City of West Allis	<u>11/14/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Marysa Rodriguez</u> Signature: <u>[Signature]</u>	<u>1423 S 94th Ave</u>	City of West Allis	<u>11/14/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Lisa Kanczaj</u> Signature: <u>[Signature]</u>	<u>1439 54th West Allis</u>	City of West Allis	<u>11/14/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Janice Pendergast</u> Signature: <u>[Signature]</u>	<u>9402 W. Orchard WA</u>	City of West Allis	<u>11/14/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Mary Laan (Name of circulator) certify that I reside at 3302 N. Bremen St., Milwaukee, WI 53212 (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1 2.13(3)(a), Wisconsin Statutes.

11/14/2011  
(Date)

[Signature]  
(Signature of circulator)

479

NOV 07 2011

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes: CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:  
1. Only human beings, not corporations, are entitled to constitutional rights, and  
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Heather Branson</u> Signature: <u>[Signature]</u>	<u>2049 S. 84th St.</u>	City of West Allis	<u>11/6/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Emma L Buchholz</u> Signature: <u>[Signature]</u>	<u>2043 S. 84th St</u>	City of West Allis	<u>11/6/2011</u>	Email: <u>ebuchholz5@wi.rr.com</u> Phone: <u>414.545.7506</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Richard Buchholz</u> Signature: <u>[Signature]</u>	<u>2043 S. 84th</u>	City of West Allis	<u>11/6/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>William Buchholz</u> Signature: <u>[Signature]</u>	<u>2043 S. 84th</u>	City of West Allis	<u>11/6/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, Stephen K Sweet certify that I reside at 709 Russell Ave M. Waukesha, Wisconsin  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-6-11  
(Date)

[Signature]  
(Signature of circulator)

480

**PETITION FOR DIRECT LEGISLATION**

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, NOV 07 2011 without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

CITY OF WEST ALLIS  
 CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Starla Thompson</u> Signature: <u>Starla Thompson</u>	<u>3039 S 82nd St</u>	City of West Allis	<u>10/24/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>MARIA CRUZ</u> Signature: <u>Maria Cruz</u>	<u>1323 S 64th St</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Sonyia Turner</u> Signature: <u>Sonyia Turner</u>	<u>2331 S 90th</u>	City of West Allis	<u>10/26/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Wendy M O'Kray</u> Signature: <u>Wendy M O'Kray</u>	<u>2400 S. 92nd #1</u>	City of West Allis	<u>10/26/2011</u>	Email: <u>OKRAY.S@SBCGLOBAL.NET</u> Phone: <u>414-545-0452</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, MARY O'CONNELL WILLIAMS certify that I reside at 8866 WOODBRIDGE DR GREENDALE WI  
 (Name of circulator) (Circulator's residence - Include number, street, and municipality) 53123

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

10/26/11  
 (Date)

Mary O'Connell Williams  
 (Signature of circulator)

481

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

RECEIVED

NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**  
**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**  
 1. Only human beings, not corporations, are entitled to constitutional rights, and  
 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Lizabeth Jensen</u> Signature: <u>Lizabeth Jensen</u>	<u>736 S. 123rd</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Georgios Bambarakas</u> Signature: <u>[Signature]</u>	<u>1016 South 123</u>	City of West Allis	<u>11/5/2011</u>	Email: <u>[Phone]</u> ..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Vasi Bambarakas</u> Signature: <u>Vasiliki Bambarakas</u>	<u>1016 S 123rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Robert Hedberg</u> Signature: <u>Robert Hedberg</u>	<u>1022 S 123</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, James Ito (Name of circulator) certify that I reside at 3302 N. Bremen St., Milwaukee, WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/6/2011  
(Date)

[Signature]  
(Signature of circulator)

482

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, **RECEIVED** without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED**, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Charles Mundt</u> Signature: <u>[Signature]</u>	<u>2100 S 104<sup>th</sup> St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>VIRGINIA MUNDT</u> Signature: <u>Virginia Mundt</u>	<u>2100 S. 104<sup>th</sup> St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Carol A. Blas</u> Signature: <u>Carol G. Blas</u>	<u>2045 S. 104<sup>th</sup> St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Stephame Palmer</u> Signature: <u>Stephame Palmer</u>	<u>2030 S. 103<sup>rd</sup> Ct.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, MARY C. LAAN (Name of circulator) certify that I reside at 3302 N. Bremen St. Milwaukee, WI 53212 (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1/2.13(3)(a), Wisconsin Statutes.

