

**UNITED STATES DISTRICT COURT FOR  
THE WESTERN DISTRICT OF WISCONSIN**

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DEMOCRATIC NATIONAL COMMITTEE, et al.,  
Plaintiffs,

v.

MARGE BOSTELMANN, et al.,  
Defendants,

Civil Action No.: 3:20-cv-249-wmc

and

REPUBLICAN NATIONAL COMMITTEE, et al.,  
Intervening Defendants.

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SYLVIA GEAR, et al.,  
Plaintiffs,

v.

MARGE BOSTELMANN, et al.,  
Defendants,

Civil Action No.: 3:20-cv-278-wmc

and

REPUBLICAN NATIONAL COMMITTEE, et al.,  
Intervening Defendants.

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CHRYSTAL EDWARDS, et al.,  
Plaintiffs,

v.

ROBIN VOS, et al.,  
Defendants.

Civil Action No. 3:20-cv-340-wmc

and

REPUBLICAN NATIONAL COMMITTEE, et al.,  
Intervening Defendants.

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JILL SWENSON, et al.,  
Plaintiffs,

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v.  
MARGE BOSTELMANN, et al.,  
and  
REPUBLICAN NATIONAL COMMITTEE, et al.,  
Intervening Defendants.

Civil Action No. 3:20-cv-459-wmc

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**WEC DEFENDANTS' RESPONSE TO EDWARDS PLAINTIFFS'  
PROPOSED FINDINGS OF FACT**

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The WEC Defendants respond to the Edwards Plaintiffs' Proposed Findings of Fact as follows:

1. As of July 7, 2020, the Wisconsin Department of Health Services ("DHS") reported 32,556 confirmed cases in Wisconsin and 805 deaths. (7/8/20 Declaration of Joseph S. Goode ("Goode Decl."), ¶ 2 and Ex. A (DHS Website, "COVID-19: Wisconsin Data," accessed on July 7, 2020 at <https://www.dhs.wisconsin.gov/covid-19/data.htm>).)

**RESPONSE NO. 1:** Not disputed.

2. In the 91 days before July 7, 2020, Wisconsin saw a 21-fold increase in the number of COVID-19 cases and an approximately 34-fold increase in deaths. (*Id.*; *Democratic National Committee v. Bostelmann*, 2020 WL 1638374, 20-cv-249-wmc, at \*3 (W.D. Wis. April 2, 2020).)

**RESPONSE NO. 2:** Not disputed.

3. The April 7, 2020 statewide election (the "Spring Election") proceeded that day and as forecasted by the plaintiffs in the Pre-Election Litigation, some voters who voted at the polls contracted the virus. (Goode Decl. ¶ 3 and Ex. B (Chad D. Cotti, Bryan Engelhardt, et al., *The Relationship Between In-Person Voting and COVID-19: Evidence from the Wisconsin Primary*, NBER Working Paper Series, pp. 2, 14-15 (May 2020))).)

**RESPONSE NO. 3:** Not disputed.

4. DHS directly traced 71 confirmed cases of COVID-19 to voting at the polls; others who have since studied the problem believe that “in person” voting led to approximately 700 additional COVID-19 cases in Wisconsin, approximately 7.7 percent of all new cases in the state during the five week post-election time period. (*Id.*)

**RESPONSE NO. 4:** Objection. The NBER working papers have not been peer reviewed and are for discussion purposes only. Goode Decl., Ex. B, p.2; without waiving this objection, it is not disputed that the DHS traced 71 COVID-19 cases to the April 7, 2020 election.

5. The Johns Hopkins University (Coronavirus Resource Center) (the “JHU Website”) reported a total of 2,134,465 cases of COVID-19 worldwide as of April 16, 2020 and an associated 142,148 deaths. (Goode Decl. ¶ 4 and Ex. C (JHU Website, “COVID-19 Dashboard,” accessed on April 16, 2020 at <https://coronavirus.jhu.edu/map.html>).)

**RESPONSE NO. 5:** Not disputed.

6. As of July 7, 2020, the JHU Website informs that the world has seen 11,679,808 cases of COVID-19 with 539,764 deaths. (Goode Decl. ¶ 5 and Ex. D (JHU Website, “COVID-19 Dashboard,” accessed on July 7, 2020 at <https://coronavirus.jhu.edu/map.html>).)

**RESPONSE NO. 6:** Not disputed.

7. In the 82 days between April 16, 2020 and July 7, 2020 the world saw an approximate 5.5-fold increase in COVID-19 cases with a corresponding increase in deaths of approximately 4 times that in April. (*Id.*; Goode Decl. ¶ 4 and Ex. C (JHU Website, “COVID-19 Dashboard,” accessed on April 16, 2020 at <https://coronavirus.jhu.edu/map.html>).)

**RESPONSE NO. 7:** Not disputed.

8. The first diagnosed case of COVID-19 in Wisconsin occurred on February 6, 2020. (Goode Decl. ¶ 6 and Ex. E (“Governor Evers’ Statement of 2019 Novel Coronavirus,” accessed on April 16, 2020 at <https://content.govdelivery.com/accounts/WIGOV/bulletins/27a6391>).)

**RESPONSE NO. 8:** Not disputed.

9. On March 12, 2020 Governor Tony Evers declared a public health emergency to direct all resources needed to respond to and contain COVID-19 in Wisconsin. (Goode Decl. ¶ 7 and Ex. F (Public Health Emergency Declaration).)

**RESPONSE NO. 9:** Not disputed.

10. On March 24, 2020, at the direction and with the full authority of Governor Evers, Andrea Palm, the Secretary-Designee of DHS, entered Emergency Order No. 12 (the “Safer at Home Order”), which took effect at 8:00 a.m. on March 25, 2020. (Goode Decl. ¶ 8 and Ex. G (3/24/20 Safer at Home Order).)

**RESPONSE NO. 10:** Not disputed.

11. The Safer at Home Order, entered 14 days before the Spring Election, made various public health findings and mandated that those physically present in Wisconsin engage in “social distancing” and otherwise comply with its terms. (*Id.*)

**RESPONSE NO. 11:** Not disputed.

12. The Safer at Home Order includes terms establishing that “social distancing,” the practice of keeping at least six feet apart from others and avoiding direct physical contact, is the only effective means of slowing the rate of COVID-19 infections. (Goode Decl. ¶ 8 and Ex G, pp. 2.)

**RESPONSE NO. 12:** Disputed in part. The science has evolved since this order was written and the current thinking is that the combination of masks and social distancing is the best way to slow the transmission.

13. The Safer at Home Order includes terms concluding that, despite prior emergency orders from Wisconsin and elsewhere banning mass gatherings, the rates of infection continue to drastically increase such that additional measures were needed to slow the rate of COVID-19 infections in Wisconsin. (*Id.*)

**RESPONSE NO. 13:** Not disputed.

14. The Safer at Home Order includes terms prohibiting all non-essential businesses and operations from remaining open during the crisis and limiting all public and private gatherings of any number of people not part of a single household. (*Id.*, pp. 3.)

**RESPONSE NO. 14:** Not disputed.

15. The Safer at Home Order includes terms closing public schools and libraries, public amusement, and salons and spas. (*Id.*, pp. 4.)

**RESPONSE NO. 15:** Not disputed.

16. The Safer at Home Order includes terms imposing an obligation on all citizens of Wisconsin to follow DHS and CDC guidelines regarding COVID-19 care. (*Id.*)

**RESPONSE NO. 16:** Not disputed.

17. The Safer at Home Order includes terms obligating those “at high risk of severe illness from COVID-19 and people who are sick . . . to stay in their home or residence to the extent possible except as necessary to seek medical care.” (*Id.*)

**RESPONSE NO. 17:** Not disputed.

18. The Safer at Home Order includes terms identifying “essential” activities, governmental functions, and businesses and operations. (*Id.*, pp. 2, 7-14.)

**RESPONSE NO. 18:** Not disputed.

19. The Safer at Home Order includes terms exempting healthcare and public health operations, human service operations, and essential infrastructure from many of the terms of the order. (*Id.*, pp. 6.)

**RESPONSE NO. 19:** Not disputed.

20. The Safer at Home Order includes terms establishing the meaning of “essential” travel. (*Id.*, pp. 2, 15.)

**RESPONSE NO. 20:** Not disputed.

21. The Safer at Home Order includes terms implementing minimum basic operational rules for how “essential” businesses and government functions should operate during the term of the order. (*Id.*)

**RESPONSE NO. 21:** Not disputed.

22. The Safer at Home Order includes terms requiring all persons residing in Wisconsin to follow “social distancing” rules, including maintaining appropriate distancing from each other and washing their hands in a manner provided within the order. (*Id.*, pp. 15-16.)

**RESPONSE NO. 22:** Not disputed.

23. On April 16, 2020, DHS issued an amended Safer at Home Order, which took effect a day later and was to remain in place until May 26, 2020. (Goode Decl. ¶ 9 and Ex. H (4/16/20 Amended Safer at Home Order).)

**RESPONSE NO. 23:** Not disputed.

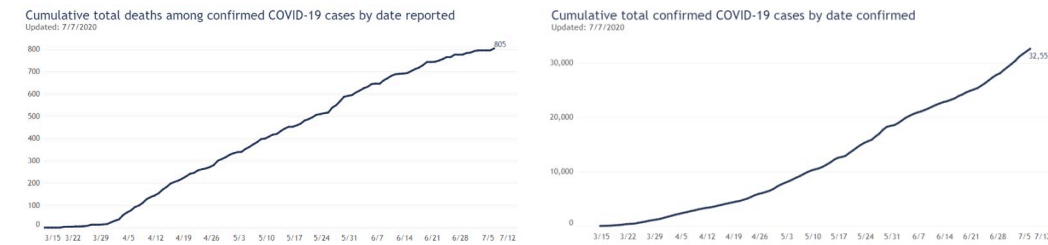
24. The Wisconsin Legislature, led by certain of the defendants in this case, challenged Governor Evers' amended Safer at Home Order in an original action before the Wisconsin Supreme Court. *See Wis. Legislature v. Andrea Palm, et al.*, Wis. App. No. 2020AP765-OA (pet. filed Apr. 21, 2020).

