

**NOMINATION PAPER FOR PARTISAN OFFICE**

I, the undersigned, request the name of

**KEVIN  
PETERSEN**

who resides at **N1433 Drivas Road, Waupaca, Wisconsin 54981, in the Town of Dayton**, be placed on the ballot at the general election to be held on **November 3, 2020** as a candidate representing the Republican Party so that voters will have the opportunity to vote for **him** for the office of **Representative to the Assembly in Wisconsin's 40th Assembly District**. 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 resident, is not sufficient. The name of the municipality of residence must always be listed.*

Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street & Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	Date of Signing <i>Month/Day/Year</i>
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 residence given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

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\_\_\_\_\_  
(Date)

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