11/5/11  
(Date)

[Signature]  
(Signature of circulator)

483

11/07 2011

CITY OF WEST ALLIS  
CLERK/TREASURER

### PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

- 1. Only human beings, not corporations, are entitled to constitutional rights, and**
- 2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."**

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Debbie Morik</u> Signature: <u>Deborah A. Morik</u>	<u>149250 9th Pl</u>	City of West Allis	<u>11/14/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name..... Signature.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

#### Certification of Circulator

I, MARY C. LAAN certify that I reside at 3302 N. Bremen St, Milwaukee, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/4/2011  
(Date)

Mary C. Laan  
(Signature of circulator)

484

**PETITION FOR DIRECT LEGISLATION**

NOV 07 2011

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>DEBORAH CUKIATI</u> Signature: <u>Deborah Cukjati</u>	<u>1200 S 89</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Cheryl E Szele</u> Signature: <u>Cheryl E Szele</u>	<u>1113 S 089</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Jesse Cole</u> Signature: <u>Jesse Cole</u>	<u>1779 S 90</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Shannon Dambek</u> Signature: <u>Shannon Dambek</u>	<u>1209 S 90th S</u>	City of West Allis	<u>11/1/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, Bonnie Pedraza (Name of circulator) certify that I reside at 4331 N. Wilkwood Ave Shorewood WI (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11-1-11  
(Date)

Bonnie Pedraza  
(Signature of circulator)

53211  
485  
Version 3a

**PETITION FOR DIRECT LEGISLATION**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, **NOV 07 2011** without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

CITY OF WEST ALLIS  
CLERK/TREASURER

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Anna Willingham</u> Signature: <u>[Signature]</u>	<u>2523 S. 84th St.</u>	City of West Allis	<u>11/3/2011</u>	Email: <u>adray@live.com</u> Phone: <u>WPA</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input checked="" type="checkbox"/> No
2. Name: <u>Melrose Pederson</u> Signature: <u>[Signature]</u>	<u>1325 S. 94 St. WPA</u>	City of West Allis	<u>11/3/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Dawn Fowler</u> Signature: <u>[Signature]</u>	<u>3014 S. 85th</u>	City of West Allis	<u>11/4/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Sue Boyle</u> Signature: <u>[Signature]</u>	<u>1960 S. 90th</u>	City of West Allis	<u>11/4/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Matthew Webb</u> Signature: <u>[Signature]</u>	<u>1942 S 90th</u>	City of West Allis	<u>11/4/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Alicia Kobisnoe</u> Signature: <u>[Signature]</u>	<u>1920 S 90th</u>	City of West Allis	<u>11/4/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Rebecca Starnes</u> Signature: <u>[Signature]</u>	<u>1956 S. 89th</u>	City of West Allis	<u>11/4/2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: ..... Signature: .....		City of West Allis	<u>/ /2011</u>	Email: ..... Phone: ..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

**Certification of Circulator**

I, LOUISE DIANA BANKSTON certify that I reside at 1914 N. 51st St. MILWAUKEE WI 53208  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

11/6/11  
(Date)

Diana Louise Bankston  
(Signature of circulator)

486

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Janet Zimmer</u> Signature: <u>Janet Zimmer</u>	<u>24045 73rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Alex A Zimmer</u> Signature: <u>Alex Zimmer</u>	<u>24045 73rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Mary Frago</u> Signature: <u>Mary Frago</u>	<u>2400 S. 73rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Jimmy Jacobson</u> Signature: <u>Jimmy Jacobson</u>	<u>2400 S 73rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Jalby Ramm</u> Signature: <u>Jalby Ramm</u>	<u>2402 S 74th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Isidro Franco</u> Signature: <u>Isidro Franco</u>	<u>2404 S. 74th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Kelly Uhan</u> Signature: <u>Kelly Uhan</u>	<u>2404 S. 74th</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Jenna Ruben</u> Signature: <u>Jenna Ruben</u>	<u>2405 S 73rd</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>1 / 2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, LAWRENCE M. HOFFMAN certify that I reside at 1225 E. WRIGHT ST. APT. 1 MILWAUKEE, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1 2.13(3)(a), Wisconsin Statutes.

Nov. 5, 2011  
(Date)

Lawrence M Hoffman  
(Signature of circulator)

487  
Version 3a

# PETITION FOR DIRECT LEGISLATION

RECEIVED

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, NOV 07 2011 without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

CITY OF WEST ALLIS  
CLERK/TREASURER

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Glen Skibinski</u> Signature: <u>Glen Skibinski</u>	<u>6321 W. Lindy Ave #3</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Debra Kraft</u> Signature: <u>Debra Kraft</u>	<u>6321 W Lincoln Ave. #4</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>Lee Braden</u> Signature: <u>Lee Braden</u>	<u>6926 W Burnham -&gt; #2</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>Kim Ruem</u> Signature: <u>Kim Ruem</u>	<u>6307 W Lincoln</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Sheila Lasky</u> Signature: <u>Sheila Lasky</u>	<u>2421 S 72nd</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>Rose White</u> Signature: <u>Rose White</u>	<u>2425 S 72nd</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: <u>(414) 232-5252</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>Tiffany Young</u> Signature: <u>Tiffany Young</u>	<u>2440 S 73rd</u>	City of West Allis	<u>11/15/2011</u>	Email: _____ Phone: <u>(414) 3755813</u> Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>John J. Procco</u> Signature: <u>John J. Procco</u>	<u>2414 S 73rd</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>Christina Colon-Lopez</u> Signature: <u>Christina Colon-Lopez</u>	<u>2414 S 75rd</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>NOAH HUBER</u> Signature: <u>Noah Huber</u>	<u>2408 S 73rd</u>	City of West Allis	<u>11/5/2011</u>	Email: _____ Phone: _____ Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, LAWRENCE M. HOFFMAN certify that I reside at 1225 E. WRIGHT ST. APT. 1 MILWAUKEE, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 1.2.13(3)(a), Wisconsin Statutes.

