



# Village of North Prairie

Waukesha County, Wisconsin

130 N. Harrison Street  
North Prairie, WI 53153  
Phone: (262)392-2271  
Fax: (262)392-2936

November 2021

## NOTICE TO CANDIDATES

Enclosed please find your candidacy papers and nomination papers which need to be completed before your name can be placed on the ballot for the spring election.

**EVERY CANDIDATE MUST** complete the Declaration of Candidacy and the Campaign Finance Registration Statement and file them with the Village Clerk as soon as intent to seek elective office is known.

Nomination papers may be circulated beginning **December 1, 2021** and should be returned to the Village Clerk prior to 5:00 p.m. on **Tuesday, January 4, 2022**. Please make certain all nomination papers are completely filled out and the Certification of the Circulator is completed **after** the signatures have been obtained.

**The election dates are as follows:**

**Spring Primary (if necessary) - February 15, 2022**

**Spring Election - April 5, 2022**

**Nomination papers should contain no less than twenty (20) signatures, and no more than one hundred (100) signatures: one per line, no Mr. or Mrs.**

Be certain to read the back of all forms, especially Exemption from Filing Campaign Finance Report which is located on the back of the Campaign Finance Registration Statement.

Please remember to file your papers with the Village Clerk no later than 5:00 p.m. on **Tuesday, January 4, 2022**.

Respectfully submitted,

Rhoda Bagley

Village Clerk

# Declaration of Candidacy

(See instructions for preparation on back)

FOR OFFICE USE ONLY

Is this an amendment?

Yes (if you have already filed a DOC for this election)

No (if this is the first DOC you have filed for this election)

I, \_\_\_\_\_, being duly sworn, state that  
Candidate's name

I am a candidate for the office of \_\_\_\_\_  
Official name of office - Include district, branch or seat number

representing \_\_\_\_\_  
If partisan election, name of political party or statement of principle - five words or less (Candidates for nonpartisan office may leave blank.)

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.<sup>1</sup>

**My present address, including my municipality of residence for voting purposes is:**

|                   |             |                                |          |   |
|-------------------|-------------|--------------------------------|----------|---|
|                   |             |                                |          | Town of <input type="checkbox"/><br>Village of <input type="checkbox"/><br>City of <input type="checkbox"/> |
| House or fire no. | Street Name | Mailing Municipality and State | Zip code | Municipality of Residence for Voting  |

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

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

STATE OF WISCONSIN

County of \_\_\_\_\_  
(County where oath administered)

}

ss.

\_\_\_\_\_  
(Signature of candidate)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of person authorized to administer oaths)

**NOTARY SEAL  
REQUIRED, IF OATH  
ADMINISTERED BY  
NOTARY PUBLIC**

Notary Public or  other official \_\_\_\_\_  
(Official title, if not a notary)

If Notary Public: My commission expires \_\_\_\_\_ or  is permanent.

The information on this form is required by Wis. Stat. § 8.21, 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. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.20 (6), 120.06 (6)(b), 887.01.

<sup>1</sup> A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

## Instructions for Completing the Declaration of Candidacy

All candidates seeking ballot status for election to any office in the State of Wisconsin must properly complete and file a **Declaration of Candidacy**. This form must be **ON FILE** with the proper filing officer no later than the deadline for filing nomination papers or the candidate's name will not appear on the ballot. A facsimile will be accepted if the FAX copy is received by the filing officer no later than the filing deadline **and** the signed original declaration is received by the filing officer with a postmark no later than the filing deadline.

### **Information to be provided by the candidate:**

- Type or print your name on the first line.
- The title of the office and **any district, branch, or seat number** for which you are seeking election must be inserted on the second line. *For legislative offices insert the title and district number, for district attorneys insert the title and the county, for circuit court offices insert the title, county and branch number, and for municipal and school board offices insert the title and any district or seat number.*
- Type or print the political party affiliation or principle supported by you in five words or less on the third line. *Nonpartisan candidates may leave this line blank.*
- **Felony convictions: Your name cannot appear on the ballot if you have been convicted of a felony in any court in the United States for which you have not been pardoned. Please see footnote on page 1 for further information with respect to convictions for misdemeanors involving a violation of public trust. These restrictions only apply to candidates for state and local office.**
- Your current address, including your municipality of residence for voting purposes, must be inserted on the fourth line. This must include your entire mailing address (**street and number, municipality where you receive mail**) and the name of the municipality in which you reside and vote (town, village, or city of \_\_\_). If your address changes before the election, an amended Declaration of Candidacy must be filed with the filing officer. Wis. Stat. § 8.21. *Federal candidates are not required to provide this information, however an address for contact purposes is helpful.*
- Type or print your name on the fifth line as you want it to be printed on the official ballot. You may use your full legal name, former legal surname, or any combination of first name, middle name, and initials, surname or nickname with last name.

