

# NOMINATION PAPERS FOR PARTISAN OFFICE

## WILL MARTIN

### LIEUTENANT GOVERNOR OF WISCONSIN

### REPUBLICAN PARTY

I, the undersigned, request that the name of **Will Martin** residing at 3329 Debra Lane, Racine, WI 53403, be placed on the ballot at the General Election to be held on November 8, 2022, representing the Republican Party, so that voters will have the opportunity to vote for him for the office of **Lieutenant Governor of Wisconsin**. 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. <i>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED</i>						
SIGNATURES OF ELECTORS	PRINT NAME	STREET & NUMBER (No P.O. Box)	MUNICIPALITY	ZIP	DATE	SIGN ME UP TO HELP!
1			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
2			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
3			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
4			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
5			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
6			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
7			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
8			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
9			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO
10			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___/___/2022	YES / NO

**CERTIFICATION OF CIRCULATOR**

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).

I, \_\_\_\_\_, **certify:**  
name of circulator

\_\_\_\_\_  
signature of circulator

I reside at \_\_\_\_\_  
circulator's residence - include number, street, and municipality

\_\_\_\_\_  
date