**RESPONSE NO. 24:** Not disputed.

25. On May 13, 2020, the court ruled that Secretary-Designee Palm had overstepped her authority by imposing the Amended Safer at Home Order on Wisconsin residents. *See Wis. Legislature v. Palm*, 2020 WI 42, 391 Wis. 2d 497, 942 N.W.2d 900.

**RESPONSE NO. 25:** Not disputed.

26. Overall, positive cases of COVID-19 and associated deaths have risen since the Wisconsin Supreme Court rendered its decision eight weeks ago as DHS details in the following graphs:



(Goode Decl. ¶ 2 and Ex. A (DHS Website, "COVID-19: Wisconsin Data," accessed on July 7, 2020 at <https://www.dhs.wisconsin.gov/covid-19/data.htm>).)

**RESPONSE NO. 26:** Not disputed.

27. "The virus that causes COVID-19 is mostly spread by respiratory droplets released when people cough, sneeze, or talk. Someone can also get COVID-19 by touching a surface or object that has the virus on it and then touching their own nose, mouth, or possibly their eyes." (Goode Decl. ¶ 10 and Ex. I (CDC Website, "Targeting COVID-19's Spread", accessed on July 7,

2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/community-based.html>.)

**RESPONSE NO. 27:** Not disputed.

28. According to DHS, “[l]imiting physical contact between people is the best strategy to slow the spread of COVID-19, and it is saving lives. **Wisconsinites need to continue this work to keep flattening the curve.**” (Goode Decl. ¶ 11 and Ex. J (DHS Website, “COVID-19: You are Safer at Home,” accessed on April 17, 2020 at <https://www.dhs.wisconsin.gov/covid-19/prepare.htm> (emphasis in original)).)

**RESPONSE NO. 28:** Not disputed.

29. The Centers for Disease Controls (“CDC”) expresses the concern about community spread this way:

Because COVID-19 is **highly transmissible and can be spread by people who do not know they have the disease**, risk of transmission within a community can be difficult to determine. Until broad-scale testing is widely implemented or we have a more comprehensive and precise measure of disease burden, states and communities should assume some community transmission or spread is occurring.

(Goode Decl. ¶ 12 and Ex. K (CDC Website, “Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission”, accessed on July 7, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/community-mitigation.html> (emphasis added)).)

**RESPONSE NO. 29:** Not disputed.

30. Knowing how COVID-19 spreads, Dr. Caitlin Rivers, an epidemiologist at Johns Hopkins University, opines that there are three different factors to consider when evaluating risk regarding COVID-19. (Goode Decl. ¶ 13 and Ex. L (PBS News Hour Website, “This Chart Can Help You Weigh Coronavirus Risk This Summer,” accessed on July 7, 2020 at



<https://www.pbs.org/newshour/health/is-it-safe-heres-how-to-weigh-your-coronavirus-risk-as-things-reopen>).

**RESPONSE NO. 30:** Not disputed.

31. The first factor to consider when evaluating risk regarding COVID-19 is “contact intensity”, which involves determining how close you will be to someone, how confined, and over what period of time. (*Id.*)

**RESPONSE NO. 31:** Not disputed.

32. Dr. Rivers advises to look at the number of people you will come in contact within a particular setting during the pandemic and recommends that smaller groups are far better than larger groups. (*Id.*)

**RESPONSE NO. 32:** Not disputed.

33. In calculating the risk of COVID-19, Dr. Rivers advises that we must look to how mitigation techniques are employed or capable of being employed by each person and the communities in which they live. (*Id.*)

**RESPONSE NO. 33:** Not disputed.

34. Bars are considered high risk for COVID-19 transmission because contact intensity (close proximity to people, enclosed space, long duration), the number of people (high), and inability to fully mitigate (alcohol-impaired patrons, sharing of common touchpoints, inability to have the experience without close proximity to each other) all fail these three tests. (Goode Decl. ¶ 14 and Ex. M (MLive Website, “From Hair Salons to Gyms, Experts Rank 36 Activities by Coronavirus Risk Level”, accessed on July 7, 2020 at <https://www.mlive.com/public-interest/2020/06/from-hair-salons-to-gyms-experts-rank-36-activities-by-coronavirus-risk-level.html>)).

**RESPONSE NO. 34:** Not disputed.

35. Large scale music and sporting events, gyms, amusement parks, libraries, churches, public pools, and schools are equally “high risk” endeavors for COVID-19 transmission when compared against the three ground rules of contact intensity, the number of people, and ability to fully mitigate. (*Id.*)

**RESPONSE NO. 35:** Not disputed.

36. The experts assess running and walking outside, playing tennis or golf, and getting takeout from a restaurant to be relatively “low risk” behaviors during the pandemic because of the three factors of contact intensity, the number of people, and ability to fully mitigate. (*Id.*)

**RESPONSE NO. 36:** Not disputed.

37. Wisconsin’s MyVote website, <https://myvote.wi.gov/en-us/FindMyPollingPlace>, shows where voters with established addresses will vote in the November 3, 2020 General and Presidential Election (the “November Election”).

**RESPONSE NO. 37:** Not disputed.

38. Epidemiologists talk about a particular virus’s transmission ability in terms of its R0 (pronounced “R naught”) factor. (Goode Decl. ¶ 15 ad Ex. N (Joseph Eisenberg, PhD, MPH, *How Scientists Quantify the Intensity of an Outbreak Like COVID-19*, University of Michigan MHealth Lab, accessed on July 7, 2020 at <https://labblog.uofmhealth.org/rounds/how-scientists-quantify-intensity-of-an-outbreak-like-covid-19>).)

**RESPONSE NO. 38:** Not disputed.

39. “Scientists use R0 – the reproduction number – to describe the intensity of an infectious disease outbreak.” (*Id.*)

**RESPONSE NO. 39:** Not disputed.

40. As with many pandemics before them, the  $R_0$  factor played a part in how public health officials addressed the 2003 SARS Pandemic, the 2009 H1N1 Influenza Pandemic, and the 2014 Ebola Epidemic in West Africa. (*Id.*)

**RESPONSE NO. 40:** Not disputed.

41. The “formal definition of a disease’s  $R_0$  is the number of cases, on average, an infected person will cause during their infectious period.” (*Id.*)

**RESPONSE NO. 41:** Not disputed.

42. One authority defines the reproduction number of a virus as follows:

The **basic reproduction number** represents the maximum epidemic potential of a pathogen. It describes what would happen if an infectious person were to enter a fully susceptible community, and therefore is an estimate based on an idealized scenario.

The **effective reproduction number** depends on the population’s current susceptibility. This measure of transmission potential is likely lower than the basic reproduction number, based on factors like whether some of the people are vaccinated against the disease, or whether some people have immunity due to prior exposure with the pathogen. Therefore, the effective  $R_0$  changes over time and is an estimate based on a more realistic situation within the population.

It’s important to realize that both the basic and effective  $R_0$  are situation-dependent. **It’s affected by the properties of the pathogen**, such as how infectious it is. **It’s affected by the host population** – for instance, how susceptible people are due to nutritional status or other illnesses that may compromise one’s immune system. **And it’s affected by the environment**, including things like demographics, socioeconomic and climatic factors.

For example,  $R_0$  for measles ranges from 12 to 18, depending on factors like population density and life expectancy. This is a large  $R_0$ , mainly because the measles virus is highly infectious.

On the other hand, the influenza virus is less infectious, with its  $R_0$  ranging from 2 to 3. Influenza, therefore, doesn’t cause the same explosive outbreaks as measles, but it persists due to its ability to mutate and evade the human immune system.

(*Id.*; emphasis added.)

**RESPONSE NO. 42:** Not disputed.

43. Since the 1950s, public health officials analyzing a particular pathogen have sought to move the  $R_0$  factor to below 1. (*Id.*)

**RESPONSE NO. 43:** Not disputed.

44. An  $R_0$  below 1 means the disease will ultimately die out, because each person who has it transmits it, on average, to fewer than one person, meaning that perpetual reproduction is not possible. (*Id.*)

**RESPONSE NO. 44:** Not disputed.

45. When  $R_0$  exceeds 1, it indicates that a disease will spread because each infected person is on average infecting more than one other person. (*Id.*)

**RESPONSE NO. 45:** Not disputed.

46. In the case of the 2003 SARS Pandemic, “scientists estimated the original  $R_0$  to be around 2.75. A month or two later, the effective  $R_0$  dropped below 1, thanks to the tremendous effort that went into intervention strategies, including isolation and quarantine activities.” (*Id.*)

**RESPONSE NO. 46:** Not disputed.

47. While we are still learning about COVID-19 and scientists are debating its  $R_0$  factor, certain studies assert a current  $R_0$  of between 1.5 and 3.5. (*Id.*)

**RESPONSE NO. 47:** Not disputed.

48. Early on, the World Health Organization (“WHO”) placed the basic  $R_0$  range value at between 1.4 and 2.5. (Goode Decl. ¶ 16 and Ex. O (Giulio Viceconte and Nicola Petrosillo, *COVID-19  $R_0$ : Magical Number or Conundrum?*, U.S. National Library of Medicine (National Institutes of Health), Feb. 25, 2020, accessed on July 7, 2020 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7073717/>.)

