

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of

Dave Ross

DAVE ROSS

PROVEN DEPENDABLE LEADERSHIP

residing at 13 Bridgeview Drive, City of Superior, Wisconsin 54880 be placed on the ballot at the September 14, 2010 Primary and the November 2, 2010 General Election, so voters will have the opportunity to vote for him for the Republican office of Lieutenant Governor. I am eligible to vote in the State of Wisconsin. I have not signed the nomination paper for any other candidate for the same office at this election.

The municipality used for mailing purposes, when different from the municipality of resident, is not sufficient. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINT NAME	STREET & NUMBER OR RURAL ROUTE RURAL ADDRESS MUST ALSO INCLUDE BOX OR FIRE NO.	MUNICIPALITY OF RESIDENCE INDICATE, TOWN, CITY OR VILLAGE	ZIP CODE	DATE OF SIGNING
1.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
2.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
3.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
4.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
5.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
6.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
7.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
8.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
9.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__
10.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__/__/__

CERTIFICATION OF CIRCULATOR

I, _____ certify I, reside at _____
 (Name of circulator) (Circulator's residence – include number, street and municipality)

I personally circulated this nomination paper and personally obtained each of the signatures on the paper. I know 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 § 12.13 (3) (a), Wis. Stats.

 (Date)

 (Signature of circulator)