

WISCONSIN JUDICIAL COMMISSION 110 East Main Street, Suite 700
REQUEST FOR INVESTIGATION Madison, WI 53703 (608) 266-7637

Name: Gerry Lisi

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I have information of possible misconduct or disability on the part of Justice Michael Gableman , of the Wisconsin Supreme Court in Madison, Dane County, Wisconsin.

STATEMENT OF FACTS 1. When and where did this happen?

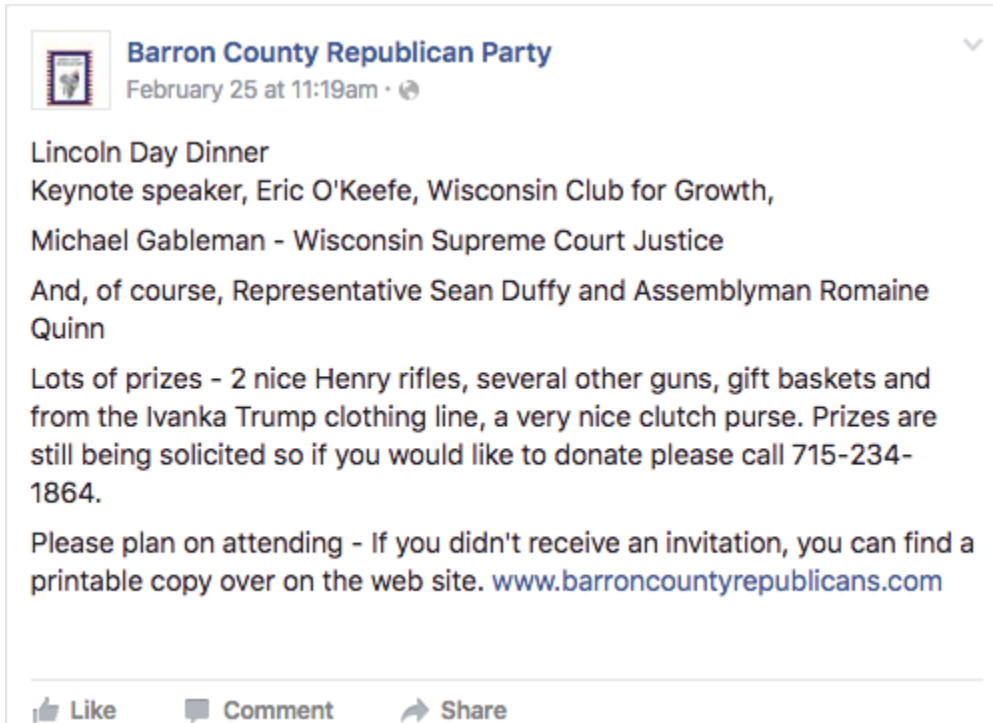
Date(s): February 26, 2017 to March 11, 2017

Time: The event was scheduled to begin at 5 pm on March 11, 2017

Location: Elks Club- 36 E. Eau Claire St., Rice Lake

3. List documents that help support your information that the judge or court commissioner has engaged in misconduct or has a disability, noting which ones you have attached:

- Invitation to Barron County Lincoln Day Dinner (attached file)
- Photo from Barron County Republican Party Facebook



4. Identify, if you can, any other witnesses to the conduct of the judge or court commissioner:

Name(s): _____ Addresses: _____

_____ Phone: () _____ () _____

5. Specify below the details of what the judge or court commissioner did that you think constitutes misconduct or indicates disability. (Please type or print legibly; attach additional paper if necessary.)

It is clear that the two solicitations violate 60.05(3)(c)2.d of the Supreme Court Rules, as well as 60.06(2). Furthermore, his co-keynote speaker at the events was Eric O'Keefe, a former litigant before his court, and any reasonable person would believe that he would be a potential litigant again. This violates not only the letter of the Supreme Court Rules, but shows extremely poor judgment for a sitting Supreme Court Justice.

XXX I UNDERSTAND THAT STATE LAW PROVIDES THAT THE JUDICIAL COMMISSION'S PROCEEDINGS ON THIS REQUEST FOR INVESTIGATION ARE CONFIDENTIAL AND THAT I MAY REQUEST THE COMMISSION NOT TO DISCLOSE MY IDENTITY TO THE JUDGE OR COURT COMMISSIONER PRIOR TO THE FILING OF A PETITION OR FORMAL COMPLAINT WITH THE SUPREME COURT.

 I REQUEST THE COMMISSION NOT TO DISCLOSE MY IDENTITY TO THE JUDGE OR COURT COMMISSIONER.

Signature: _____ Date: _____ :