

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name; no titles may be used. Lawrence Dale		Street, fire, or rural route number; box number (if rural route); and name of street or road 5152 Co. Rd. G		Name and type of municipality for voting purposes. <input checked="" type="checkbox"/> Town of Lincoln <input type="checkbox"/> Village of <input type="checkbox"/> City of		
Name of municipality for mailing purposes Eagle River		State WI	Zip code 54521	Type of election <input checked="" type="checkbox"/> General	Election date Nov. 4, 2014	Name of Party or Statement of Principle (5 words or less) Green Party
Title of office Congressional Representative			District or Jurisdiction <input checked="" type="checkbox"/> District number <u> 7 </u> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office 7TH CONGRESSIONAL DISTRICT	

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 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.

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.				
Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route Rural address must also include box or fire no	Municipality of Residence Provide name of municipality	Date of Signing
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____.

PRINT (Name of circulator)

(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).

(Signature of circulator)