**RESPONSE NO. 48:** Not disputed.

49. Studies early in review of the disease's trajectory (e.g., this past January and February) placed the basic  $R_0$  at between 1.5 and 6.68. (*Id.*)

**RESPONSE NO. 49:** Not disputed.

50. Epidemiologists calculate the  $R_t$  factor, which is the effective reproduction number rather than basic one. (Goode Decl. ¶ 17 and Ex. P (RT Live Website, "Wisconsin Details", accessed on July 7, 2020 at <https://rt.live/us/WI>).)

**RESPONSE NO. 50:** Not disputed.

51. So long as the  $R_t$  factor is above 1, communities will continue to see viral spread. (*Id.*)

**RESPONSE NO. 51:** Not disputed.

52. Wisconsin's  $R_t$  factor as of July 7, 2020 was 1.39. (*Id.*)

**RESPONSE NO. 52:** Not disputed.

53. Wisconsin ranked highest among the 50 states in its  $R_t$  factor as July 7, 2020. (Goode Decl. ¶ 18 and Ex. Q (RT Live Website, U.S. Dashboard, accessed on July 7, 2020 at <https://rt.live/>).)

**RESPONSE NO. 53:** Not disputed.

54. On February 29, 2020, Wisconsin's  $R_t$  factor was 2.26. (Goode Decl. ¶ 17 and Ex. P (RT Live Website, "Wisconsin Details", accessed on July 7, 2020 at <https://rt.live/us/WI>).)

**RESPONSE NO. 54:** Not disputed.

55. National reporting on the pandemic bears out that COVID-19 has had a disproportionate impact on urban centers and particularly on African Americans, Latinos, and the poor (regardless of race) and it predicts that COVID-19 will continue to have such a

disproportionate impact on these groups. (Goode Decl. ¶ 19 and Ex. R (Rashawn Ray, “Why are Blacks Dying at Higher Rates from COVID-19?”, April 9, 2020, *Brookings Institution*, accessed on July 7, 2020 at <https://www.brookings.edu/blog/fixgov/2020/04/09/why-are-blacks-dying-at-higher-rates-from-covid-19/>); Goode Decl. ¶ 20 and Ex. S (“Covid-19 is Ravaging Black Communities: A Milwaukee Neighborhood is Figuring Out How to Fight Back,” April 6, 2020, *Washington Post*, accessed on July 7, 2020 at [https://www.washingtonpost.com/politics/covid-19-is-ravaging-black-communities-a-milwaukee-neighborhood-is-figuring-out-how-to-fight-back/2020/04/06/1ae56730-7714-11ea-ab25-4042e0259c6d\\_story.html](https://www.washingtonpost.com/politics/covid-19-is-ravaging-black-communities-a-milwaukee-neighborhood-is-figuring-out-how-to-fight-back/2020/04/06/1ae56730-7714-11ea-ab25-4042e0259c6d_story.html)); Goode Decl. ¶ 21 and Ex. T (Ben Poston et al., “L.A. Releases First Racial Breakdown of Coronavirus Fatalities; Blacks Have Higher Death Rate,” April 7, 2020, *Los Angeles Times*, accessed on July 7, 2020 at <https://www.latimes.com/california/story/2020-04-07/l-a-releases-first-racial-breakdown-of-coronavirus-fatalities-african-americans-have-higher-death-rate>); Goode Decl. ¶ 22 and Ex. U (Angelina Mosher Salazar, “Coronavirus: South Side Milwaukee ZIP Code Has Disproportionate Number Of Cases,” April 16, 2020, accessed July 7, 2020 at <https://www.wuwm.com/post/coronavirus-south-side-milwaukee-zip-code-has-disproportionate-number-cases#stream/0>).)

**RESPONSE NO. 55:** Not disputed.

56. A cardiologist and academic from Northwestern University recently summed up the impact of COVID-19 on African Americans this way:

In Chicago, more than 50% of COVID-19 cases and nearly 70% of COVID-19 deaths involve black individuals, although blacks make up only 30% of the population. Moreover, these deaths are concentrated mostly in just 5 neighborhoods on the city’s South Side. [Citation omitted.] In Louisiana, 70.5% of deaths have occurred among black persons, who represent 32.2% of the state’s population. [Citation omitted.]. In Michigan, 33% of COVID-19 cases and 40% of deaths have occurred among black individuals, who represent 14% of the population. [Citation omitted.] If New York City has become the epicenter, this disproportionate burden

is **validated again** in underrepresented minorities, especially blacks and now Hispanics, who have accounted for 28% and 34% of deaths, respectively (population representation: 22% and 29%, respectively). [Citation omitted.]

The Johns Hopkins University and American Community Survey indicate that to date, of 131 predominantly black counties in the US, the infection rate is 137.5/100 000 and the death rate is 6.3/100 000. [Citation omitted.] **This infection rate is more than 3-fold higher than that in predominantly white counties.** Moreover, this death rate for predominantly black counties is 6-fold higher than in predominantly white counties. Even though these data are preliminary and further study is warranted, **the pattern is irrefutable: underrepresented minorities are developing COVID-19 infection more frequently and dying disproportionately.**

(Goode Decl. ¶ 23 and Ex. V (Clyde W. Yancy, M.D., M.Sc., “COVID-19 and African Americans,” JAMA, April 15, 2020, accessed on July 7, 2020 at <https://jamanetwork.com/journals/jama/fullarticle/2764789>; emphases added).)

**RESPONSE NO. 56:** Not disputed.

57. Of the 45 people confirmed to have died from complications of COVID-19 in Milwaukee County as of March 30, 2020, 33 were African American. (Goode Decl. ¶ 24 and Ex. W (Mary Spicuzza et al., “‘A Perfect Storm’: African Americans in Milwaukee, Already Facing Health Disparities, Hit Hard by Coronavirus,” April 3, 2020, *Milwaukee Journal Sentinel*, accessed on April 17, 2020 at <https://www.jsonline.com/story/news/2020/04/03/african-americans-milwaukee-hit-hard-coronavirus/5111950002/>).)

**RESPONSE NO. 57:** Not disputed.

58. David R. Williams, public health professor and chairman of the Department of Social and Behavioral Sciences at Harvard University, when asked to speak about Milwaukee’s situation with COVID-19 and its impact on the African American community, explained it this way: “Here is a virus attacking individuals, and they’re more vulnerable physically and they’re also

vulnerable socioeconomically . . . We have mountains of evidence that indicates people of color in this country have higher levels of underlying stressors.” (*Id.*)

**RESPONSE NO. 58:** Not disputed.

59. In the view of David R. Williams, public health professor and chairman of the Department of Social and Behavioral Sciences at Harvard University, COVID-19 and the longstanding problems associated with the overall health and socioeconomic disparity in certain communities has created a “perfect storm.” (*Id.*)

**RESPONSE NO. 59:** Not disputed.

60. DHS data reported as of July 7, 2020, demonstrates that Wisconsin’s mostly urban counties have been hit hardest by COVID-19 with 23,413 confirmed cases out of a total of 32,556. (Goode Decl. ¶ 25 and Ex. X (DHS Website, “COVID-19: County Data,” accessed on July 7, 2020 at <https://www.dhs.wisconsin.gov/covid-19/county.htm>).)

**RESPONSE NO. 60:** Not disputed.

61. As of July 7, 2020 DHS data reported that Brown County had 3,072 cases, Dane County had 2,510 cases, Kenosha County had 1,610 cases, Milwaukee County had 12,539 cases, Racine County had 2,253 cases, and Waukesha County had 1,429 cases, which made up approximately 72 percent of COVID-19 cases in Wisconsin. (*Id.*)

**RESPONSE NO. 61:** Not disputed.

62. “Nearly 90 percent of Wisconsin’s African American population lives in the following six counties, all of which are located in Southeastern or Southern Wisconsin: Milwaukee, Dane, Racine, Kenosha, Rock, and Waukesha. When looking at African Americans as a percent of the total county population, Milwaukee County tops this list, with 25.6 percent.” (Goode Decl. ¶ 26 and Ex. Y (DHS Website, “African Americans in Wisconsin: An



Overview,” accessed on July 7, 2020 at <https://www.dhs.wisconsin.gov/minority-health/population/afriamer-pop.htm>.)

**RESPONSE NO. 62:** Not disputed.

63. The CDC dedicates an entire webpage to safe voting while COVID-19 runs its course. (Goode Decl. ¶ 27 and Ex. Z (CDC Website, “Considerations for Election Polling Locations and Voters”, accessed on July 7, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html>).)

**RESPONSE NO. 63:** Not disputed.

64. According to the CDC, “[e]lections with only in-person voting on a single day are **higher risk** for COVID-19 spread because there will be larger crowds and longer wait times.” (*Id.*; emphasis added.)

**RESPONSE NO. 64:** Not disputed.

65. The CDC’s recommendations for “in person” voting during COVID-19 are designed to mitigate (e.g., diminish and not eliminate) the effect of the pandemic on both voters and poll workers. (*Id.*)

**RESPONSE NO. 65:** Not disputed.

66. In general, to mitigate the potential harm of COVID-19, the CDC recommends: (1) a wide variety of voting options; (2) longer voting periods (both more days and more hours each day); and (3) any other feasible options for reducing the number of voters who congregate indoors in polling locations at the same time. (*Id.*)

**RESPONSE No. 66:** Not disputed.

67. Chrystal and Terron Edwards are registered African-American voters who have regularly voted in Wisconsin elections for over a decade. (Declaration of Chrystal Edwards (“C. Edwards Decl.”) ¶ 1; Declaration of Terron Edwards (“T. Edwards Decl.”) ¶ 1.)

