

2023 Ballot Access Checklist
Municipalities Where Nomination Papers are Used



Each of the following forms must be completed and filed on time by a candidate for municipal office in order for the candidate's name to be placed on the ballot at the **February 21, 2023 Spring Primary** and the **April 4, 2023 Spring Election**.

In the City of Milwaukee, the filing officer is the Milwaukee City Election Commission. In all other municipalities, the filing officer is the municipal clerk (town, village or city). Candidates should contact their filing officer for further information or to obtain any of the necessary forms.

- Complete and Submit a Registration Statement (Form CF-1)** to the filing officer prior to raising or spending any funds, and no later than **5:00 p.m. on Tuesday, January 3, 2023** or the candidate's name will not be placed on the ballot. If the form is faxed or emailed, the original document must follow postmarked no later than January 3, 2023. Wis. Stat. §§ 8.10(5), 8.30(2), Wis. Admin. Code EL § 6.04.

➤ New Candidates

File a campaign registration statement before campaign funds are collected or spent or before submitting nomination papers. Wis. Stat. §§ 11.0202(1)(a), 11.0101(1).

➤ Continuing Candidates

Amend your current registration, indicating the office sought and the new primary and election dates. Wis. Stat. §§ 11.0202(1)(a), 11.0101(1).

- Complete and Submit a Declaration of Candidacy (Form EL-162)** to the filing officer no later than **5 p.m. on Tuesday, January 3, 2023** or the candidate's name will not be placed on the ballot. If the form is faxed or emailed, the original document must follow, postmarked no later than January 3, 2023. Wis. Stat. §§ 8.10(5), 8.21, 8.30(4), Wis. Admin. Code EL § 6.04.

- Circulate and Submit Nomination Papers for Nonpartisan Office (Form EL-169)** to the filing officer no later than **5:00 p.m. on Tuesday, January 3, 2023** or the candidate's name will not be placed on the ballot. Only original nomination papers (no photocopies, faxes, or emailed documents) will be accepted. Nomination papers may not be circulated before December 1, 2022. Wis. Stat. § 8.10(2), Wis. Admin. Code EL § 6.04(2).

The number of signatures required is as follows:

| | | |
|---------------------------------------------------|----------------------------------|---------------|
| All village and town offices: | | 20 - 100 |
| 1 st Class Cities: | Citywide offices | 1,500 - 3,000 |
| | Aldersperson elected to district | 200 - 400 |
| 2 nd and 3 rd Class Cities: | Citywide offices | 200 - 400 |
| | Aldersperson elected at large | 100 - 200 |
| | Aldersperson elected to district | 20 - 40 |
| 4 th Class Cities: | Citywide offices | 50 - 100 |
| | Aldersperson elected to district | 20 - 40 |

- Municipal Judge Candidates:**

Complete and submit a Statement of Economic Interests (SEI) to the Ethics Commission using the website (<https://sei.wi.gov>). Incumbents will be emailed a notice about December 1. New candidates must sign up on the website so staff can set them up to file electronically. The SEI must be received no later than 4:30 p.m. on Friday, January 6, 2023, or the candidate's name will not appear on the ballot. Wis. Stat. §§ 8.10(5), 8.30(3), 19.43(4). Candidates may also print the SEI form and instructions from the Ethics Commission website (<https://ethics.wi.gov>), and return those forms by email or fax. For more information, please contact the Ethics Commission at 608-266-8123 or ethics@wi.gov.

Important Note Regarding Statements of Economic Interests:

A municipality may enact an ordinance establishing a code of ethics for public officials that may require a candidate for municipal office, *in addition to the office of Municipal Judge*, to file a **Statement of Economic Interests (SEI)**. The ordinance may also provide that failure to timely file an SEI will prevent the candidate's name from being placed on the ballot. Wis. Stat. § 19.59(1m),(3)(b). Please contact the filing officer to learn if this requirement applies to you.



