



NOMINATION PETITION SIGNATURE SHEET INSTRUCTIONS

In order to get Patrick on the ballot for Lieutenant Governor, we must collect at least 2,000 signatures from eligible voters across Wisconsin. Signatures are due from the campaign to the Elections Commission no later than June 1, 2022—**please ensure that you return sheets to the campaign no later than May 25, 2022.**

To sign a nomination petition, a person:

- A. Must be an eligible voter in Wisconsin, but they do **NOT** have to be a registered voter.
- B. May **NOT** have signed another nomination petition for any other candidate for Lieutenant Governor.

ALL COLUMNS ON THE SHEET MUST BE COMPLETED IN ORDER FOR A SIGNATURE TO BE ACCEPTED AS VALID BY THE ELECTIONS COMMISSION

****IMPORTANT****

- **AFTER** signatures have been collected on a sheet, the Certification of Circulator at the bottom of the sheet **MUST BE COMPLETED BY YOU** (the circulator/collector).

Please return completed original sheets (wet signatures are required) to:

**Testin for Wisconsin
P.O. Box 620862
Middleton, WI 53562**

For any questions about completing the sheets or who is eligible to sign a nomination petition, please contact the campaign at 715-204-9575 or info@patricktestin.com.

General Election on November 8, 2022
 Residential Address: 5369 Fairview Drive
 Town of Hull, Wisconsin
Mailing Address: P.O. Box 620862
 Middleton, WI 53562
PatrickTestin.com

NOMINATION PAPER FOR PARTISAN OFFICE
PATRICK TESTIN
 LIEUTENANT GOVERNOR OF WISCONSIN
 REPUBLICAN PARTY



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 representing the party indicated above, so that voters will have the opportunity to vote for him for Lieutenant Governor. I am eligible to vote in Wisconsin. I have not signed the nomination paper of any other candidate for Lieutenant Governor 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. All fields are **REQUIRED**.

Signature of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number—or—Rural Route <i>(Rural address must also include box or fire no)</i>	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, _____, 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 intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

MUST COMPLETE CERTIFICATION BEFORE RETURNING

Page No. (completed by campaign)

Date

Signature of circulator