



NOMINATION PAPER FOR NON-PARTISAN OFFICE

I, the undersigned, request that the name of

LENA C. TAYLOR

residing at 1518 W. Capitol Drive., in the City of Milwaukee, WI 53206, be placed on the ballot at the spring election to be held on April 7, 2020 so that voters will have the opportunity to vote for her for the office of:

MAYOR OF MILWAUKEE



I am eligible to vote in the City of Milwaukee. 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	MUNICIPALITY OF RESIDENCE	ZIP CODE	DATE OF SIGNING	TELEPHONE & EMAIL
1.			CITY of Milwaukee	532	/ , 2019	
2.			CITY of Milwaukee	532	/ , 2019	
3.			CITY of Milwaukee	532	/ , 2019	
4.			CITY of Milwaukee	532	/ , 2019	
5.			CITY of Milwaukee	532	/ , 2019	
6.			CITY of Milwaukee	532	/ , 2019	
7.			CITY of Milwaukee	532	/ , 2019	
8.			CITY of Milwaukee	532	/ , 2019	
9.			CITY of Milwaukee	532	/ , 2019	
10.			CITY of Milwaukee	532	/ , 2019	

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____
(Name of circulator) (Circulator's residence - 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).

_____, 2019
(Date)

(Signature of circulator)

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