**RESPONSE NO. 67:** Not disputed.

68. Chrystal and Terron Edwards see voting as a civic duty and, particularly with local elections, appreciate the very real stake they have in the outcomes. (*Id.*; *Id.*)

**RESPONSE NO. 68:** Not disputed.

69. Chrystal Edwards makes it her business to familiarize herself with the candidates and their campaign promises, going so far as to educate others about those issues. (C. Edwards Decl. ¶ 1.)

**RESPONSE NO. 69:** Not disputed.

70. Chrystal and Terron Edwards understand the historical context of African-American enfranchisement, a right for which their ancestors fought and died. (*Id.* ¶ 1; T. Edwards Decl. ¶ 1.)

**RESPONSE NO. 70:** Not disputed.

71. Terron Edwards has diabetes, a metabolic disorder involving dysregulation of blood-sugar levels. (*Id.* ¶ 2; *Id.* ¶ 2.)

**RESPONSE NO. 71:** Not disputed.

72. Terron and Chrystal both know that the CDC associates diabetes with an increased risk of severe illness from COVID-19. (*Id.*; *Id.*)

**RESPONSE NO. 72:** Not disputed.

73. Chrystal and Terron Edwards have three children especially vulnerable to illness. (*Id.* ¶¶ 3-4; *Id.* ¶¶ 3-4.)

**RESPONSE NO. 73:** Not disputed.

74. Chrystal and Terron Edwards have a 14-year-old daughter who suffers from symptoms consistent with asthma, a respiratory inflammation disorder, and who regularly relies on an inhaler. (*Id.* ¶ 3; *Id.* ¶ 3.)

**RESPONSE NO. 74:** Not disputed.

75. Chrystal and Terron Edwards understand that the CDC associates asthma with an increased risk of severe illness from COVID-19. (*Id.*; *Id.*)

**RESPONSE NO. 75:** Not disputed.

76. Chrystal and Terron Edwards also have a five-year-old son who was born with spina bifida, a congenital deformity of the spine. (*Id.* ¶ 4; *Id.* ¶ 4.)

**RESPONSE NO. 76:** Not disputed.

77. Chrystal and Terron Edwards' son is currently waiting to undergo a surgical procedure. (*Id.*; *Id.*)

**RESPONSE NO. 77:** Not disputed.

78. Chrystal and Terron Edwards are guardians for a 16-year-old who is unvaccinated. (*Id.*; *Id.*)

**RESPONSE NO. 78:** Not disputed.

79. Chrystal and Terron Edwards decided to vote absentee in the Spring Election because of the COVID-19 pandemic. (*Id.* ¶ 5; *Id.* ¶ 5.)

**RESPONSE NO. 79:** Not disputed.

80. Chrystal and Terron Edwards chose absentee voting because voting in person created a risk that they would contract and possibly die from a severe illness, such as COVID-19, and/or spread such severe illness to their vulnerable children. (*Id.* ¶¶ 5, 7-8; *Id.* ¶¶ 5, 7.)

**RESPONSE NO. 80:** Not disputed.

81. Chrystal and Terron Edwards requested absentee ballots about three weeks before the Spring Election. (C. Edwards Decl. ¶ 5.)

**RESPONSE NO. 81:** Not disputed.

82. Because Chrystal and Terron Edwards had not received their absentee ballots by April 6, 2020, they hoped that the Spring Election would be postponed or that the deadline for submitting their absentee ballot would be extended by a week. (*Id.* ¶ 6; T. Edwards Decl. ¶ 6.)

**RESPONSE NO. 82:** Not disputed.

83. Chrystal and Terron Edwards were devastated when they learned of the court decisions forcing them to vote in person if they wanted their votes counted. (*Id.*; *Id.*)

**RESPONSE NO. 83:** Not disputed.

84. Considering the very significant health risks to themselves and their children should one or both of them contract COVID-19, Chrystal and Terron Edwards determined that voting in person might lead to their death or their children's. (*Id.* ¶¶ 7-8; *Id.* ¶¶ 5, 7.)

**RESPONSE NO. 84:** Not disputed.

85. Chrystal and Terron Edwards further knew that the entire City of Milwaukee—and its roughly 600,000-person population—would be serviced by only five voting stations. (C. Edwards Decl. ¶ 6.)

**RESPONSE NO. 85:** Not disputed.

86. Chrystal and Terron Edwards were shocked, appalled, disgusted, and disappointed at the position in which they were placed. (*Id.* ¶ 7.)

**RESPONSE NO. 86:** Not disputed.

87. Chrystal and Terron Edwards chose not to vote in person. (*Id.* ¶¶ 7-8; T. Edwards Decl. ¶ 7.)

**RESPONSE NO. 87:** Not disputed.

88. Chrystal and Terron Edwards' absentee ballots never arrived. (*Id.* ¶¶ 8-9; *Id.* ¶ 7.)

**RESPONSE NO. 88:** Not disputed.

89. William Laske is a registered voter who resides in Milwaukee and who has regularly voted in state and local elections. (Declaration of William Laske ("Laske Decl.") ¶¶ 1-2.)

**RESPONSE NO. 89:** Not disputed.

90. William Laske takes his right to vote seriously and considers it his responsibility to exercise that right. (*Id.* ¶ 5.)

**RESPONSE NO. 90:** Not disputed.

91. William Laske William has voted consistently in nearly every election since he was discharged from the military in 1972. (*Id.*)

**RESPONSE NO. 91:** Not disputed.

92. William Laske has chronic obstructive pulmonary disease (COPD), a progressive lung disease, and obliterative bronchiolitis (OB), an inflammatory disorder affecting smaller airways of the lungs. (*Id.* ¶ 1.)

**RESPONSE NO. 92:** Not disputed.

93. William Laske uses supplemental oxygen for his breathing difficulties in connection with his conditions. (*Id.*)

**RESPONSE NO. 93:** Not disputed.

94. William Laske understands that the CDC associates COPD with an increased risk of severe illness from COVID-19. (*Id.* ¶ 2.)

**RESPONSE NO. 94:** Not disputed.

95. William Laske was concerned that, given his COPD, OB, and need for supplemental oxygen, he might die if he was exposed to the coronavirus while voting in person. (*Id.* ¶¶ 2, 6.)

**RESPONSE NO. 95:** Not disputed.

96. William Laske chose to order an absentee ballot on March 20, 2020. (*Id.* ¶ 2.)

**RESPONSE NO. 96:** Not disputed.

97. March 20, 2020 was the first time William Laske ever requested an absentee ballot. (*Id.* ¶ 6.)

**RESPONSE NO. 97:** Not disputed.

98. On March 25, 2020, William Laske received a mailing confirming that he requested a ballot. (*Id.* ¶ 3.)

**RESPONSE NO. 98:** Not disputed.

99. As of April 6, 2020, William Laske had not received the absentee ballot he requested. (*Id.*)

**RESPONSE NO. 99:** Not disputed.

100. Because as of April 6, 2020, he had not received the absentee ballot he requested, William Laske called the Milwaukee Election Commission. (*Id.*)

**RESPONSE NO. 100:** Not disputed.

101. On the phone with the Milwaukee Election Commission, William Laske was placed on hold for an hour, and then told that his absentee ballot had been mailed on March 22, 2020. (Id.)

**RESPONSE NO. 101:** Not disputed.

102. During a call he placed to the Milwaukee Election Commission, William Laske was told that he could either vote in person or deliver a ballot to the Zablocki Library polling place by April 14, 2020. (Id.)

**RESPONSE NO. 102:** Not disputed.

103. William Laske understands that the Supreme Court ruled that delivering a ballot after April 7, 2020 was not a viable option if he wanted his vote to be counted. (Id.)

**RESPONSE NO. 103:** Not disputed.

104. William Laske did not feel safe to vote in person due to the COVID-19 pandemic and his respiratory diseases. (Id. ¶¶ 2, 6.)

**RESPONSE NO. 104:** Not disputed.

105. William Laske believed that contracting COVID-19 would be a “death sentence” for him. (Id. ¶ 6.)

**RESPONSE NO. 105:** Not disputed.

106. William Laske decided against voting in person. (Id.)

**RESPONSE NO. 106:** Not disputed.

107. William Laske’s absentee ballot never arrived. (Id.)

**RESPONSE NO. 107:** Not disputed.

108. William Laske was upset, and he felt cheated, that he was unable to exercise his right to vote. (Id.)

**RESPONSE NO. 108:** Not disputed.

109. Had William Laske been timely provided an absentee ballot, or had he been provided a safe method to vote in person, he would have voted in the Spring Election. (Id. ¶ 4.)

**RESPONSE NO. 109:** Not disputed.

110. Kileigh Hannah is a registered voter residing in Fox Point. (Declaration of Kileigh Hannah (“Hannah Decl.”) ¶ 1.)

**RESPONSE NO. 110:** Not disputed.

111. Kileigh Hannah and her family resided in Wisconsin between 2002 and 2016, moving away to Vermont for four years before returning to Wisconsin in February 2020. (Id. ¶ 7.)

**RESPONSE NO. 111:** Not disputed.

112. Kileigh Hannah secured a driver’s license amid the chaos and uncertainty of the COVID-19 pandemic so that she could successfully order a Wisconsin absentee ballot. (Id. ¶ 7.)

**RESPONSE NO. 112:** Not disputed.

113. Kileigh Hannah has voted in every major election since turning 18 years of age. (Id. ¶ 7.)

**RESPONSE NO. 113:** Not disputed.

114. Kileigh Hannah has multiple sclerosis (MS), a progressive neurological disorder that has many harmful symptoms, including disruption of the immune system. (Id. ¶ 1.)

