

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Crystal J. Miller</b>	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 <b>217 69th Street</b>	Candidate's municipality for voting purposes (required). <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of <b>Kenosha</b> <small>(name of municipality)</small>	Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Title of office (required) <b>Representative to the Assembly</b>
State (required) <b>WI</b>	Zip code <b>53143</b>	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Name of jurisdiction or district in which candidate seeks office (required) <b>Wisconsin 65th Assembly District</b>
District or Jurisdiction (required if applicable) <input checked="" type="checkbox"/> District number <b>65</b> <input type="checkbox"/> Jurisdiction (county) _____		General Election date (required) Mo/Day/Year <b>11/3/2020</b>	
(Required) Name of Party or Statement of Principle (5 words or less) <b>Republican Party</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.

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) <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 <small>Mo/Day/Year</small>
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020

## 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)  
 \_\_\_\_\_  
 Page No. \_\_\_\_\_