

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required) ; no titles may be used Theodore A. Lipscomb, Sr.		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road 1104 W Montclair Avenue		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Village Glendale <input checked="" type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality		State (required) WI	Zip code 53217	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) Do not use primary date <u>Mo/Day/Year</u> 4/7/2020
Title of office (required) Milwaukee County Executive		Branch, district, or seat number (required) if applicable <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) Milwaukee County	



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 so that voters will have the opportunity to vote for him 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	Residential Address (No P.O. Box Addresses) Street and 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 Mo/Day/Year
1.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
2.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
3.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
4.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
5.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
6.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
7.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
8.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
9.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019
10.			<input type="checkbox"/> Village <input type="checkbox"/> City	12/____/2019

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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