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

| | |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|
| 1. Is this an Amendment? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please enter your committee number: | Committee Number |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|

SECTION A: GENERAL INFORMATION

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| A1. Candidate Committee/Committee/Conduit Name | | A2. Registrant Type (Choose One) <input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee | | | |
| A3. Email | A4. Phone | | | | |
| A5. Mailing Address | | A6. City | A7. State | A8. Zip | |
| Depository Institution Information | | | | | |
| A9. Institution Name | A10. Street Address | | A11. City | A12. State | A13. Zip |
| Treasurer/Administrator Information | | | | | |
| A14. Name | | A15. Email | | A16. Phone | |
| A17. Mailing Address | | A18. City | | A19. State | A20. Zip |
| Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i> | | | | | |
| A21. Name | A22. Title | A23. Email | | A24. Phone | |
| A25. Name | A26. Title | A27. Email | | A28. Phone | |
| Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i> | | | A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input type="checkbox"/> No, this registrant is not eligible for exemption | | |

SECTION B: CANDIDATE COMMITTEES

| | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| B1. Office Sought (include District/Branch) | | B2. Political Party | B3. Election Date | | |
| Candidate Information | | | | | |
| B4. Name | | B5. Email | | B6. Phone | |
| B7. Mailing Address | | B8. City | | B9. State | B10. Zip |
| Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i> | | | B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin | | |
| B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11. | | | | | |

SECTION C: RECALL COMMITTEES

| | | |
|----------------------------------------|------------------------------------------|-------------------------------------------------------------------------|
| C1. Name of Official Subject to Recall | C2. Office of Official Subject to Recall | C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
|----------------------------------------|------------------------------------------|-------------------------------------------------------------------------|



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

SECTION D: PAC, IEC, AND CONDUITS

| | | | | |
|------------------------------------|------------------|------------------|----------------|--|
| D1. Sponsoring Organization | D2. Email | D3. Phone | | |
| D4. Mailing Address | D5. City | D6. State | D7. Zip | |

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

| | | | | |
|---------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------|------------------|----------------|
| E1. Political Party (Name candidates appear under on a ballot) | | E2. Does the Committee have a Segregated Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Segregated Fund Depository Institution Information (if applicable) | | | | |
| E3. Institution Name | E4. Street Address | E5. City | E6. State | E7. Zip |

SECTION F: REFERENDA COMMITTEES

| | |
|-------------------------------------------------|--------------------------------------------------------------------------------|
| F1. Nature of Referendum (if applicable) | F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
|-------------------------------------------------|--------------------------------------------------------------------------------|

SECTION G: CERTIFICATION

Accurate Information
I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.

Timely Amendments
I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.

Records Retention
I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.

Ongoing Compliance
This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.

| | | |
|----------------------------------|----------------------|-----------------|
| Treasurer/Administrator | | |
| G1. Printed Name | G2. Signature | G3. Date |
| G1. Printed Name | G2. Signature | G3. Date |
| Candidate (if applicable) | | |
| G4. Printed Name | G5. Signature | G6. Date |
| G4. Printed Name | G5. Signature | G6. Date |



FORM INSTRUCTIONS

CAMPAIGN FINANCE REGISTRATION STATEMENT (CF-1)

Note: Use of this form is required by the Ethics Commission for registration of a political committee or conduit under Chapter 11 of Wisconsin Statute. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Item 1. Is this an amendment? Check the appropriate box. If "Yes" is checked, enter the committee ID number if you have one. If "No" is checked, proceed directly to Section A.

Section A: General Information. All candidates, committees, and conduits must complete section A.

Item A1: Committee/Conduit Name. All committees and conduits must have a name. It is not required that the name include the candidate or organization's name, but it is recommended, e.g., Friends of John Smith. A political party committee wishing to operate under the same name as a state political party committee must receive authorization from that state party (WIS. STAT. § 11.0101(26)(a)1).

Depository Institution Information. All committees and conduits must designate a depository institution. While it is recommended that all committees have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account and may intermingle personal and campaign funds (WIS. STAT. § 11.0201(2)(b)).

Treasurer/Administrator Information. Each committee must appoint a treasurer and each conduit must appoint an administrator. Any adult may serve as a treasurer or administrator. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate so in this section.

Section B: Candidate Committees. Candidate committees must complete section B. No other committee type should complete section B.

Section C: Recall Committees. Recall committees must complete section C. No other committee type should complete section C.

Section D: PAC, IEC, and Conduits. Political action committees, independent expenditure committees, and conduits must complete section D. No other committee type should complete section B. All fields in section D refer to the sponsoring organization's contact information.

