**NOMINATION PAPER FOR PARTISAN OFFICE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Joe Sanfelippo** | 20770 W Coffee Rd | | | Municipality for *voting* purposes City of New Berlin | | |  |
| Municipality for *mailing* purposes City of New Berlin | | WI | 53146 | General Election | 11/3/2020 | Republican Party |
| Representative to the Assembly | 15th State Assembly District | | | 15th State Assembly District | | |

I, the undersigned, request that **Joe Sanfelippo**, whose name & address are listed above, be placed on the ballot at the election described above as a candidate representing the party indicated above, so that voters will have the opportunity to vote for him for the office listed above. I am eligible to vote in the 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.

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| THE MUNICIPALITY USED FOR THE MAILING ADDRESS WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | | |
| **SIGNATURE OF ELECTORS** | **PRINT NAME OF ELECTORS** | **Residential Address (No P.O. Box Addresses)**  (rural address must include box or fire no.**)** | **MUNICIPALITY OF RESIDENCE**  (Check Town, Village, or City) | **ZIP CODE** | **DATE OF SIGNING** | **EMAIL ADDRESS** |
| **1.** |  |  |  |  | / / 2020 |  |
| **2.** |  |  |  |  | / / 2020 |  |
| **3.** |  |  |  |  | / / 2020 |  |
| **4.** |  |  |  |  | / / 2020 |  |
| **5.** |  |  |  |  | / / 2020 |  |
| **6.** |  |  |  |  | / / 2020 |  |
| **7.** |  |  |  |  | / / 2020 |  |
| **8.** |  |  |  |  | / / 2020 |  |
| **9.** |  |  |  |  | / / 2020 |  |
| **10.** |  |  |  |  | / / 2020 |  |

**CERTIFICATION OF CIRCULATOR**



I, , certify I reside at

(Name of circulator - please print) (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. § 6.03I personally circulated this nomination paper & 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) (Date) | **Page No.** |
| **Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: elections.wi.gov | email:** [**elections@wi.gov**](mailto:elections@wi.gov) | |

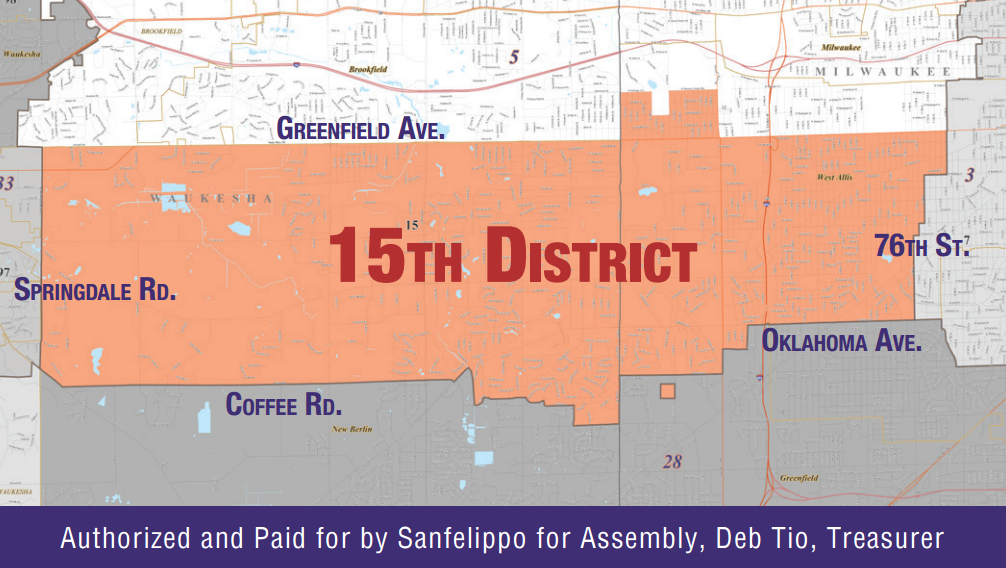
**Instructions for Circulating Sanfelippo for Assembly Nomination Papers**

* **Any eligible voter who is a district resident and age 18 or older may sign the nomination paper.**
* **Do not leave the nomination paper unattended, for example on a counter or bulletin board.**
* **Make sure qualified signers include the City where they live as well as their mailing address.**
* **Qualifying signers may not sign nomination papers of more than one candidate for Assembly.**
* **You must sign the certification at the bottom of the paper when you are finished circulating the paper.**
* **Please return the nomination paper(s) to Joe at 20770 W Coffee Rd. New Berlin, WI, 53146.**

**15th Assembly District Municipalities**

* **Milwaukee County - City of West Allis**
* **Waukesha County - City of New Berlin**

**Thank you for supporting Joe Sanfelippo for State Assembly!**

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