**RESPONSE NO. 114:** Not disputed.

115. Kileigh Hannah treats her MS by, among other things, maintaining a safe and healthy lifestyle and taking medications such as ocrelizumab (brand name Ocrevus), an immunosuppressive drug. (Id. ¶ 1.)



**RESPONSE NO. 115:** Not disputed.

116. Kileigh Hannah understands that the CDC associates MS with an increased risk of severe illness from COVID-19 and ocrelizumab with an increased risk of respiratory tract infections. (Id. ¶ 3.)

**RESPONSE NO. 116:** Not disputed.

117. Kileigh Hannah understands that an increased risk of respiratory tract infections also increases the risk of severe illness from COVID-19, according to the CDC. (Id. ¶ 3.)

**RESPONSE NO. 117:** Not disputed.

118. Kileigh Hannah had an all-day infusion of disease-modifying treatment scheduled for the day after the Spring Election, a treatment that “knocks out [her] immune system” and puts her at an elevated risk of respiratory infection. (Id. ¶ 8.)

**RESPONSE NO. 118:** Not disputed.

119. Due to her health conditions and treatment, the rapid spread of COVID-19 in Milwaukee County, and her fear of severe illness or death, Kileigh Hannah decided not to vote in person. (Id. ¶ 5.)

**RESPONSE NO. 119:** Not disputed.

120. Kileigh Hannah chose to vote by absentee ballot. (Id. ¶ 4.)

**RESPONSE NO. 120:** Not disputed.

121. Kileigh Hannah ordered her absentee ballot on or about March 22, 2020. (Id. ¶ 4.)

**RESPONSE NO. 121:** Not disputed.

122. The Spring Election was the first time Kileigh Hannah had chosen to vote by absentee ballot. (Id. ¶ 9.)

**RESPONSE NO. 122:** Not disputed.

123. Kileigh's absentee ballot never arrived. (Id. ¶ 9.)

**RESPONSE NO. 123:** Not disputed.

124. Kileigh Hannah called the Fox Point Town Hall about her missing absentee ballot, and they told her to call the post office. (Id. ¶ 9.)

**RESPONSE NO. 124:** Not disputed.

125. Kileigh Hannah called the post office about her missing absentee ballot, and they said she would find it in the mail. (Id. ¶ 9.)

**RESPONSE NO. 125:** Not disputed.

126. Kileigh Hannah's absentee ballot never came. (Id. ¶ 9.)

**RESPONSE NO. 126:** Not disputed.

127. Kileigh Hannah debated voting in person on the day of the Spring Election, but in the end, she decided that it was not worth risking her life. (Id. ¶ 9.)

**RESPONSE NO. 127:** Not disputed.

128. Kileigh Hannah further hoped that someone would remedy the situation by permitting her to cast a late absentee ballot to be counted, which did not occur. (Id. ¶ 9.)

**RESPONSE NO. 128:** Not disputed.

129. Had she been provided with an absentee ballot in time, or a safe method to vote in person, Kileigh Hannah would have exercised her right to vote in the Spring Election. (Id. ¶ 6.)

**RESPONSE NO. 129:** Not disputed.

130. Todd and Jan Graveline are married registered voters who reside in Milwaukee and regularly vote in their state and local elections. (Declaration of Todd Graveline "T. Graveline Decl." ¶ 1; Declaration of Jan Graveline ("J. Graveline Decl.") ¶ 1.)

**RESPONSE NO. 130:** Not disputed.

131. Because of the COVID-19 pandemic, Jan Graveline requested absentee ballots for both of them a few weeks prior to the Spring Election. (Id. ¶ 7; Id. ¶ 6.)

**RESPONSE NO. 131:** Not disputed.

132. Jan Graveline does not typically vote absentee. (J. Graveline Decl. ¶ 6.)

**RESPONSE NO. 132:** Not disputed.

133. When Todd and Jan Graveline had not received their absentee ballots by April 3, 2020, Jan called and spoke to someone who said she would mail out new absentee ballots. (T. Graveline Decl. ¶ 7; J. Graveline Decl. ¶ 6.)

**RESPONSE NO. 133:** Not disputed.

134. Neither Todd nor Jan Graveline's absentee ballots ever arrived. (Id. ¶ 7; Id. ¶¶ 5-6.)

**RESPONSE NO. 134:** Not disputed.

135. On the day of the Spring Election, Todd and Jan Graveline were conflicted as to whether to vote in person. (Id. ¶ 4; Id. ¶ 3.)

**RESPONSE NO. 135:** Not disputed.

136. Todd and Jan Graveline feared being exposed to the coronavirus while voting, and contracting COVID-19 or spreading the illness to one another. (Id. ¶ 4; Id. ¶ 3.)

**RESPONSE NO. 136:** Not disputed.

137. Todd and Jan Graveline value their right to vote, and did not want to be disenfranchised in the Spring Election. (Id. ¶ 4; Id. ¶ 3.)

**RESPONSE NO. 137:** Not disputed.

138. Todd and Jan Graveline decided to go to Milwaukee's Riverside High School to vote in person. (Id. ¶ 5; Id. ¶ 4.)

**RESPONSE NO. 138:** Not disputed.

139. Todd and Jan Graveline waited in line to vote outside of Riverside High School before following the line inside, a process that took roughly 30 minutes. (J. Graveline Decl. ¶ 6.)

**RESPONSE NO. 139:** Not disputed.

140. While waiting in line to vote, Todd and Jan Graveline followed social distancing principles and Jan wore a mask and gloves. (Id. ¶ 6.)

**RESPONSE NO. 140:** Not disputed.

141. While waiting outside Riverside High School in line to vote, Todd Graveline grew very anxious about the number of people in line and how close they were standing to him, and he became increasingly worried about being exposed to the coronavirus. (T. Graveline Decl. ¶ 5.)

**RESPONSE NO. 141:** Not disputed.

142. Todd Graveline left the polling place out of fear for his health and safety, afraid he might become ill or die. (Id. ¶ 5.)

**RESPONSE NO. 142:** Not disputed.

143. Jan Graveline successfully voted in person. (J. Graveline Decl. ¶ 6.)

**RESPONSE NO. 143:** Not Disputed.

144. Had they been timely provided an absentee ballot, Todd and Jan Graveline would have voted by absentee ballot. (T. Graveline Decl. ¶ 6; J. Graveline Decl. ¶ 2.)

**RESPONSE NO. 144:** Not disputed.

145. Had Todd Graveline been provided a safe method to vote in person, he would have exercised his right to vote in the Spring Election. (T. Graveline Decl. ¶ 6.)

**RESPONSE NO. 145:** Not disputed.

146. Jean Ackerman is an 89-year-old registered voter who resides in Madison with her daughter. (Declaration of Jean Ackerman (“Ackerman Decl.”) ¶¶ 1, 6.)

**RESPONSE NO. 146:** Not disputed.

147. Jean Ackerman has physical health issues and is not mobile. (Id. ¶ 1.)

**RESPONSE NO. 147:** Not disputed.

148. Jean Ackerman has degenerative disc disease of the spine and spondylitis, an inflammatory disorder of the vertebrae, which cause pain and weakness in her legs. (Id. ¶ 2.)

**RESPONSE NO. 148:** Not disputed.

149. Jean Ackerman has arthritis in her knees, preventing her from being able to walk or stand for any more than a few steps. (Id. ¶ 2.)

**RESPONSE NO. 149:** Not disputed.

150. Jean Ackerman has high blood pressure, high cholesterol, and is in renal failure, meaning her kidneys are in a state of dysfunction. (Id. ¶ 2.)

**RESPONSE NO. 150:** Not disputed.

151. On account of her health conditions, the risk of her being exposed to the coronavirus at the polling place, and her limited mobility, Jean Ackerman decided that she could not vote in person. (Id. ¶ 4.)

**RESPONSE NO. 151:** Not disputed.

152. Jean Ackerman ordered an absentee ballot. (Id. ¶ 3.)

**RESPONSE NO. 152:** Disputed. Id. ¶ 3 “I considered and was trying to learn how to order an absentee ballot.”

153. The absentee ballot that Jean Ackermann ordered never arrived. (Id. ¶ 3.)

**RESPONSE NO. 153:** Disputed.

154. On the day before the Spring Election, Jean Ackerman learned that Governor Evers extended the deadline to mail in absentee ballots, but then learned that the courts overruled Governor Evers' extension. (Id. ¶ 6.)

**RESPONSE NO. 154:** Not disputed.

155. Even though Jean Ackerman had not received an absentee ballot, she could not risk going out and standing in line to vote, and it was physically impossible for her to do so. (Id. ¶ 6.)

**RESPONSE NO. 155:** Not disputed.

156. Had she been timely provided with an absentee ballot, or a safe method to vote in person, Jean Ackerman would have exercised her right to vote. (Id. ¶ 5.)

**RESPONSE NO. 156:** Not disputed.

157. John Jacobson is a registered voter residing in Milwaukee who regularly votes in state and local elections. (Declaration of John Jacobson ("Jacobson Decl.") ¶¶ 1-2.)

**RESPONSE NO. 157:** Not disputed.

158. John Jacobson is employed by Shorewood High School as a teacher of social studies, politics, and history. (Id. ¶ 1.)

**RESPONSE NO. 158:** Not disputed.

159. John Jacobson temporarily moved into the home of his elderly parents to care for them during the COVID-19 pandemic, and he resided there on the day of the Spring Election, which was possible because Governor Evers closed all public schools as part of efforts to promote social distancing. (Id. ¶ 3.)

