Page No.	Pa	(Signature of circulator)		
culated this ned the paper with fu under Wis. Stat.	(Circulator's residence - Include number, street, and municipality.) lisqualified from voting under Wis. Stat. § 6.03. I personally circulated this the candidate seeks to represent. I know that each person signed the papidate. I am aware that falsifying this certification is punishable under Wis.	(Circulator's residence - Inclu f this state, would not be disqualified from voting un f the jurisdiction or district the candidate seeks to re stend to support this candidate. I am aware that fak	S. citizen, age 18 or older who, if I were a resident o on this paper. I know that the signers are electors o name. I know their respective residences given. I in	(Circulator's residence - 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).
		F CIRCULATOR	CERTIFICATION OF CIRCULATOR	
	D Town D Village D City			10.
	□ Town □ Village □ City			9.
,	□ Town □ Village □ City			8.
	□ Town □ Village □ City			7.
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	□ Town □ Village □ City			2.
	□ Town □ Village □ City			1
Date of Signing	Municipality of Residence Provide name of municipality	Street and Number or Rural Route Rural address must also include box or fire no	Printed Name of Electors S	Signatures of Electors
ys be listed.	name of the municipality of residence must always be listed.	ent. The	different than municipality of residence,	The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The
or statement of andidate named	described above as a candidate representing the party or statement of gible to vote in the jurisdiction or district in which the candidate named	ie election /e. I am eli	ie and address are listed above, be placed on tl ortunity to vote for □ him or □ her for the offi ir of any other candidate for the same office at	I, the undersigned, request that the candidate, whose name and 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 link 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.
Annual resource and the second state of the se	Name of jurisdiction or district in which candidate seeks office State of Wisconsin	Name of jurisdiction of V	District or Jurisdiction  District number  Jurisdiction (county)	Wisconsin State Treasurer
arty	Wisconsin Green Party	Type of election  general  11/4/2014  Name of election date  11/4/2014	State Zip code Type c  WI 54901 □	Name of municipality for <u>mailing</u> purposes  Oshkosh
	hkosh	☐ Town of☐ Village of☐ City of☐	of street or road 1437 N. Main St.	Ron Hardy
	Name and type of municipality for voting purposes.	_	Street, fire, or rural route number; box number (if rural route); and name	Candidate's name; no titles may be used.
		OR PARTISAN OFFICE	NOMINATION PAPER FOR PARTISAN OFFI	

(Date)

(Signature of circulator)