Section E: Political Party and Legislative Campaign Committees. Only political party committees and legislative campaign committees should complete section E.

Item E2. A political party or a legislative campaign committee may establish a segregated fund for purposes other than making contributions to a candidate committee or making disbursements for express advocacy (WIS. STAT. § 11.1104(6)). It is recommended that the committee maintain the segregated fund in a depository account separate from the primary account, but it is not required.

Items E3 - E7. If the segregated fund is maintained with the same depository institution as the primary account, write "Same as primary account." in E3.

Section F: Referendum Committees. Only referenda committees should complete section F.

Section G: Certification. All committees and conduits must complete section G.

Declaration of Candidacy

(See instructions for preparation on back)

FOR OFFICE USE ONLY

Is this an amendment?

Yes (if you have already filed a DOC for this election)

No (if this is the first DOC you have filed for this election)

I, _____, being duly sworn, state that
Candidate's name

I am a candidate for the office of _____
Official name of office - Include district, branch or seat number

representing _____
If partisan election, name of political party or statement of principle - five words or less (Candidates for nonpartisan office may leave blank.)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned.¹

My present address, including my municipality of residence for voting purposes is:

| | | | | | | |
|-------------------|-------------|--------------------------------|----------|--------------------------------------|-------------------------------------|----------------------------------|
| House or fire no. | Street Name | Mailing Municipality and State | Zip code | Town of <input type="checkbox"/> | Village of <input type="checkbox"/> | City of <input type="checkbox"/> |
| | | | | Municipality of Residence for Voting | | |

My name as I wish it to appear on the official ballot is as follows:

(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

STATE OF WISCONSIN } _____ (Signature of candidate)
County of _____ } ss.
(County where oath administered)

Subscribed and sworn to before me this _____ day of _____, _____.

(Signature of person authorized to administer oaths)

**NOTARY SEAL
REQUIRED, IF OATH
ADMINISTERED BY
NOTARY PUBLIC**

Notary Public or other official _____
(Official title, if not a notary)

If Notary Public: My commission expires _____ or is permanent.

The information on this form is required by Wis. Stat. § 8.21, Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.20 (6), 120.06 (6)(b), 887.01.

EL-162 | Rev. 2019-08 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

¹ A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

Instructions for Completing the Declaration of Candidacy

All candidates seeking ballot status for election to any office in the State of Wisconsin must properly complete and file a **Declaration of Candidacy**. This form must be **ON FILE** with the proper filing officer no later than the deadline for filing nomination papers or the candidate's name will not appear on the ballot. A facsimile will be accepted if the FAX copy is received by the filing officer no later than the filing deadline and the signed original declaration is received by the filing officer with a postmark no later than the filing deadline.

Information to be provided by the candidate:

- Type or print your name on the first line.
- The title of the office and **any district, branch, or seat number** for which you are seeking election must be inserted on the second line. *For legislative offices insert the title and district number, for district attorneys insert the title and the county, for circuit court offices insert the title, county and branch number, and for municipal and school board offices insert the title and any district or seat number.*
- Type or print the political party affiliation or principle supported by you in five words or less on the third line. *Nonpartisan candidates may leave this line blank.*
- **Felony convictions: Your name cannot appear on the ballot if you have been convicted of a felony in any court in the United States for which you have not been pardoned. Please see footnote on page 1 for further information with respect to convictions for misdemeanors involving a violation of public trust. These restrictions only apply to candidates for state and local office.**
- Your current address, including your municipality of residence for voting purposes, must be inserted on the fourth line. This must include your entire mailing address (**street and number, municipality where you receive mail**) and the name of the municipality in which you reside and vote (town, village, or city of ___). If your address changes before the election, an amended Declaration of Candidacy must be filed with the filing officer. Wis. Stat. § 8.21. *Federal candidates are not required to provide this information, however an address for contact purposes is helpful.*
- Type or print your name on the fifth line as you want it to be printed on the official ballot. You may use your full legal name, former legal surname, or any combination of first name, middle name, and initials, surname or nickname with last name.