**Note:** The Wisconsin Elections Commission has determined that, absent any evidence of an attempt to manipulate the electoral process, candidates are permitted to choose any form of their name, including nicknames, by which they want to appear on the ballot.

No titles are permitted. In addition, names such as "Red" or "Skip" are permitted, but names which have an apparent electoral purpose or benefit, such as "Lower taxes," "None of the above" or "Lower Spending" are not permitted. It is also not permissible to add nicknames in quotes or parentheses. For example, John "Jack" Jones or John (Jack) Jones are not acceptable, but John Jones, Jack Jones or John Jack Jones are acceptable.

This form must be sworn to and signed in the presence of a notary public or other person authorized to administer oaths, such as a county or municipal clerk. Wis. Stat. §§ 8.21(2), 887.01(1).

### **Information to be provided by the person administering the oath:**

- The county where the oath was administered.
- The date the Declaration of Candidacy was signed and the oath administered.
- The signature and title of the person administering the oath. If signed by a notary public, the notary seal is required and the date the notary's commission expires must be listed.

All candidates for offices using the nomination paper process must file this form (*and all school district candidates must file the EL-162sd*) with the appropriate filing officer no later than the deadline for filing nomination papers. Wis. Stats. §§ 8.10 (5), 8.15 (4)(b), 8.20 (6), 8.21, 8.50 (3)(a), 120.06 (6)(b). Candidates nominated for local office at a caucus must file this form with their municipal clerk within 5 days of receiving notice of nomination. Wis. Stat. § 8.05 (l)(j).



# CAMPAIGN FINANCE REGISTRATION STATEMENT

## STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

|  |                  |
|--|------------------|
| <b>1. Is this an Amendment?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   If yes, please enter your committee number: | Committee Number |
|--|------------------|

### SECTION A: GENERAL INFORMATION

|  |            |  |  |  |            |
|--|------------|--|--|--|------------|
| <b>A1. Candidate Committee/Committee/Conduit Name</b>  |            | <b>A2. Registrant Type (Choose One)</b><br><input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit<br><input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC)<br><input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee |  |  |            |
| A3. Email  | A4. Phone  |  |  |  |            |
| A5. Mailing Address  |            | A6. City   |  | A7. State  | A8. Zip    |
| <b>Depository Institution Information</b>  |            |  |  |  |            |
| A9. Institution Name   |            | A10. Street Address  |  | A11. City  | A12. State |
| A13. Zip   |            |  |  |  |            |
| <b>Treasurer/Administrator Information</b>   |            |  |  |  |            |
| A14. Name  |            | A15. Email   |  | A16. Phone   |            |
| A17. Mailing Address   |            | A18. City  |  | A19. State   | A20. Zip   |
| <b>Other Officers (Optional)</b><br><i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>   |            |  |  |  |            |
| A21. Name  | A22. Title | A23. Email   |  | A24. Phone   |            |
| A25. Name  | A26. Title | A27. Email   |  | A28. Phone   |            |
| <b>Filing Exemption</b><br><i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i> |            |  |  | <b>A29. Exemption Affirmation</b><br><input type="checkbox"/> Yes, this registrant is eligible for exemption<br><input type="checkbox"/> No, this registrant is not eligible for exemption |            |

### SECTION B: CANDIDATE COMMITTEES

|  |  |                     |  |   |          |
|--|--|---------------------|--|---|----------|
| B1. Office Sought (include District/Branch)  |  | B2. Political Party |  | B3. Election Date   |          |
| <b>Candidate Information</b>   |  |                     |  |   |          |
| B4. Name   |  | B5. Email           |  | B6. Phone   |          |
| B7. Mailing Address  |  | B8. City            |  | B9. State   | B10. Zip |
| <b>Second Candidate Committee</b><br><i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i> |  |                     |  | <b>B11. Is this your only registered candidate committee in Wisconsin?</b><br><input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin<br><input type="checkbox"/> No, this is my second candidate committee in Wisconsin |          |
| <b>B12. Other Office Held or Sought (include District/Branch)</b> <i>Only complete B12 if you responded "No" to B11.</i>   |  |                     |  |   |          |

