

BALLOT ACCESS CHECKLIST -- TRUSTEE

FOR 2021 MUNICIPAL CANDIDATES

WHERE NOMINATION PAPERS ARE USED



Each of the following forms must be completed and filed on time by a candidate for municipal office in order for the candidate's name to be placed on the ballot at the **February 16, 2021 Spring Primary** and the **April 6, 2021 Spring Election**.

In the City of Milwaukee, the filing officer is the Milwaukee City Election Commission. In all other municipalities, the filing officer is the municipal clerk (town, village or city). Candidates should contact their filing officer for further information or to obtain any of the necessary forms.

- Complete and Submit a Registration Statement (Form [CF-1](#))** to the filing officer prior to raising or spending any funds, and no later than **5 p.m. on Tuesday, January 5, 2021** or the candidate's name will not be placed on the ballot. If the form is faxed or emailed, the original document must follow postmarked no later than January 5, 2021. Wis. Stat. §§ 8.10(5), 8.30(2), Wis. Admin. Code EL § 6.04.

➤ New Candidates

File a campaign registration statement before campaign funds are collected or spent or before submitting nomination papers. Wis. Stat. §§ 11.0202(1)(a), 11.0101(1).

➤ Continuing Candidates

Amend your current registration, indicating the office sought and the new primary and election dates. Wis. Stat. §§ 11.0202(1)(a), 11.0101(1).

- Complete and Submit a Declaration of Candidacy (Form [EL-162](#))** to the filing officer no later than **5 p.m. on Tuesday, January 5, 2021** or the candidate's name will not be placed on the ballot. If the form is faxed or emailed, the original document must follow, postmarked no later than January 5, 2021. Wis. Stat. §§ 8.10(5), 8.21, 8.30(4), Wis. Admin. Code EL § 6.04.

- Circulate and Submit Nomination Papers for Nonpartisan Office (Form [EL-169](#))** to the filing officer no later than **5 p.m. on Tuesday, January 5, 2021** or the candidate's name will not be placed on the ballot. Only original nomination papers (no photocopies, faxes, or emailed documents) will be accepted. Nomination papers may not be circulated before December 1, 2020. Wis. Stat. § 8.10(2), Wis. Admin. Code EL § 6.04(2).

The number of signatures required is as follows:

All village and town offices:		20 - 100
1 st Class Cities:	Citywide offices	1,500 - 3,000
	Aldersperson elected to district	200 - 400
2 nd and 3 rd Class Cities:	Citywide offices	200 - 400
	Aldersperson elected at large	100 - 200
	Aldersperson elected to district	20 - 40
4 th Class Cities:	Citywide offices	50 - 100
	Aldersperson elected to district	20 - 40

- Municipal Judge Candidates:**

Complete and submit a Statement of Economic Interests (SEI) to the Ethics Commission using the website (<https://sei.wi.gov>). Incumbents will be emailed a notice about December 1. New candidates must sign up on the website so staff can set them up to file electronically. The SEI must be received no later than 4:30 p.m. on Friday, January 8, 2021, or the candidate's name will not appear on the ballot. Wis. Stat. §§ 8.10(5), 8.30(3), 19.43(4). Candidates may also print the SEI form and instructions from the Ethics Commission website (<https://ethics.wi.gov>), and return those forms by email or fax. For more information, please contact the Ethics Commission at 608-266-8123 or ethics@wi.gov.

Important Note Regarding Statements of Economic Interests:

A municipality may enact an ordinance establishing a code of ethics for public officials that may require a candidate for municipal office, *in addition to the office of Municipal Judge*, to file a *Statement of Economic Interests* (SEI). The ordinance may also provide that failure to timely file a *Statement of Economic Interests* will prevent the candidate's name from being placed on the ballot. Wis. Stat. § 19.59(1m),(3)(b). Please contact the filing officer to learn if this requirement applies to you.



Wisconsin Elections Commission

212 East Washington Avenue | Third Floor | P.O. Box 7984 | Madison, WI 53707-7984
(608) 266-8005 | elections@wi.gov | elections.wi.gov

MEMORANDUM

TO: Wisconsin County Clerks and the Milwaukee County Elections Commission
Wisconsin Municipal Clerks and the Milwaukee City Election Commission

FROM: Elections Commission Staff

DATE: September 13, 2019

SUBJECT: Effect of Constitutional Amendment Barring Convicted Felons from
Running for or Holding Elective Office in Wisconsin

In November 1996, the electors of the State of Wisconsin ratified a constitutional amendment which bars any person, who has been convicted of a felony for which they have not been pardoned, or who has been convicted of a misdemeanor involving a violation of public trust for which they have not been pardoned, from holding a state or local office. As a result of the adoption of this constitutional amendment, which took effect on November 5, 1996, local election officials may need to address a number of questions relating to convicted felons who seek to run for office or who are elected to office.

The constitutional amendment deals with two different types of crimes. The first involves felony convictions. Any person convicted of a felony in any federal or state court in the United States is barred from running for state or local office in Wisconsin, unless that person has been pardoned.

The second involves misdemeanor convictions involving a violation of public trust. The term, "misdemeanor involving a violation of public trust," has not been defined by state law. Filing officers do not have to worry about individuals convicted of that category of crime until the term has been defined. At the present time, there is no such thing as a misdemeanor involving a violation of public trust.