**RESPONSE NO. 159:** Not disputed.

160. John Jacobson timely requested an absentee ballot on or around March 18, 2020. (Id. ¶ 3.)

**RESPONSE NO. 160:** Not disputed.

161. John Jacobson's absentee ballot never arrived. (Id. ¶ 4.)

**RESPONSE NO. 161:** Not disputed.

162. Had he timely received the ballot, John Jacobson would have exercised his right to vote in the Spring Election. (Id. ¶ 5.)

**RESPONSE NO. 162:** Not disputed.

163. Kristopher and Katie Rowe are registered voters residing in Glendale, Wisconsin. (Declaration of Kristopher Rowe ("Kr. Rowe Decl.") ¶¶ 1-2; Declaration of Katie Rowe ("Ka. Rowe Decl.") ¶¶ 1-2.)

**RESPONSE NO. 163:** Not disputed.

164. Kristopher and Katie Rowe highly value their right to vote. (Id. ¶ 4; Id. ¶ 4.)

**RESPONSE NO. 164:** Not disputed.

165. Because they feared contracting the coronavirus and spreading it to one another and to their family, Kristopher and Katie Rowe ordered absentee ballots. (Id. ¶ 2; Id. ¶ 2.)

**RESPONSE NO. 165:** Not disputed.

166. Kristopher and Katie Rowe completed their absentee ballots and mailed them back on April 1, 2020. (Id. ¶ 3; Id. ¶ 1.)

**RESPONSE NO. 166:** Not disputed.

167. The Wisconsin voter online database does not reflect that either Kristopher or Katie Rowe's votes were counted. (Id. ¶ 3; Id. ¶ 3.)

**RESPONSE NO. 167:** Not disputed.

168. Kristopher and Katie do not believe that their absentee ballots were counted, and they find this disturbing. (Id. ¶ 3; Id. ¶ 3.)

**RESPONSE NO. 168:** Not disputed.

169. Douglas and Angela West are married African American registered voters residing in Glendale. (Declaration of Douglas West (“D. West Decl.”) ¶¶ 1, 6; Declaration of Angela West (“A. West Decl.”) ¶¶ 1, 7.)

**RESPONSE NO. 169:** Not disputed.

170. Douglas West has diabetes, high blood pressure, coronary artery disease, and chronic obstructive pulmonary disease, and he needs to use supplemental oxygen on a regular basis. (Id. ¶ 2; Id. ¶ 2.)

**RESPONSE NO. 170:** Not disputed.

171. Angela West has high blood pressure. (A. West Decl. ¶ 3.)

**RESPONSE NO. 171:** Not disputed.

172. According to the CDC, Douglas and Angela Wests’ conditions place them at an increased risk of severe illness due to COVID-19. (Id. ¶ 2; Id. ¶¶ 2-3.)

**RESPONSE NO. 172:** Not disputed.

173. Douglas and Angela West usually vote at a school just three blocks from their home, but would have had to travel to Washington High School to vote in the Spring Election. (Id. ¶ 4; Id. ¶ 5.)

**RESPONSE NO. 173:** Not disputed.

174. Because they feared contracting the coronavirus and were concerned about illness or death, and the impact of COVID-19 on their family, Douglas and Angela West ultimately decided not to vote in person. (Id. ¶ 5; Id. ¶ 6.)

**RESPONSE NO. 174:** Not disputed.



175. Had they been provided with a safe method to vote in person, Douglas and Angela West would have exercised their right to vote. (Id. ¶ 6; Id. ¶ 7.)

**RESPONSE NO. 175:** Not disputed.

176. Charles Dennert is a registered voter who, since early April 2020, had temporarily resided at his family's home in Waukesha. (Declaration of Charles Dennert ("Dennert Decl.") ¶¶ 2-3.)

**RESPONSE NO. 176:** Not disputed.

177. At the time of the Spring Election, Charles Dennert had fractured his leg and was unable to drive a vehicle. (Id. ¶ 3.)

**RESPONSE NO. 177:** Not disputed.

178. Charles Dennert timely requested an absentee ballot on March 24, 2020. (Id. ¶ 2.)

**RESPONSE NO. 178:** Not disputed.

179. Charles Dennert's absentee ballot never came. (Id. ¶ 2.)

**RESPONSE NO. 179:** Not disputed.

180. Because Charles Dennert had no way to commute to his Milwaukee polling station, he was unable to vote in person. (Id. ¶ 3.)

**RESPONSE NO. 180:** Not disputed.

181. Had he been timely provided an absentee ballot, Charles Dennert would have exercised his right to vote. (Id. ¶ 4.)

**RESPONSE NO. 181:** Not disputed.

182. Voters with certain medical conditions, or taking particular medications, have compromised immune systems and are, thus, at a higher risk of contracting illnesses, including COVID-19. (Goode Decl. ¶ 44 and Ex. QQ (CDC Website, "People of Any Age with Underlying

Medical Conditions,” accessed July 7, 2020 at [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html)).

**RESPONSE NO. 182:** Not disputed.

183. Terron Edwards has diabetes. (C. Edwards Decl. ¶ 2; T. Edwards Decl. ¶ 2.)

**RESPONSE NO. 183:** Not disputed.

184. William Laske has chronic obstructive pulmonary disease (COPD and) and obliterative bronchiolitis (OB), necessitating the need for supplemental oxygen. (Laske Decl. ¶ 1.)

**RESPONSE NO. 184:** Not disputed.

185. Kileigh Hannah has multiple sclerosis (MS), takes a medication, Ocrevus, for it, and following the Spring Election, she had an all-day infusion of disease-modifying treatment scheduled for the day after the Spring Election, a treatment that “knocks out [her] immune system” and puts her at an elevated risk of respiratory infection. (Hannah Decl. ¶¶ 1, 8.)

**RESPONSE NO. 185:** Not disputed.

186. Jean Ackerman has heart and kidney disorders, including renal failure. (Ackerman Decl. ¶¶ 1-2.)

**RESPONSE NO. 186:** Not disputed.

187. Douglas West has diabetes, high blood pressure, coronary artery disease, and chronic obstructive pulmonary disease; he needs to use supplemental oxygen on a regular basis. (D. West Decl. ¶ 2; A. West Decl. ¶ 2.)

**RESPONSE NO. 187:** Not disputed.

188. Angela West has high blood pressure. (A. West Decl. ¶ 3.)

**RESPONSE NO. 188:** Not disputed.

189. Terron Edwards has a compromised immune system and is remarkably susceptible to severe illness from COVID-19. (C. Edwards Decl. ¶ 2; T. Edwards Decl. ¶ 2; Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 189:** Not disputed.

190. William Laske has a compromised immune system and is remarkably susceptible to severe illness from COVID-19. (Laske Decl. ¶ 2; Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 190:** Not disputed.

191. Kileigh Hannah has a compromised immune system and is remarkably susceptible to severe illness from COVID-19. (Hannah Decl. ¶¶ 1, 3, 8; Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 191:** Not disputed.

192. Jean Ackerman has a compromised immune system and is remarkably susceptible to severe illness from COVID-19. (Ackerman Decl. ¶¶ 1-2, 4; Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 192:** Not disputed.

193. Douglas West has a compromised immune system and is remarkably susceptible to severe illness from COVID-19. (D. West Decl. ¶ 2; A. West Decl. ¶¶ 2-3; Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 193:** Not disputed.

194. Angela West has a compromised immune system and is remarkably susceptible to severe illness from COVID-19. (A. West Decl. ¶¶ 2-3; Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 194:** Not disputed.

195. Jean Ackerman has degenerative disc disease of the spine as well as spondylitis, causing weakness in the legs and preventing her from walking more than a few steps. (Ackerman Decl. ¶ 2.)

**RESPONSE NO. 195:** Not disputed.

196. Jean Ackerman is functionally immobile. (Ackerman Decl. ¶ 1.)

**RESPONSE NO. 196:** Not disputed.

197. Elderly voters are more likely to have immune system problems and have increased risk of severe illness from COVID-19. (Goode Decl. ¶ 45 and Ex. RR (CDC Website, “Older Adults,” accessed July 7, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>).)

**RESPONSE NO. 197:** Not disputed.

198. Jean Ackerman is 89 years old. (Ackerman Decl. ¶ 1.)

**RESPONSE NO. 198:** Not disputed.

199. Charles Dennert fractured his leg prior to the Spring Election. (Dennert Decl. ¶ 3.)

**RESPONSE NO. 199:** Not disputed.

200. Residing with someone whose immune system is compromised and/or someone who has a condition that places them at an increased risk of severe illness if they contract COVID-19 is a special circumstance; for the at-risk person to remain safe and healthy, the voter must be mindful of whether his or her actions will spread a contagion. (Goode Decl. ¶ 44 and Ex. QQ.)

**RESPONSE NO. 200:** Not disputed.

201. “It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.” (Id.)

**RESPONSE NO. 201:** Not disputed.

202. Chrystal Edwards resides with her husband, Terron Edwards, who as mentioned above has diabetes. (C. Edwards Decl. ¶ 2; T. Edwards Decl. ¶ 2.)

**RESPONSE NO. 202:** Not disputed.

203. Chrystal Edwards and Terron Edwards have a 14-year-old daughter with asthma-like symptoms, who regularly requires an inhaler. (C. Edwards Decl. ¶ 3; T. Edwards Decl. ¶ 3.)

**RESPONSE NO. 203:** Not disputed.

204. Chrystal Edwards and Terron Edwards have a 5-year-old son with spina bifida, a congenital defect for which he had an impending surgery scheduled at the time of the Spring Election. (C. Edwards Decl. ¶ 4; T. Edwards Decl. ¶ 4.)