Nov. 5, 2011  
(Date)

Lawrence M Hoffman  
(Signature of circulator)

488

# PETITION FOR DIRECT LEGISLATION

**RECEIVED**

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

NOV 07 2011

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

CITY OF WEST ALLIS  
CLERK/TREASURER

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>Timothy Nagel</u> Signature: <u>[Signature]</u>	<u>2377 S. 63 St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>William Nagel</u> Signature: <u>WILLIAM NAGEL</u>	<u>2373 So 63 ST.</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>NADA A. CABRE</u> Signature: <u>Nada A. Cabre</u>	<u>2357 So. 63 ST</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>MELVIN M. FALCONE</u> Signature: <u>Melvin Falcone</u>	<u>2335 S. 63 ST</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Karen Holmbeck</u> Signature: <u>[Signature]</u>	<u>2327 S 63rd</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name: <u>RICHARD BOHME</u> Signature: <u>Richard Bohme</u>	<u>2350 S 63rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name: <u>BRAD PEDERSON</u> Signature: <u>Brad P. Pederson</u>	<u>2355 So. 63rd St</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name: <u>Randall E. Janick</u> Signature: <u>Randall E. Janick</u>	<u>2327 S. 62 ST</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name: <u>BRENDA MARCOW</u> Signature: <u>Brenda Marcow</u>	<u>6327 W. LINCOLN #2</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name: <u>Evelyn Stubbs</u> Signature: <u>Evelyn Stubbs</u>	<u>6327 W. LINCOLN AVE #1</u>	City of West Allis	<u>11/5/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, LAWRENCE M. HOFFMAN certify that I reside at 1225 E. WRIGHT ST., APT. 1, MILWAUKEE, WI  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wisconsin Statutes.

NOV 5, 2011  
(Date)

Lawrence M Hoffman  
(Signature of circulator)

489

# PETITION FOR DIRECT LEGISLATION

I, the undersigned, a qualified elector of the City of West Allis, Wisconsin, request that the following proposed resolution, **RECEIVED**  
without alteration, be referred to a vote of the electors pursuant to the provisions of Section 9.20 of the Wisconsin Statutes:

**"Shall the City of West Allis adopt the following resolution:**

**RESOLVED, the City of West Allis, Wisconsin, calls for reclaiming democracy from the effects of undue corporate influence by amending the United States Constitution to establish that:**

1. Only human beings, not corporations, are entitled to constitutional rights, and
2. Money is not speech, and therefore regulating political contributions and spending is not equivalent to limiting political speech."

NOV 07 2011  
CITY OF WEST ALLIS  
CLERK/TREASURER

Post office address when different from municipality is not sufficient. The name of the municipality of residence must always be listed.

Name and Signature of Elector	Street & Number	Municipality of Residence	Date of Signing (Include Year)	Contact Information (optional)
1. Name: <u>NANCY C. TRAEGER</u> Signature: <u>Nancy C. Traeger</u>	<u>1532 S. 72nd St.</u>	City of West Allis	<u>10/28/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
2. Name: <u>Anton M. Voissen</u> Signature: <u>Anton M. Voissen</u>	<u>1532 S. 72nd</u>	City of West Allis	<u>10/30/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
3. Name: <u>DR. JOHN ANZETTEL</u> Signature: <u>Dr. John Anzettel</u>	<u>1532 So. 72nd St.</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
4. Name: <u>S. RITA CLARE SWENARSKI</u> Signature: <u>S. Rita Clare Swenarski</u>	<u>1532 S. 72nd Street</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
5. Name: <u>Shannon Scallon</u> Signature: <u>Shannon Scallon</u>	<u>1532 S. 72nd St.</u>	City of West Allis	<u>11/4/2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
6. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
7. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
8. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
9. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No
10. Name:..... Signature:.....		City of West Allis	<u>/ /2011</u>	Email:..... Phone:..... Interested in volunteering? <input type="checkbox"/> Yes/Maybe <input type="checkbox"/> No

### Certification of Circulator

I, MARY C. HAAN certify that I reside at 3302 No. Bremen St, Milwaukee, WI 53212  
(Name of circulator) (Circulator's residence - Include number, street, and municipality)

and that I personally circulated this petition for direct legislation and personally obtained each of the signatures on this petition. I know that the signers are electors of the municipality listed above. 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 petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(g), Wisconsin Statutes.

11/7/2011  
(Date)

X Mary C. Haan  
(Signature of circulator)