

FOR OFFICE USE ONLY

12-6-04

DECLARATION OF CANDIDACY

(See instructions for preparation on back)

Is this an amendment? Yes No

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

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

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

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

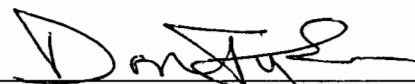
I have not been convicted of a felony in any court within the United States for which I have not been pardoned. I have not been convicted of a misdemeanor involving a violation of public trust for which I have not been pardoned.

My present municipality of residence for voting purposes is:

4480 N. Maryland
(Candidate's address for voting purposes - Include the number, street, and municipality where the candidate resides.)

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

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


(Signature of candidate)

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

Subscribed and sworn to before me this 6 day of December 2004
Kathleen E. Greif
(Signature of person authorized to administer oaths)

NOTARY SEAL
NOT REQUIRED

My commission expires 11-6-2005 or is permanent.

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

EB-162 (Rev. 5/97) (Y2K 5/99) The information on this form is required by §8.21, Stats., Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. §§8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.17 (2), 8.20 (6), 120.06 (6)(b), Stats.

DEC 07 2004

CAMPAIGN REGISTRATION STATEMENT

STATE OF WISCONSIN

EB-1

12-1-04
FOR OFFICE USE ONLY

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

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

IS THIS AN AMENDMENT? Yes No

1. CANDIDATE AND CANDIDATE COMMITTEE INFORMATION

Name of Candidate Don Tyler	Party Affiliation _____	Office Sought (include district or branch number) Trustee
Residence Address (number and street) 4480 n. Maryland	Primary Date February 15, 2005	Candidate Telephone Number (residence) 414-962-9870
City, State and Zip Code Shorewood WI 53211	Election Date April 5, 2005	Candidate Telephone Number (employment) 414-665-6085
Campaign Committee Name (if any) Check One: <input type="checkbox"/> Personal Campaign Committee <input type="checkbox"/> Support Committee		
Campaign Committee Address (if different than above) - Number, Street, City, State and Zip Code		
Telephone Number (if different than above)		

2. POLITICAL COMMITTEE INFORMATION

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

Name of Committee	
Address - Number, Street, City, State and Zip Code	
Telephone Number	
Sponsoring Organization - Name and Complete Address	
Acronym (if any)	
Type of Committee: A. <input type="checkbox"/> Special Interest Committee (PAC) <input type="checkbox"/> Resident Committee <input type="checkbox"/> Nonresident Committee <input type="checkbox"/> Incorporated Labor Organization - Attach Information Required by s.11.05(3)(n), Stats. B. <input type="checkbox"/> Political Party Committee <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ C. <input type="checkbox"/> Legislative Campaign Committee - Attach Statement Required by s.11.05(3)(o), Stats. D. <input type="checkbox"/> Political Group (Referendum) _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose Name of Referendum E. <input type="checkbox"/> Recall Committee _____ <input type="checkbox"/> Support Recall <input type="checkbox"/> Oppose Recall Name of Officer Subject to Recall - Attach Statement Required by s.9.10(2)(d) F. <input type="checkbox"/> Independent Committee - Also, Complete Oath of Independent Expenditures, Form EB-6 G. <input type="checkbox"/> Individual - Also, Complete Oath of Independent Expenditures, Form EB-6	

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

Treasurer's Name Carolyn Tyler	Telephone Number (residence) 414-982-9870
Address (number and street) 4480 N. Maryland	Telephone Number (employment)
City, State and Zip Code Shorewood, WI 53211	

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

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

NAME	MAILING ADDRESS	POSITION

5. DEPOSITORY INFORMATION

Name of Financial Institution North Shore Bank	Account Number (Attach list of any additional accounts and deposit boxes, location, type and number, i.e., savings, checking, money market, etc.) 0001904299
Address (number and street) 4414 N. Oakland Ave	City, State and Zip Code Shorewood, WI 53211

CERTIFICATION

TREASURER

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

Signature Carolyn W. Tyler, Treasurer Dec. 1, 2004
Date

CANDIDATE

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

Signature Donald Tyler, Candidate 12/1/04
Date

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

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

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

~~input type="checkbox"/>~~ This registrant is no longer eligible to claim exemption.

Carolyn W. Tyler 12/1/04
Signature of Candidate or Treasurer Date

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. Don TYLER		Street, fire, or rural route number, box number (if rural route); and name of street or road 4480 n. Maryland			
Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	Name of municipality for mailing purposes Shorewood	State WI	zip code 53211	Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date April 5, 2005
Title of office Village Trustee		<input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Branch district or seat number	
Name of jurisdiction or district in which candidate seeks office					

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1. <i>Julie E. Sun</i>	4476 N. MARYLAND AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/2/04
2. <i>M. Muehler</i>	4212 N. PROSPECT AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/3/04
3. <i>Julie Kauer</i>	4491 N. Maryland Ave Shorewood, WI 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/9/04
4. <i>Mary Wood</i>	4481 N. Maryland Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
5. <i>John Head</i>	4459 N. Maryland Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
6. <i>John Kern</i>	4455 N. MARYLAND SHOREWOOD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
7. <i>Anda Malin</i>	4429 N. Maryland Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
8. <i>MaBeth Anglet</i>	4421 N. Maryland Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
9. <i>Susan Hill</i>	4401 N. Maryland	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
10. <i>Thomas A. Kelly</i>	4321 N. Maryland Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/04/04

CERTIFICATION OF CIRCULATOR

I, Don Tyler (Name of circulator), certify:

I reside at 4480 No. Maryland (Circulator's residence - Include number, street, and municipality.)