**RESPONSE NO. 204:** Not disputed.

205. Chrystal Edwards and Terron Edwards have an unvaccinated 16-year-old for whom they are guardian. (Id.)

**RESPONSE NO. 205:** Not disputed.

206. John Jacobson had moved in with his elderly parents at the time of the Spring Election to care for them during the COVID-19 pandemic. (Jacobson Decl. ¶ 3.)

**RESPONSE NO. 206:** Not disputed.

207. Angela and Douglas West reside together, and as mentioned above, have multiple conditions placing them both at higher risk of severe illness if they contract COVID-19. (D. West Decl. ¶ 2; A. West Decl. ¶¶ 2-3.)

**RESPONSE NO. 207:** Not disputed.

208. Chrystal Edwards, Terron Edwards, William Laske, Kileigh Hannah, Todd Graveline, Jan Graveline, Jean Ackerman, John Jacobson, and Charles Dennert all timely requested absentee ballots. (C. Edwards Decl. ¶ 5; T. Edwards Decl. ¶ 5; Laske Decl. ¶ 2; Hannah

Decl. ¶ 4; T. Graveline Decl. ¶ 7; J. Graveline ¶ 6; Ackerman Decl. ¶ 3; Jacobson Decl. ¶ 3; Dennert Decl. ¶ 2.)

**RESPONSE NO. 208:** Disputed. (Ms. Ackerman did not timely request an absentee ballot.)

209. Chrystal Edwards, Terron Edwards, William Laske, Kileigh Hannah, Todd Graveline, Jan Graveline, Jean Ackerman, John Jacobson, and Charles Dennert never received an absentee ballot. (C. Edwards Decl. ¶¶ 8-9; T. Edwards Decl. ¶ 7; Laske Decl. ¶ 6; Hannah Decl. ¶ 9; T. Graveline Decl. ¶ 7; J. Graveline ¶¶ 5-6; Ackerman Decl. ¶ 3; Jacobson Decl. ¶ 4; Dennert Decl. ¶ 2.)

**RESPONSE NO. 209:** Disputed. (Ms. Ackerman did not timely request an absentee ballot.)

210. Kristopher Rowe and Katie Rowe timely mailed in their completed absentee ballots. (Kr. Rowe Decl. ¶¶ 2-3; Ka. Rowe Decl. ¶¶ 1-2.)

**RESPONSE NO. 210:** Not disputed.

211. Kristopher Rowe's and Katie Rowe's absentee ballots were never counted. (Kr. Rowe Decl. ¶ 3; Ka. Rowe Decl. ¶ 3.)

**RESPONSE NO. 211:** Disputed. The Rowe's *believe* their absentee ballots were never counted.

212. Chrystal Edwards, Terron Edwards, William Laske, Kileigh Hannah, Jean Ackerman, Douglas West, and Angela West decided not to vote in person because they feared contracting COVID-19 or spreading it to loved ones. (C. Edwards Decl. ¶¶ 5, 7-8; T. Edwards Decl. ¶¶ 5, 7; Laske Decl. ¶¶ 2, 6; Hannah Decl. ¶¶ 5, 9; Ackerman Decl. ¶¶ 4, 6; D. West Decl. ¶¶ 4-5; A. West Decl. ¶¶ 5-6.)

**RESPONSE NO. 212:** Not disputed.

213. Charles Dennert, who lived with his parents in Waukesha while recovering from a broken leg, was unable to secure transportation to one of the five downtown Milwaukee polling places. (Dennert Decl. ¶¶ 2-3.)

**RESPONSE NO. 213:** Not disputed.

214. Todd Graveline went to vote in person but, anxious about the number of people in line and how close they stood to him, left the polling place out of fear for his health and safety. (T. Graveline Decl. ¶ 5.)

**RESPONSE NO. 214:** Not disputed.

215. The WEC issued a memorandum on March 18, 2020, outlining shortages of poll workers, polling locations, absentee ballot envelopes, and supplies for cleaning and sanitation. (Goode Decl. ¶ 28 and Ex. AA (WEC Memorandum, accessed on July 7, 2020 at [https://elections.wi.gov/sites/elections.wi.gov/files/2020-03/Com\\_.%20memo%20re%20COVID-19%20Election%20Planning%203.18.20.pdf](https://elections.wi.gov/sites/elections.wi.gov/files/2020-03/Com_.%20memo%20re%20COVID-19%20Election%20Planning%203.18.20.pdf)).)

**RESPONSE NO. 215:** Not disputed.

216. Local elections officials were advised through that memorandum that, with some local exceptions, “there appears to be no hand sanitizer or sanitation wipes available through local, state or federal channels. Other products such as bleach and rubbing alcohol are also difficult to obtain.” (Id. p. 3.)

**RESPONSE NO. 216:** Not disputed.

217. The WEC also advised local clerks to recruit backup elections inspectors and implement contingency plans for shortages, as well as plans for their own absence should they be unable to serve up to and on Election Day. (Id. pp. 4-5.)

**RESPONSE NO. 217:** Not disputed.

218. The Commission declined to apply Wis. Stat. § 6.87(2), a statute providing a procedure for electors hospitalized on election day to vote from the hospital, to individuals restricted to their homes due to the pandemic. (Id. pp. 5-6.)

**RESPONSE NO. 218:** Objection, this proposed fact is argument.

219. Kevin Morris and Peter Miller at the Brennan Center for Justice at the NYU School of Law released Voting in a Pandemic: COVID-19 and Primary Turnout in Milwaukee, Wisconsin on June 23, 2020 (the “BCJ Study”). (Goode Decl. ¶ 29 and Ex. BB (Kevin Morris et al., Voting in a Pandemic: COVID-19 and Primary Turnout in Milwaukee, Wisconsin, June 23, 2020, accessed on July 7, 2020 at <https://assets.documentcloud.org/documents/6955151/Mke-Turnout-1.pdf>).)

**RESPONSE NO. 219:** Not disputed.

220. The BCJ Study found that polling place consolidation due to lack of poll workers and equipment reduced overall turnout in Milwaukee County by approximately 8.5 percentage points, but by 10.2 for the African American population in the City of Milwaukee. Moreover, turnout in the City was depressed by roughly 8.6 percentage points compared to suburban voters. (Id. p. 7.)

**RESPONSE NO. 220:** Not disputed.

221. The BCJ Study stated: “[I]ncreased absentee voting did not entirely offset the effect of polling place consolidation.” (Id. p. 3.)

**RESPONSE NO. 221:** Not disputed.

222. The BCJ Study concluded that COVID-19 itself likely depressed turnout, especially among Milwaukee residents. (See Id. at 8.)



**RESPONSE NO. 222:** Not disputed.

223. The BCJ Study noted that as of April 7, 2020, there were roughly 14 positive COVID-19 tests per 10,000 residents of Milwaukee County (or 140 per 100,000); its suburbs had a far lesser rate—7.5 per 10,000 (75 per 100,000) in Ozaukee County; 4.4 per 10,000 (44 per 100,000) in Washington; 4.2 per 10,000 (42 per 100,000) in Waukesha, and 3.2 per 10,000 (32 per 100,000) in Racine. (Id. p. 3.)

**RESPONSE NO. 223:** Not disputed.

224. As of July 3, 2020, only three months following the Spring Election, Milwaukee County’s infection rate had increased nine fold, from 140 cases per 100,000 to 1,266.3. (Goode Decl. ¶ 30 and Ex. CC (Wisconsin DHS Website, “COVID-19: Mapped Cases by County,” accessed on July 7, 2020 at <https://www.dhs.wisconsin.gov/covid-19/cases-map.htm>).)

**RESPONSE NO. 224:** Not disputed.

225. As of July 3, 2020, only three months following the Spring Election, Racine County, another county with significant urban and minority population, has seen its cases increase to 1,123.9 per 100,000. (Id.)

**RESPONSE NO. 225:** Not disputed.

226. The primarily suburban counties of Waukesha, Ozaukee, and Washington have seen far more modest increases, to 330.2, 286.6, and 313.7 cases per 100,000 people, respectively. (Id.)

**RESPONSE NO. 226:** Not disputed.

227. As indicated in its June 25, 2020 filing (the “June 25 Report”) in the DNC v. RNC, 20-CV-249 case (Docket No. 227), the WEC will spend federal CARES Act funds, approximately \$2.25 million, to “develop, print, and send an informational mailing to approximately 2.7 million

registered voters in Wisconsin that provides information about the options for voting at the 2020 general Election.” (Goode Decl. ¶ 31 and Ex. DD (June 25, 2020 WEC Defendants Status Report, Dkt. No. 227, p. 3).)

**RESPONSE NO. 227:** Not disputed.

228. As indicated in the June 25 Report, WEC’s informational mailing will be sent to registered voters who do not have an active absentee ballot request form on file, and who are not on a list of voters believed to have moved since their registration was last updated, as compiled by the Electronic Registration Information Center (ERIC). (Id.)

**RESPONSE NO. 228:** Not disputed.

229. As indicated in the June 25 Report, additional staff or contractors will be assisting with data entry and follow up with absentee voters who submit an incomplete application, reducing the burden on municipal clerks “so they can focus on final review of the application and getting absentee ballots out to voters as soon as practicable after receiving the request.” (Id. p. 4.)

**RESPONSE NO. 229:** Not disputed.

230. The June 25 Report states that WEC has or will provide for \$500,000 in CARES Act funding for sanitation and personal protective equipment. (Id.)