Note: The Wisconsin Elections Commission has determined that, absent any evidence of an attempt to manipulate the electoral process, candidates are permitted to choose any form of their name, including nicknames, by which they want to appear on the ballot.

No titles are permitted. In addition, names such as "Red" or "Skip" are permitted, but names which have an apparent electoral purpose or benefit, such as "Lower taxes," "None of the above" or "Lower Spending" are not permitted. It is also not permissible to add nicknames in quotes or parentheses. For example, John "Jack" Jones or John (Jack) Jones are not acceptable, but John Jones, Jack Jones or John Jack Jones are acceptable.

This form must be sworn to and signed in the presence of a notary public or other person authorized to administer oaths, such as a county or municipal clerk. Wis. Stat. §§ 8.21(2), 887.01(1).

Information to be provided by the person administering the oath:

- The county where the oath was administered.
- The date the Declaration of Candidacy was signed and the oath administered.
- The signature and title of the person administering the oath. If signed by a notary public, the notary seal is required and the date the notary's commission expires must be listed.

All candidates for offices using the nomination paper process must file this form (*and all school district candidates must file the EL-162sd*) with the appropriate filing officer no later than the deadline for filing nomination papers. Wis. Stats. §§ 8.10 (5), 8.15 (4)(b), 8.20 (6), 8.21, 8.50 (3)(a), 120.06 (6)(b). Candidates nominated for local office at a caucus must file this form with their municipal clerk within 5 days of receiving notice of nomination. Wis. Stat. § 8.05 (l)(j).

CANDIDATE BALLOT ACCESS PROCEDURES

Nomination Papers

April 2020



Wisconsin Elections Commission

P.O. Box 7984

Madison, WI 53707-7984

Phone: (608) 261-2028

FAX: (608) 267-0500

Email: elections@wi.gov

Web: <http://elections.wi.gov>

(Nomination Paper Template/Guide – Voter Facing)

The attached samples and guides are intended to assist candidates in ensuring nomination papers contain all required information so that signatures are not struck and that they can achieve ballot access by submitting the required number of signatures necessary per statute.

The attached samples and guides are not a substitute for reading and understanding the statutory and administrative code provisions that govern nomination papers. “Each candidate for public office has the responsibility to assure that his or her nomination papers are prepared, circulated, signed and filed in compliance with statutory and other legal requirements.” Wis. Admin. Code EL § 2.05(1).

The requirements and standards related to nomination papers, sufficiency of information contained on nomination papers and reasons the sufficiency of nomination paper could be challenged are governed generally by Wis. Stat. ch. 8 and Wis. Admin Code Ch. EL 2.

- Wis. Stat. § 8.10 governs the requirements for non-partisan nomination papers for elections generally in the spring
- Wis. Stat. § 8.15 governs the requirements for partisan nomination papers for election generally in the fall
- Wis. Stat. § 8.20 governs the requirements for nomination papers of independent candidates
- Wis. Admin. Code EL § 2.05 outlines the “Treatment and sufficiency of nomination papers.”
- Wis. Admin. Code EL § 2.07 outlines the process that an individual would take to challenge the sufficiency of a candidate’s nomination papers, and reasons why a nomination paper could be challenged and how those challenges are handled.

For additional questions, please contact the Wisconsin Elections Commission at (608)261-2028 or elections@wi.gov.

Sample Nomination Paper Header for Partisan Office

1. Insert your name with no titles.
2. Insert your voting address without the municipality.
3. Insert your voting municipality and check off the type of municipality (town, village, or city).
4. If your mailing address is different, such as you have a PO Box or your mailing municipality is different than your voting municipality, insert it here. Examples include: PO Box 987 Middleton, 567 First St.
5. Enter your zip code.
6. Check off the type of election.
7. Enter the date of the election. Do not put the primary date.
8. Enter your party name here. Examples include Democratic Party or Republican Party. You may enter your own party/statement of principle.
9. Enter the title of office. Examples include State Senator, United States Senate, and County Clerk.
10. If applicable, check off the District and enter the number or check off the jurisdiction and enter the county name.
11. Enter the whole jurisdiction or district here. Examples include Wisconsin State Senate District 7, Green County, and Congressional District 2.

