

NOMINATION PAPER FOR 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 general election to be held on November 3, 2020 as a candidate representing the Democratic Party so that voters will have the opportunity to vote for her for the office of:

STATE SENATOR - 4TH SENATE DISTRICT

I am eligible to vote in the 4th Senate District. 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 <small>Provide name of municipality</small>	ZIP CODE	DATE OF SIGNING	TELEPHONE
1.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
2.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
3.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
4.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
5.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
6.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
7.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
8.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
9.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)
10.			<input type="checkbox"/> Village <input type="checkbox"/> Town <input type="checkbox"/> City	532	/ , 2020	(414)

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 intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

_____, 2020
(Date) (Signature of circulator)