**RESPONSE NO. 230:** Not disputed.

231. The June 25 Report provides for up to \$4.1 million in CARES subgrants to municipalities for increased election administration costs, generally. (Id. pp. 4-5.)

**RESPONSE NO. 231:** Not disputed.

232. The June 25 Report provides for Help America Vote Act subgrants to counties (up to \$3.9 million) and municipalities (up to \$2.1 million) to improve election security. (Id. pp. 7-8.)

**RESPONSE NO. 232:** Not disputed.

233. The June 25 Report provides for intelligent mail barcodes to be developed and implemented so that elections officials and mail-in absentee voters will have more accurate information about the status and location of absentee ballots through the postal system. (Id. pp. 5-6.)

**RESPONSE NO. 233:** Not disputed.

234. The June 25 Report states that the myvote.wi.gov system (accessible to voters) and the WisVote system (accessible to elections officials) are or will be upgraded to handle the increase in absentee ballot requests. (Id. pp. 8-9.)

**RESPONSE NO. 234:** Not disputed.

235. The June 25 Report states that the WEC staff will “continue to urge counties and municipalities to solicit election inspectors” and has created or will create poll worker recruitment and voter outreach tools, the latter of which are designed to “explain the mechanics of how to vote by absentee ballot how state and local election officials ensure that voting by absentee ballot is secure.” (Id. pp. 11-12.)

**RESPONSE NO. 235:** Not disputed.

236. The June 25 Report states that WEC staff has produced public health guidance documents and will continue to offer election official and inspector training in advance of the elections. (Id. pp. 12-14.)

**RESPONSE NO. 236:** Not disputed.

237. Elections are operated on a decentralized, local basis, and there are 1,853 voting localities and 1,922 local election officials. (Dkt. 247, pp. 60, 114-15.)

**RESPONSE NO. 237:** Not disputed.

238. President George H.W. Bush, in signing the ADA, stated, “The Americans with Disabilities Act presents us all with an historic opportunity. It signals the end to the unjustified segregation and exclusion of persons with disabilities from the mainstream of American life.” (Goode Decl. ¶ 33 and Ex. FF (webpage from the National Archives, “Transcript of Statement By The President July 26, 1990,” accessed July 7, 2020 at <https://www.archives.gov/research/americans-with-disabilities/transcriptions/naid-6037493-statement-by-the-president-americans-with-disabilities-act-of-1990.html>).)

**RESPONSE NO. 238:** Not disputed.

239. One study, funded by the U.S. Election Assistance Commission entitled, Disability, Voter Turnout, and Voting Difficulties in the 2012 Elections, concluded that 30.1% of voters with disabilities reported difficulty in voting at a polling place (compared to 8.4% of voters without disabilities) with the most common problems being difficulty in reading or seeing the ballot, or understanding how to vote or use voting equipment. (Goode Decl. ¶ 34 and Ex. GG (Disability, Voter Turnout, and Voting Difficulties in the 2012 Elections, July 18, 2013, accessed July 7, 2020 at <https://smlr.rutgers.edu/sites/default/files/images/Disability%20and%20voting%20survey%20report%20for%202012%20elections.pdf>).)

**RESPONSE NO. 239:** Not disputed.

240. One study, funded by the U.S. Election Assistance Commission entitled, Disability, Voter Turnout, and Voting Difficulties in the 2012 Elections, concluded that almost one-third of voters with disabilities required assistance in voting, most commonly given by election officials or family members; and 6.5% of voters with disabilities used extra features or devices in voting, such as large displays and accessible voting machines. (Id.)

**RESPONSE NO. 240:** Not disputed.

241. In October 2017, the Government Accountability Office (“GAO”) issued a report on the accessibility of polling places for individuals with disabilities in the 2016 election. Among its many findings, the GAO study found that 95 percent of polling locations observed had an accessible voting location, however, 65 percent had accessible voting stations that could impede casting a private and independent vote. (Goode Decl. ¶ 35 and Ex. HH. (Voters With Disabilities, Observations on Polling Place Accessibility and Related Federal Guidance, October 2017, accessed on July 7, 2020 at <https://www.gao.gov/assets/690/687556.pdf>.)

**RESPONSE NO. 241:** Not disputed.

242. The CDC has specifically found that individuals suffering from significant underlying medical conditions may also be at an increased risk for severe illness from COVID-19. These include:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised

(Goode Decl. ¶ 36 and Ex. II (CDC Webpage, “People Who Are at Increased Risk for Severe Illness,” accessed July 7, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.)

**RESPONSE NO. 242:** Not disputed.

243. Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

- People with diabetes
- People with chronic kidney disease undergoing dialysis

- People with liver disease
- People living in nursing homes

(Id.)

**RESPONSE NO. 243:** Not disputed.

244. The CDC recommends that election officials implement “any . . . feasible options for reducing the number of voters who congregate indoors in polling locations at the same time.” (Goode Decl. ¶ 27 and Ex. Z (CDC Website, “Considerations for Election Polling Locations and Voters”, accessed July 7, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html>).)

**RESPONSE NO. 244:** Not disputed.

245. Several states—Utah, Colorado, Oregon, Washington, and Hawaii—already have all-mail elections as a matter of course. (Goode Decl. ¶ 37 and Ex. JJ (Brookings article, “How Does Vote-By-Mail Work and Does it Increase Election Fraud?,” June 22, 2020, accessed on July 7, 2020 at <https://www.brookings.edu/policy2020/votervital/how-does-vote-by-mail-work-and-does-it-increase-election-fraud/>).)

**RESPONSE NO. 245:** Not disputed.

246. California, pursuant to an order of Governor Gavin Newsom, has implemented mail-in voting for November 3, 2020, whereby every eligible voter will receive a mail-in ballot, with in-person voting continuing for those who want or need it. (Goode Decl. ¶ 38 and Ex. KK (“Executive Order N-64-20,” accessed July 7, 2020 at <https://www.gov.ca.gov/wp-content/uploads/2020/05/05.08.2020-EO-N-64-20-signed.pdf>).)

**RESPONSE NO. 246:** Not disputed.

247. According to an April 15, 2020 paper from Stanford University’s Democracy & Polarization Lab, mail-in voting does not increase any party’s share of turnout or any party’s vote share; what it does is increase overall average turnout rates. (Goode Decl. ¶ 39 and Ex. LL, The Neutral Partisan Effects of Vote-By-Mail: Evidence from County-Level Rollouts, April 15, 2020, accessed July 7, 2020 at <https://siepr.stanford.edu/sites/default/files/publications/20-015.pdf>.)

**RESPONSE NO. 247:** Not disputed.

248. Importantly, the Brennan Center for Justice reports that there is “no evidence that voting by mail results in significant fraud. As with in-person voting, the threat is infinitesimally small.” (Goode Decl. ¶ 40 and Ex. MM, “Why a Vote-by-Mail Option Is Necessary,” April 7, 2020, accessed July 7, 2020 at <https://www.brennancenter.org/our-work/research-reports/why-vote-mail-option-necessary>.)

**RESPONSE NO. 248:** Not disputed.

249. Obtaining adequate voter identification presents a substantial burden to many voters, particularly even under normal circumstances. See, e.g. Estimating the Effect of Voter ID on Nonvoters in Wisconsin in the 2016 Presidential Election. (Goode Decl. ¶ 41 and Ex. NN (accessed July 7, 2020 at <https://elections.wisc.edu/wp-content/uploads/sites/483/2018/02/Voter-ID-Study-Supporting-Info.pdf>.)

**RESPONSE NO. 249:** Objection. This proposed fact is argument.

250. If the decision in *Luft v. Evers*, 2020 U.S. App. LEXIS 20245, \_\_ F.3d \_\_, 2020 WL 3496860 is not stayed or otherwise altered, military and overseas voters will be entitled to faxed or emailed ballots but domestic voters will not. (Dkt. 247, pp. 130-131.)

**RESPONSE NO. 250:** Objection. This proposed fact is argument and/or opinion.

251. Defendant Wolfe testified that emailed ballots have numerous security measures in place, and she considers email a secure method of “making sure only lawfully—lawfully issued ballots are counted.” (Dkt. 247, p. 175.)

**RESPONSE NO. 251:** Not disputed.

252. Emailed ballots had been allowed for non-military, non-overseas voters for a few years before the Luft decision was issued, without incident. (Id. pp. 175-176.)

**RESPONSE NO. 252:** Disputed. (The deposition testimony does not discuss whether the emailed ballots have been used “without incident.”)

253. An individual diagnosed with COVID-19 is instructed to isolate in their homes and avoid contact with others for at least 10 days, regardless of symptoms. (Goode Decl. ¶ 42 and Ex. OO (DHS Webpage, “COVID-19: Have You or Someone You Know Been Diagnosed with COVID-19?” accessed July 7, 2020 at <https://www.dhs.wisconsin.gov/covid-19/diagnosed.htm>).)

**RESPONSE NO. 253:** Not disputed.

254. The CDC recommends longer periods in which to vote in person. (Goode Decl. ¶ 27 and Ex. Z (CDC Webpage, “Considerations for Election Polling Locations and Voters” accessed July 7, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html>).)

**RESPONSE NO. 254:** Not disputed.

255. Poll worker shortages were well documented for the April 7, 2020 election, requiring consolidation of polling places and activation of the National Guard. (Goode Decl. ¶ 43 and Ex. PP (“In a First for Wisconsin National Guard, Citizen Soldiers and Airmen Serve as Poll Workers Across Wisconsin on Election Day,” April 7, 2020, accessed July 7, 2020 at <https://dma.wi.gov/DMA/news/2020news/20053>).)



**RESPONSE NO. 255:** Not disputed.

Dated: July 20, 2020

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