### SECTION C: RECALL COMMITTEES

|  |  |   |
|--|--|---|
| C1. Name of Official Subject to Recall | C2. Office of Official Subject to Recall | C3. <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose |
|--|--|---|



# CAMPAIGN FINANCE REGISTRATION STATEMENT

## STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

### SECTION D: PAC, IEC, AND CONDUITS

|                             |           |           |         |  |
|-----------------------------|-----------|-----------|---------|--|
| D1. Sponsoring Organization | D2. Email | D3. Phone |         |  |
| D4. Mailing Address         | D5. City  | D6. State | D7. Zip |  |

### SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

|  |                    |  |           |         |
|--|--------------------|--|-----------|---------|
| E1. Political Party (Name candidates appear under on a ballot)     |                    | E2. Does the Committee have a Segregated Fund?<br><input type="checkbox"/> No <input type="checkbox"/> Yes |           |         |
| Segregated Fund Depository Institution Information (if applicable) |                    |  |           |         |
| E3. Institution Name   | E4. Street Address | E5. City   | E6. State | E7. Zip |

### SECTION F: REFERENDA COMMITTEES

|  |   |
|--|---|
| F1. Nature of Referendum (if applicable) | F2. <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose |
|--|---|

### SECTION G: CERTIFICATION

**Accurate Information**

*I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.*

**Timely Amendments**

*I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.*

**Records Retention**

*I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.*

**Ongoing Compliance**

*This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.*

**Treasurer/Administrator**

|                  |               |          |
|------------------|---------------|----------|
| G1. Printed Name | G2. Signature | G3. Date |
|------------------|---------------|----------|

**Candidate (if applicable)**

|                  |               |          |
|------------------|---------------|----------|
| G4. Printed Name | G5. Signature | G6. Date |
|------------------|---------------|----------|



# FORM INSTRUCTIONS

## CAMPAIGN FINANCE REGISTRATION STATEMENT (CF-1)

**Note:** Use of this form is required by the Ethics Commission for registration of a political committee or conduit under Chapter 11 of Wisconsin Statute. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

**Item 1. Is this an amendment?** Check the appropriate box. If "Yes" is checked, enter the committee ID number if you have one. If "No" is checked, proceed directly to Section A.

**Section A: General Information.** All candidates, committees, and conduits must complete section A.

**Item A1: Committee/Conduit Name.** All committees and conduits must have a name. It is not required that the name include the candidate or organization's name, but it is recommended, e.g., Friends of John Smith. A political party committee wishing to operate under the same name as a state political party committee must receive authorization from that state party (WIS. STAT. § 11.0101(26)(a)1).

**Depository Institution Information.** All committees and conduits must designate a depository institution. While it is recommended that all committees have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account and may intermingle personal and campaign funds (WIS. STAT. § 11.0201(2)(b)).

**Treasurer/Administrator Information.** Each committee must appoint a treasurer and each conduit must appoint an administrator. Any adult may serve as a treasurer or administrator. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate so in this section.

**Section B: Candidate Committees.** Candidate committees must complete section B. No other committee type should complete section B.

**Section C: Recall Committees.** Recall committees must complete section C. No other committee type should complete section C.

**Section D: PAC, IEC, and Conduits.** Political action committees, independent expenditure committees, and conduits must complete section D. No other committee type should complete section B. All fields in section D refer to the sponsoring organization's contact information.

**Section E: Political Party and Legislative Campaign Committees.** Only political party committees and legislative campaign committees should complete section E.

**Item E2.** A political party or a legislative campaign committee may establish a segregated fund for purposes other than making contributions to a candidate committee or making disbursements for express advocacy (WIS. STAT. § 11.1104(6)). It is recommended that the committee maintain the segregated fund in a depository account separate from the primary account, but it is not required.

**Items E3 - E7.** If the segregated fund is maintained with the same depository institution as the primary account, write "Same as primary account." in E3.