The Declaration of Candidacy form (EL-162) reflects this constitutional change. Any person seeking to be a candidate for state or local office must file a Declaration of Candidacy. That declaration contains a sworn statement that the person has not been convicted of any felony for which they have not been pardoned, or any misdemeanor involving a violation of public trust for which they have not been pardoned. Any person who falsely signs this statement could be convicted of a violation of Wis. Stat. § 12.13(3)(a), (am). If a person seeking to become a candidate advises you that they have been convicted of a felony, your best approach is to advise

Wisconsin Elections Commissioners

Dean Knudson, chair | Marge Bostelmann | Julie M. Glancey | Ann S. Jacobs | Jodi Jensen | Mark L. Thomsen

Administrator
Meagan Wolfe

them that they cannot be a candidate and discourage them from filing ballot access documents, including nomination papers, a Declaration of Candidacy and Campaign Registration Statement.

If it is brought to your attention that a person who is a convicted felon has filed ballot access documents, the matter needs to be resolved in consultation with your municipal or county attorney. It is the position of the Wisconsin Elections Commission that you should only act on information that has been presented to you, in the form of a sworn complaint, alleging that a person has been convicted of a felony and evidence is provided in support of that allegation. Your municipal attorney can assist you in verifying the basis of the complaint.

Once it has been determined that a candidate or an elected official has been convicted of a felony, your municipal attorney can assist you in removing the person's name from the ballot or take appropriate steps to have the person removed from office. A formal notice should be sent to the candidate or elected official informing that person of the filing officer's decision to remove his or her name from the ballot.

This change to Wisconsin law regarding candidate qualifications and the qualifications of elected public officials does not require the municipal clerk to verify that every elected official or candidate for elected public office has not been convicted of a felony for which they have not been pardoned. The clerk should rely on the sworn statement of the candidate on the Declaration of Candidacy. No action should be taken unless there is evidence, in the form of a sworn complaint, setting forth allegations which establish that a candidate or elected official has been convicted of a felony for which they have not been pardoned.



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.



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

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

1. Is this an Amendment? No Yes If yes, please enter your committee number:

Committee Number

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name		A2. Registrant Type (Choose One)		
		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee		
A3. Email	A4. Phone			
A5. Mailing Address		A6. City	A7. State	A8. Zip
		Muscoda	WI	53573
Depository Institution Information				
A9. Institution Name	A10. Street Address	A11. City	A12. State	A13. Zip
Treasurer/Administrator Information				
A14. Name	A15. Email	A16. Phone		
A17. Mailing Address	A18. City	A19. State	A20. Zip	
Other Officers (Optional)				
<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	
Filing Exemption			A29. Exemption Affirmation	
<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>			<input type="checkbox"/> Yes, this registrant is eligible for exemption <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	
VILLAGE TRUSTEE			April 6, 2021	
Candidate Information				
B4. Name	B5. Email	B6. Phone		
B7. Mailing Address	B8. City	B9. State	B10. Zip	
	Muscoda	WI	53573	
Second Candidate Committee		B11. Is this your only registered candidate committee in Wisconsin?		
<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>		<input checked="" type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin		
B12. Other Office Held or Sought (include District/Branch) <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 <input type="checkbox"/> Oppose
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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? <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 <input type="checkbox"/> Oppose

SECTION G: CERTIFICATION		
Accurate Information <i>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.</i>		
Timely Amendments <i>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.</i>		
Records Retention <i>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.</i>		
Ongoing Compliance <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>		
Treasurer/Administrator		
G1. Printed Name	G2. Signature	G3. Date
Candidate (if applicable)		
G4. Printed Name	G5. Signature	G6. Date

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 VILLAGE TRUSTEE
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.¹

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

		MUSCODA	53573	Town of <input type="checkbox"/>	MUSCODA
				Village of <input type="checkbox"/>	
				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 GRANT } ss. _____
(County where oath administered)

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

1 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.

NOMINATION PAPER FOR MUNICIPAL OFFICE

Candidate's name (required); no titles may be used.	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number, box number (if rural route); and name of street or road	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MUSCODA (name of municipality)
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) WI	Election date (required) <i>Do not use primary date.</i> Mo/Day/Year 04/06/2021
Title of office (required) VILLAGE TRUSTEE	Zip code 53573	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special
Name of jurisdiction or district in which candidate seeks office (required) VILLAGE OF MUSCODA		

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) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <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).

(Date)

(Signature of circulator)

NOMINATION PAPER FOR MUNICIPAL OFFICE

Candidate's name (required); no titles may be used. Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MUSCODA (name of municipality)	State (required) WI	Zip code 53573	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) <i>Do not use primary date.</i> Mo/Day/Year 04/06/2021
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		Name of jurisdiction or district in which candidate seeks office (required) VILLAGE OF MUSCODA			
Title of office (required) VILLAGE TRUSTEE		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <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.

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

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.

CERTIFICATION OF CIRCULATOR

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

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).

(Date)

(Signature of circulator)

NOMINATION PAPER FOR MUNICIPAL OFFICE

Candidate's name (required); no titles may be used.		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) WI		Election date (required) Do not use primary date. Mo/Day/Year 04/06/2021	
Title of office (required) VILLAGE TRUSTEE		Zip code 53573		Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	
		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) VILLAGE OF MUSCODA	

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.

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1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

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

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).

(Date)

(Signature of circulator)