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

12/4/04
(Date)

Don Tyler
(Signature of circulator)

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NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. Don Tyler			Street, fire, or rural route number; box number (if rural route); and name of street or road 4480 n. Maryland		
Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Name of municipality for mailing purposes Shorewood	State WI	zip code 53211	Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date April 5, 2005
Title of office Village Trustee		<input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office	

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Olivia Kohl</i>	<i>4312 N. MARYLAND AVE</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12/04/04</i>
2. <i>[Signature]</i>	<i>4312 N Maryland Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12/04/04</i>
3. <i>[Signature]</i>	<i>4311 N. Maryland Ave.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12/4/04</i>
4. <i>Bob Schulte</i>	<i>4460 N Maryland</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12-4-04</i>
5. <i>[Signature]</i>	<i>4414 N. Maryland</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12-4-04</i>
6. <i>[Signature]</i>	<i>4418 N. MARYLAND</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12-4-04</i>
7. <i>[Signature]</i>	<i>4444 N. Maryland</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12-4-04</i>
8. <i>Julie Sanders</i>	<i>4459 N. Ardmore</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12-4-04</i>
9. <i>Charles [Signature]</i>	<i>4459 N. Ardmore</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12/4/04</i>
10. <i>[Signature]</i>	<i>4470 N. Shorewood V.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	<i>12/4/04</i>

street name wrong

CERTIFICATION OF CIRCULATOR

I, Don Tyler (Name of circulator), certify:

I reside at 4480 n Maryland (Circulator's residence - Include number, street, and municipality.)

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

12/4/04
(Date)

[Signature]
(Signature of circulator)

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NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. Don Tyler			Street, fire, or rural route number, box number (if rural route); and name of street or road 4480 n. Maryland			
Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	Name of municipality for mailing purposes Shorewood	State WI	zip code 53211	Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date April 5, 2005	
Title of office Village Trustees		<input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Branch district or seat number		
Name of jurisdiction or district in which candidate seeks office						

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>[Signature]</i>	4470 N. Maryland Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
2. <i>[Signature]</i>	2209 Kensington Blvd Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
3. <i>[Signature]</i>	2209 Kensington Blvd Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
4. <i>[Signature]</i>	4491 N. Farwell Ave Shorewood	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
5. <i>[Signature]</i>	4471 N. Farwell Ave Shorewood, WI 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
6. <i>[Signature]</i>	4461 N. FARWELL	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
7. <i>[Signature]</i>	4452 N. Farwell Ave Shorewood WI 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
8. <i>[Signature]</i>	4452 N. FARWELL Shorewood WI 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
9. <i>[Signature]</i>	4452 N Farwell Shorewood 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04
10. <i>[Signature]</i>	4432 N. Farwell Shorewood 53211	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/4/04

CERTIFICATION OF CIRCULATOR

I, Don Tyler (Name of circulator), certify:
I reside at 4480 n. Maryland (Circulator's residence - Include number, street, and municipality.)

I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.
12/4/04 (Date) Don Tyler (Signature of circulator)

DEC 07 2004
VILLAGE OF SHOREWOOD

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles may be used. Don TYLER			Street, fire, or rural route number, box number (if rural route); and name of street or road 4480 N. Maryland			
Name of municipality for voting purposes <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	Name of municipality for mailing purposes Shorewood	State WI	zip code 53211	Type of election <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date April 5, 2005	
Title of office Village Trustee		<input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office		

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING
1. <i>Eddie Jackson</i>	3950 N. FARWELL #104 AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/02/04
2. <i>Don C. Lamels</i>	3601 N. Hackett	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/2/04
3. <i>Tom Dresselhuys</i>	3565 N LAKE DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/2/04
4. <i>Paul W. Jewett</i>	3532 N. Fredrick	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12-2-04
5. <i>Steve D. Fetz</i>	4504 N. Woodruff Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12-2-04
6. <i>Phillip J. Hauler</i>	3547 N. Shepard Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/2/04
7. <i>Walter P. Johnson</i>	3812 N. Murray Avenue	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/2/04
8. <i>Tom M. Brown</i>	2421 E. Norton Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/2/04
9. <i>Tom M. Brown</i>	3554 N. Summit	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/3/04
10. <i>Samuel P. Ford</i>	2115 E. Olive St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shorewood	12/3/04

CERTIFICATION OF CIRCULATOR

I, **LUKE E. SIMS**, (Name of circulator) certify:
 I reside at **4476 N. MARYLAND AVE, SHOREWOOD, WI. 53211**
(Circulator's residence - Include number, street, and municipality.)

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

12/03/04
(Date)

Luke E. Sims
(Signature of circulator)

EB-169 (Rev.6/2003) The information on this form is required by SS. 8.10, 8.15, 8.50, 120.06, Wis. Stats. This form is prescribed by the State Elections Board, P.O. Box 2973, Madison, WI 53701-2973 608 266-8005. http://elections.state.wi.us seb@seb.state.wi.us

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 VILLAGE OF SHOREWOOD