

NOMINATION PAPER FOR NONPARTISAN OFFICE



I, the undersigned, request the name of

**Troy Gunderson**

Residing at 519 Lakewood Street, West Salem, WI 54669, in the Village of West Salem, be placed on the ballot at the spring election to be held April 6, 2021 as a nonpartisan candidate, so that voters will have the opportunity to vote for him for the office of

**State Superintendent of Public Instruction**

I am eligible to vote in the State of Wisconsin. 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 THE MUNICIPALITY OF RESIDENCE, 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 addresses must also include box or fire number	CITY, ZIP	MUNICIPALITY OF RESIDENCE Indicate town, village or city	DATE OF SIGNING
1.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
2.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
3.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
4.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
5.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
6.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
7.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
8.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
9.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020
10.				<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	_____, _____, 2020

**CERTIFICATION OF CIRCULATOR**

I, \_\_\_\_\_, certify: I reside at \_\_\_\_\_.  
(name of circulator) (Circulator's residence including street, number 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 that 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).

Return to: Troy Gunderson, 519 Lakewood Street, West Salem, WI 54669 by December 30<sup>th</sup>, 2020 \_\_\_\_\_, 2020 \_\_\_\_\_  
Date Signature of Circulator

## **When circulating nomination papers:**

1. As a circulator, you will be acknowledging that you personally obtained each signature and that you watched the people who signed the papers you are submitting.
2. As circulator you are also allowed to sign the nomination paper as a signer.
3. Please make sure to the best of your ability that each signer is a resident of Wisconsin.
4. Elector signatures must be legible. If you can't read a name the Elections Commission probably won't be able to either. Don't be shy about asking a signer to print his/her name to help verify the signature.
5. The signer must indicate his/her residence, including street number, street and municipality. PO Box and rural route numbers are NOT sufficient.
6. Please check to see that the signer indicates the correct date in the far right-hand box.
7. A person may sign only one nomination paper for each office in an election period. Be sure to ask each person whether he/she has signed another person's nomination paper for the same office, before you accept a signature.
8. When you have completed collecting signatures, please return them to the address listed on the front of this document.



**Thank you. Your help is greatly appreciated!**