NOMINATION PAPER FOR PARTISAN OFFICE

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Candidate's name (required); no titles may be used. 1 Jill Jones | | Candidate's residential address (required) (No P.O. Box addresses) Street, etc. or rural route number, box number (if rural route), and name of street or road 2 123 Main St. | | Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town of 3 Westport <input type="checkbox"/> Village of <input type="checkbox"/> City of | |
| Candidate's mailing address, including municipality for mailing purposes (required) (different than residential address or voting municipality) 4 123 Main St. Madison | | Type of election (required) <input checked="" type="checkbox"/> general 6 <input type="checkbox"/> special | General Election date (required) (Month/Day/Year) 7 11/03/2020 | Candidate's party (required) (Name of party or statement of principle) 8 Packers Party | |
| District or jurisdiction (required) (If applicable) 9 Representative to the Assembly - 79th District | | Zip code 5 53712 | Special Jurisdiction or district in which candidate seeks office (required) 11 Wisconsin's 79th Assembly District | | |

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.

| Printed Name of Electors | Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or line no) | Municipality of Residence Check the type and write the name of your municipality for voting purposes | Date of Signing Mo/Day/Year |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------|
| 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 _____ (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 in 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).

Page No. _____

Sample Completed Nomination Paper

Nomination Paper Line Number

- Acceptable. Well-known acronyms are acceptable for municipalities. The checkmark for Town, Village, or City is not required.

- Acceptable. If the date above and below the name is acceptable, it can be "bracketed" in and accepted. Ditto marks are acceptable.

- Unacceptable. Does not list the house number in the address.

- Acceptable. If the information is contained on the line, it can be moved over. Sister Bay is in the address portion, so this is acceptable.

- Unacceptable. No signature.

- Unacceptable. The voter does not list their last name.

- Unacceptable. The voter lives out of the 1st State Senate District.

- Unacceptable. The voter signed after the date of the circulator certification.

NOMINATION PAPER FOR PARTISAN OFFICE

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Candidate's name (required); no titles may be used. David Smith | | Candidate's residential address (required) No P.O. Box addresses Street, box, or rural route number, box number (if rural route), and name of street or road 111 Lake St. | | Candidate's municipality for voting purposes (required): <input type="checkbox"/> Town of <input checked="" type="checkbox"/> Village of <input type="checkbox"/> City of Sister Bay | |
| Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality PO Box 12345 Sister Bay | | State (required) WI | Zip code 54235 | General Election date (required) Mo/Day/Year 11/03/2020 | (Required) Name of Party or Statement of Principle (in words or less) Independent |
| Title of office (required) State Senator - 1st District | | Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special | | Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's 1st State Senate District | |

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 in 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.

| Printed Name of Electors | Residential address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no) | Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | Date of Signing Mo/Day/Year |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. Rich Ridecky | 9494 Second St. | Sis Bay | 5/1/2020 |
| 2. David Smith | 111 Lake St. | " " | |
| 3. Aaron Hoog | Third St. | Sister Bay | 5/1/2020 |
| 4. Cory Davis | 9423 2 nd St. Sister Bay | Sister Bay | 5/1/2020 |
| 5. Ryan Wontman | 1949 2 nd St. | Sister Bay | 5/1/2020 |
| 6. Robby | 1848 Third St. | Sister Bay | 5/1/2020 |
| 7. Ally Cowley | 212 E. Washington | Madison | 5/1/2020 |
| 8. Brittany Hallson | 789 River Ave. | Egg Harbor | 5/5/2020 |
| 9. | | | |
| 10. | | | |

CERTIFICATION OF CIRCULATOR 9090 Elections Ln. Wausau, WI

I, Diana Lowry certify: I reside at _____ (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).

