

## Nomination Paper for Partisan Office

I, the undersigned, request the name of

**TOUGH. FAIR. INDEPENDENT.**

# Brad Schimel

residing at W295 S2609 Jamie Court, Town of Genesee, Waukesha, WI 53188 be placed on the ballot at the general election to be held on November 6, 2018 as a candidate representing the Republican Party so that voters will have the opportunity to vote for him for the office of Attorney General. I am eligible to vote in the state of Wisconsin. 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 Street and Number OR Rural Route [NO P.O. Box Addresses] Rural address must also include box or fire #	Municipality of Residence Indicate Town, Village, or City	Date of Signing	Email Address
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	, 2018	

### Certification of Circulator

I (Name of Circulator), \_\_\_\_\_ certify, I reside at (Include number, street, 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 S. 12.13(3)(a), Stats.

\_\_\_\_\_, 2018 (Date)

PAID FOR BY SCHIMEL FOR ATTORNEY GENERAL

\_\_\_\_\_(Signature)



Thank you for helping Brad Schimel's campaign for Attorney General by circulating and signing nomination papers. Your help in this process will ensure Brad Schimel appears on the November ballot. If you have any questions, please email [info@bradschimmel.com](mailto:info@bradschimmel.com).

### **Important Notes for Signers**

- All signers must be eligible to vote in the state of Wisconsin and be 18 years of age or older.
- The signer's address of residence must always be listed (mailing address or PO Box is not sufficient).
- Signers may only fill out one candidate's form for each particular office.
- Signers MUST fill out the name of the municipality of residence in entirety (write "Milwaukee" not "MKE")
- Signers must check the box that identifies town/city/village of residence.

### **Important Notes for Circulators**

- A circulator must be eligible to vote in the State of Wisconsin and be 18 years of age or older.
- Circulators and signers may only circulate and sign forms for one candidate for each office.
- Circulators must personally collect the signatures on the Nomination Form. Forms may not be left unattended on counters or posted on bulletin boards, etc.
- The circulator must completely fill out his or her complete address, along with municipality of residence. Mailing address is not sufficient.
- The circulator must certify (sign) and date the nomination before returning it to the campaign. The circulator must not certify the form until he or she is done circulating the form. This means that the date of circulation must be on or after the date of the last nomination signature received.
- If you run out of nomination forms, you are free to make copies of blank forms.
- Please do not number pages. Campaign will number pages upon submission.

Original copies of the completed forms can be returned to:

Republican Party of Wisconsin  
148 E. Johnson St.  
Madison, WI 53703

OR

Schimel for Attorney General  
PO Box 1567  
Brookfield, WI 53005

**Original signatures on nomination forms must be submitted. Copies of signatures are not allowed.**  
**The campaign cannot accept nomination forms that are sent via fax or email.**

PAID FOR BY SCHIMEL FOR ATTORNEY GENERAL