



# COMPLAINT FORM

Please provide the following information about yourself:

Your name John Leiber	Telephone number (262) 880-9767		
Email Address john.leiber@gmail.com			
Street address 4825 Allyn Drive	City Racine	State WI	Zip code 53402

Instructions:

- Clearly identify each person, committee, or group that is alleged to have committed a violation (called the respondent);
- Clearly recite the facts that show specific violations under the Commission's jurisdiction (citations to the law and administrative code are not necessary, but helpful);
  - Be as specific as possible as it relates to dates, times, and individuals involved.
- Differentiate between statements based on the complainant's (the person who files the complaint) personal knowledge and those based on information and belief. Statements not based on personal knowledge should identify the source of the information, if known;
- Include any and all documentation supporting the allegations, if available; and
- Use as many separate pages as needed and attach copies of any supporting documentation.

Please send this completed form to:

Email: ethics@wi.gov      Fax: (608) 264-9319      Mail:  
Wisconsin Ethics Commission  
P.O. Box 7984  
Madison, WI 53707-7984

State of Wisconsin  
Before the Ethics Commission

The Complaint of John Leiber

Robert Witke for Assembly, Complainant(s) against  
Respondent, whose  
address is 11 Sandalwood Court, Racine WI 53402.

This complaint is under 11, 130 3<sup>(2)</sup>(b) (Insert the applicable sections of law in  
chapters 11, subchapter III of ch. 13, or subchapter III of ch. 19 of Wisconsin Statutes, if known)



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I, John Leiber, allege that:

The Robert Wittke for Assembly campaign is violating statutes 11.1303(2)(b) and/or 11.1303(2)(g). The Wittke campaign literature being distributed at doors and events does not have a clear and legible disclaimer.

I, John Leiber, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Date: 8/7/18

John Leiber  
Complainant's Signature

STATE OF WISCONSIN

County of Racine,  
(county of notarization)

Sworn to before me this 7th day of

August, 2018.

(Signature of person authorized to administer oaths)

My commission expires Jan. 19 2020 or is permanent

Notary Public or \_\_\_\_\_  
(official title if not notary)

