

# Exhibit C

**STATE OF WISCONSIN, CIRCUIT COURT,** Supreme Court of Wisconsin **COUNTY**

Case Caption: Johnson v. Wisconsin Elections  
Commission

**Application for  
Pro Hac Vice Admission**

Case No. 2021AP001450OA

**I DECLARE UNDER PENALTY OF PERJURY:**

1. That I seek to appear pro hac vice in order to represent  
The Wisconsin Legislature  
in the above-captioned matter;
2. That I am admitted to practice law in the highest court(s) of the state(s) or country(ies) of;  
Massachusetts
3. That there are no disciplinary complaints filed against me for violation of the rules of those  
courts (if so, please explain):
4. That I am not suspended or disbarred from practice for disciplinary reasons or reason of  
medical incapacity in any jurisdiction (if yes, please explain):
5. That I am associated with Attorney Atty. Kevin M. St John , State Bar No. 1054815  
an active member of the State Bar of Wisconsin (name the member of the State Bar of  
Wisconsin and provide his/her Member Number);
6. That I do not practice or hold out to practice law in the State of Wisconsin;
7. That I acknowledge the jurisdiction of the courts of the State of Wisconsin over my  
professional conduct, and I agree to abide by the rules of the relevant division of the Circuit  
Court of the State of Wisconsin, the Wisconsin Court of Appeals, the Wisconsin Supreme  
Court, and the Rules of Professional Conduct for Attorneys, if I am admitted pro hac vice;
8. That I have complied fully with SCR Rule 10.03 (4);
9. That I am applying for admission pro hac vice for the following reasons:  
to move on behalf of the Wisconsin Legislature to intervene as defendant, and if granted, to represent the  
Wisconsin Legislature as Defendant-Intervenor.

I have applied for admission pro hac vice in the courts of the State of Wisconsin  previously in this calendar year.

I attach hereto evidence of my payment or prior payment of the pro hac vice fee.

Signature of Attorney James P. McGlone 10/6/2021 3:08:10 PM	Telephone Number 973-906-6007
Name Printed Mr. James P. McGlone	Email Address (if any) jim@consovoymccarthy.com
Address of Principal Office 1600 Wilson Blvd, Arlington, VA, 22209-2511, USA	



## Receipt:

Name on the card: Mr. James P. McGlone

Payment Total: \$250.00

Payment Date: 10/6/2021 3:08:10 PM

Payment Method: Card ending with: \*1228

Transaction Number: AJ3E4AF9BFBF