

# NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name <b>(required)</b> ; no titles may be used.  <b>Rebecca Kleefisch</b>	Candidate's residential address <b>(required)</b> <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road  <b>N6011 Hillside Drive</b>	Candidate's municipality for voting purposes <b>(required)</b> . <input checked="" type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of  <b>Concord</b> <small>(name of municipality)</small>			
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality	State <b>(required)</b>  <b>WI</b>	Zip code  <b>53178</b>	Type of election <b>(required)</b> <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date <b>(required)</b> <u>Mo/Day/Year</u>  <b>11/06/2018</b>	<b>(Required)</b> Name of Party or Statement of Principle (5 words or less)  <b>Republican Party</b>
Title of office <b>(required)</b>  <b>Lieutenant Governor</b>		District or Jurisdiction <b>(required)</b> if applicable <input type="checkbox"/> District number _____ <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>  <b>Wisconsin</b>	

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 or statement of principle indicated above, 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.

<b>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.</b>				
Signatures of Electors	Printed Name of Electors	Residential Address <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <u>Mo/Day/Year</u>
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, \_\_\_\_\_, certify: I reside at \_\_\_\_\_.

(Name of circulator) (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).

/ / 2018  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of circulator)

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