

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. Barry Braatz		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 8832 Pheasant Run			Candidate's municipality for voting purposes (required). <input checked="" type="checkbox"/> Town of Burlington <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____ <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 8832 Pheasant Run Burlington		State (required) WI	Zip code 53105	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) <u>Mo/Day/Year</u> 11/05/2024	(Required) Name of Party or Statement of Principle (5 words or less) Republican
Title of office (required) Washington County District Attorney		District or Jurisdiction (required if applicable) <input type="checkbox"/> District number _____ <input checked="" type="checkbox"/> Jurisdiction (county) <u>Washington County</u>			Name of jurisdiction or district in which candidate seeks office (required) Washington County	

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. 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 municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.				
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <u>Mo/Day/Year</u>
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____.

(Name of circulator) (Circulator's residential address - 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).

(Date) (Signature of circulator)

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INSTRUCTIONS FOR CIRCULATING NOMINATION PAPERS

IMPORTANT NOTES FOR CIRCULATORS

- Circulators may begin to circulate nomination papers on Monday, April 15, 2024.
- Circulators must be qualified electors of Wisconsin, or a U.S. citizen, age 18 or older who are not disqualified from voting. You do not need to live in Washington County to circulate papers.
- Circulators and signers may circulate and sign nomination forms for only one candidate for Washington County District Attorney.
- Circulators must personally collect the signatures on the nomination form. For example, nomination papers may not be left unattended on counters, or posted on bulletin boards.
- Circulators should carefully read the language of the *Certification of Circulator* printed on the nomination paper. The circulator's complete residential address, including municipality of residence, must be listed in the certification.
- After obtaining signatures of electors, the circulator must sign and date the certification. This means the date of certification must be on or after the date of the last nomination signature received.
- Circulators may add any missing or illegible address or date information. Ditto marks that follow correct and complete address or date information are acceptable.
- **DO NOT** number the page at the bottom of the nomination form. That will be done once all the nomination forms are collected.
- Return whatever you have collected, even a partially completed page is helpful. Every signature counts!
- Additional copies of papers can be printed from the campaign website at BarryBraatz.com, or by emailing Info@BarryBraatz.com.

IMPORTANT NOTES FOR SIGNERS/ ELECTORS

- All signers must be eligible to vote in Washington County and be 18 years of age or older.
- Each signer must provide his/her residential address (no P.O. Box addresses), including street, fire or rural route number, box number (if rural route) and street or road name, and municipality of residence.
- Signers may only fill out one candidate's nomination form for Washington County District Attorney.
- Signers **MUST** fill out the name of the municipality of residence in its entirety (For example, "West Bend," not "W. Bend" or "WB").
- The municipality is where you vote (For example, Hubertus and Colgate should be listed as the Village of Richfield).
- Nomination papers must be filed with the Wisconsin Elections Commission no later than Monday, June 3, 2024. Therefore, please return the original papers to the campaign no later than Friday, May 24, 2024 so that we have ample time to file the papers.

RETURN COMPLETED NOMINATION PAPERS

- By Mail: Friends of Barry Braatz, 8832 Pheasant Run, Burlington, WI 53105
- Questions? Contact Barry via email: Info@BarryBraatz.com