



**NOMINATION PAPER FOR PARTISAN OFFICE**

I, the undersigned, request the name of

**Janel Brandtjen**



who resides at N52W16632 Oak Ridge Trail in the Village of Menomonee Falls, WI 53051 be placed on the ballot for the general election to be held November 6, 2018 as a candidate representing the Republican Party so that voters will have the opportunity to vote for her for the office of Representative to the Assembly in Wisconsin's 22nd Assembly District. I am eligible to vote in the 22<sup>nd</sup> Assembly District and 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 MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINT NAME	STREET & NUMBER (Rural Address must include box or fire number)	MUNICIPALITY OF RESIDENCE (Check Town, Village, or City)	ZIP CODE	DATE OF SIGNING	Printed e-mail Address
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		, 2018	

**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).

\_\_\_\_\_, 2018  
 (Date)

\_\_\_\_\_  
 (Signature of circulator)

Page Number: \_\_\_\_\_