

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used. <div style="text-align: center; font-size: 1.2em;"><b>John S. Leiber</b></div>		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 <div style="text-align: center; font-size: 1.2em;"><b>504 Galway Terrace</b></div>			Candidate's municipality for voting purposes <b>(required)</b> . <input type="checkbox"/> Town of <input checked="" type="checkbox"/> Village of <b>Cottage Grove</b> <input type="checkbox"/> City of _____ <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> <div style="text-align: center; font-size: 1.2em;"><b>WI</b></div>	Zip code <div style="text-align: center; font-size: 1.2em;"><b>53527</b></div>	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> <div style="text-align: center; font-size: 1.2em;"><b>Nov. 8, 2022</b></div>	<b>(Required)</b> Name of Party or Statement of Principle (5 words or less) <div style="text-align: center; font-size: 1.2em;"><b>Republican</b></div>
Title of office <b>(required)</b> <div style="text-align: center; font-size: 1.2em;"><b>Wisconsin State Treasurer</b></div>		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> <div style="text-align: center; font-size: 1.2em;"><b>State of Wisconsin</b></div>	

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 Check the type and write the name of your municipality for voting purposes	Date of Signing <u>Mo/Day/Year</u>
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 \_\_\_\_\_.

(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).

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

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## **Instructions for Circulation of Nomination Papers**

***Signatures of Electors:*** Only qualified electors of the State of Wisconsin (at least 18 years old by election date, U.S. citizens who are residents of Wisconsin) may sign nomination papers. Each elector signing a nomination paper must list all of the information required. Each elector's municipality of residence must be listed on the nomination paper along with the address, including any street name and number, rural route, number, and/or fire number. Post office boxes are not valid. The circulator may add any missing or illegible information before the papers are filed with the filing officer.

***Signature of Circulator:*** The circulator should carefully read the language of the Certification of Circulator. The circulator must personally present the nomination paper to each signer. The nomination paper may not be left unattended on counters or posted on bulletin boards. The circulator's complete address, including municipality of residence, must be listed in the certification. After obtaining signatures of electors, the circulator must sign and date the certification. A notary is not required.

Nomination papers may not be circulated before April 15, 2022.

**Please mail signed and completed nomination forms prior to May 18, 2022 to:**

**Friends of John Leiber  
504 Galway Terrace  
Cottage Grove WI 53527**

**Thank you for your help!**