

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

DAN GRIFFIN

residing at 6328 Parkview Road, in the Village of Greendale, WI 53129 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

STATE SENATOR FOR WISCONSIN'S 28TH SENATE DISTRICT.

I am eligible to vote in Wisconsin's 28th State Senate District. I have not signed the nomination paper of any other candidate for the same office at this election.

<i>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.</i>				
Printed Name of Electors	Signatures of Electors	Residential Address - No P.O. Box Addresses Street & Number -or- Rural Route (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 Month/Day/Year
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020

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 _____ 2020 SIGNATURE OF CIRCULATOR _____