**Section F: Referendum Committees.** Only referenda committees should complete section F.

**Section G: Certification.** All committees and conduits must complete section G.

# NOMINATION PAPER FOR NONPARTISAN OFFICE

|  |  |  |          |   |  |
|--|--|--|----------|---|--|
| Candidate's name (required); no titles may be used.  |  | Candidate's residential address (required) No P.O. box addresses<br>Street, fire, or rural route number, box number (if rural route), and name of street or road |          | Candidate's municipality for voting purposes (required)<br><input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City |  |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) |  | State (required)<br><b>WI</b>  | Zip code | Election date (required) Do not use primary date.<br>Mo./Day/Year   |  |
| Title of office (required)   |  | Name of jurisdiction or district in which candidate seeks office (required)  |          | (name of municipality)  |  |
| Branch, district or seat number (required if applicable)   |  | Type of election (required)<br><input type="checkbox"/> spring<br><input type="checkbox"/> special   |          |   |  |
| <input type="checkbox"/> Branch<br><input type="checkbox"/> District<br><input type="checkbox"/> Seat  |  |  |          |   |  |

I, the undersigned, request that the candidate, whose name and residential 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 | Printed Name of Electors | Residential Address (No P.O. Box Addresses)<br>(Rural address must also include box or fire no.) | Municipality of Residence<br>Check the type and write the name of your municipality for voting purposes.<br><input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | Date of Signing<br>Mo./Day/Year |
|------------------------|--------------------------|--|--|---------------------------------|
| 1.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 2.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 3.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 4.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 5.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 6.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 7.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 8.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 9.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |
| 10.                    |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                                 |

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_ (Name of circulator) certify: I reside at \_\_\_\_\_ (Circulator's residential address - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. 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 Wis. Stat. § 12.13(3)(a).

# NOMINATION PAPER FOR NONPARTISAN OFFICE

|   |   |   |   |
|---|---|---|---|
| Candidate's name (required); no titles may be used.   | Candidate's residential address (required) <i>No P.O. box addresses</i><br>Street, fire, or rural route number; box number (if rural route); and name of street or road | Candidate's municipality for voting purposes (required)<br><input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | Election date (required) <i>Do not use primary date.</i><br>Mo/Day/Year     |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)                  | Zip code  | Type of election (required)<br><input type="checkbox"/> spring<br><input type="checkbox"/> special  |   |
| Title of office (required)  |   | State (required)<br><div style="text-align: center; font-size: 2em; font-weight: bold;">WI</div>  | Name of jurisdiction or district in which candidate seeks office (required) |
| Branch, district or seat number (required if applicable)<br><input type="checkbox"/> Branch<br><input type="checkbox"/> District<br><input type="checkbox"/> Seat |   |   |   |

I, the undersigned, request that the candidate, whose name and residential 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 | Printed Name of Electors | Residential Address (No P.O. Box Addresses)<br>Street and Number or Rural Route<br>(Rural address must also include box or fire no.) | Municipality of Residence<br>Check the type and write the name of your municipality for voting purposes. | Date of Signing<br>Mo/Day/Year |
|------------------------|--------------------------|--|--|--------------------------------|
| 1.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 2.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 3.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 4.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 5.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 6.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 7.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 8.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 9.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 10.                    |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_, (Name of circulator) certify: I reside at \_\_\_\_\_ (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. 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 Wis. Stat. § 12.13(3)(a).



# NOMINATION PAPER FOR NONPARTISAN OFFICE

|   |  |   |  |
|---|--|---|--|
| Candidate's name (required); no titles may be used.   | Candidate's residential address (required) No P.O. box addresses<br>Street, fire, or rural route number; box number (if rural route); and name of street or road | Candidate's municipality for voting purposes (required)<br><input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | Election date (required) Do not use primary date.<br>Mo/Day/Year |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)                  | Zip code   | Type of election (required)<br><input type="checkbox"/> spring<br><input type="checkbox"/> special  |  |
| Title of office (required)  | State (required)<br><div style="text-align: center; font-size: 2em; font-weight: bold;">WI</div>   | Name of jurisdiction or district in which candidate seeks office (required)   |  |
| Branch, district or seat number (required if applicable)<br><input type="checkbox"/> Branch<br><input type="checkbox"/> District<br><input type="checkbox"/> Seat |  | Name of municipality for voting purposes (required)   |  |

I, the undersigned, request that the candidate, whose name and residential 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 | Printed Name of Electors | Residential Address (No P.O. Box Addresses)<br>Street and Number or Rural Route<br>(Rural address must also include box or fire no.) | Municipality of Residence<br>Check the type and write the name of your municipality for voting purposes. | Date of Signing<br>Mo/Day/Year |
|------------------------|--------------------------|--|--|--------------------------------|
| 1.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 2.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 3.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 4.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 5.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 6.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 7.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 8.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 9.                     |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |
| 10.                    |                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       |                                |

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_, (Name of circulator) certify: I reside at \_\_\_\_\_ (Circulator's residential address - include number, street, and municipality).  
 I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. 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 Wis. Stat. § 12.13(3)(a).