5/1/2020 (Date)
Diana Lowry (Signature of circulator)
Page No. 1

NOMINATION PAPER FOR NONPARTISAN OFFICE

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Candidate's name (required); no titles may be used. | Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road | Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | Election date (required) Do not use primary date. Mo/Day/Year |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) | Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special | (name of municipality) | |
| Title of office (required) | State (required) <div style="text-align: center; font-size: 2em; font-weight: bold;">WI</div> | Zip code | Name of jurisdiction or district in which candidate seeks office (required) |
| Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat | | | |

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 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 (Rural address must also include box or fire no.) | Municipality of Residence Check the type and write the name of your municipality for voting purposes. | Date of Signing Mo/Day/Year |
|------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------|
| 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, _____ (Name of circulator) _____ (Circulator's residential address - include number, street, and municipality) certify: I reside at _____

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)

NOMINATION PAPER FOR NONPARTISAN OFFICE

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Candidate's name (required); no titles may be used. | Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road | Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | Election date (required) Do not use primary date. Mo/Day/Year |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) | Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special | Name of jurisdiction or district in which candidate seeks office (required) | |
| Title of office (required) | State (required) <div style="text-align: center; font-size: 2em; font-weight: bold;">WI</div> | Zip code | Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat |

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 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 (Rural address must also include box or fire no.) | Municipality of Residence Check the type and write the name of your municipality for voting purposes. | Date of Signing Mo/Day/Year |
|------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------|
| 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, _____ (Name of circulator) certify: I reside at _____ (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)

NOMINATION PAPER FOR NONPARTISAN OFFICE

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Candidate's name (required); no titles may be used. | Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road | Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | Election date (required) Do not use primary date. Mo/Day/Year |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) | State (required) <div style="text-align: center; font-size: 2em; font-weight: bold;">WI</div> | Zip code | Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special |
| Title of office (required) | Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat | Name of jurisdiction or district in which candidate seeks office (required) | |

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 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) <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 <small>Mo/Day/Year</small> |
|------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 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, _____ (Name of circulator) _____ (Circulator's residential address - Include number, street, and municipality) certify: I reside at _____

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)

NOMINATION PAPER FOR NONPARTISAN OFFICE

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Candidate's name (required); no titles may be used. | | 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 | | Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (name of municipality) | |
| Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) | | State (required) WI | Zip code | Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special | Election date (required) <i>Do not use primary date.</i> Mo/Day/Year |
| Title of office (required) | | Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat | | Name of jurisdiction or district in which candidate seeks office (required) | |

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 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.

| Signatures of Electors | Printed Name of Electors | Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.) | Municipality of Residence Check the type and write the name of your municipality for voting purposes. | Date of Signing Mo/Day/Year |
|------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------|
| 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 | |

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.

CERTIFICATION OF CIRCULATOR

I, _____ (Name of circulator) certify: I reside at _____ (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)

INSTRUCTIONS FOR PREPARING NOMINATION PAPERS FOR NONPARTISAN OFFICE

This is a sample nomination paper form. It conforms to the statutory requirements for nomination papers for nonpartisan office. All information concerning the candidate must be completed in full before circulating this form to obtain signatures of electors. All information concerning the signing electors and the circulator must be completed in full before filing with the appropriate filing officer. This form may be reproduced in any way. A candidate's picture and biographical data may also be added to this form. The Wisconsin Elections Commission has determined that no disclaimer or other attribution statement is required on nomination papers. Candidates are advised to send a sample of their completed form the filing officer for review before circulation.

Page Numbers – Number each page consecutively, beginning with "1", before submitting to the filing officer. A space for page numbers has been provided in the lower right-hand corner of the form.

Candidate's Name - Insert the candidate's name. A candidate may use his or her full legal name, or any combination of first name, middle name, and initials or nickname with last name. The Wisconsin Elections Commission has determined that, absent any evidence of an attempt to manipulate the electoral process, candidates are permitted to choose any form of their name, including nicknames, by which they want to appear on the ballot.

No titles are permitted. In addition, names such as "Red" or "Skip" are permitted, but names which have an apparent electoral purpose or benefit, such as "Lower taxes," "None of the above" or "Lower Spending" are not permitted. It is also not permissible to add nicknames in quotes or parentheses between first and last names. For example, John "Jack" Jones or John (Jack) Jones are not acceptable, but John Jones, Jack Jones or John Jack Jones are acceptable.

Candidate's Address – Insert the candidate's residential address (*no P.O. Box addresses*) and the municipality for voting purposes. Indicate if the municipality of residence is a town, village, or city. If a candidate's mailing address is different from the residential address or voting municipality, a complete mailing address must also be given.

Date of Election - Insert the date of the election. If the nomination paper is being circulated for a spring election, the date is the first Tuesday in April. If the election is a special nonpartisan election, the date of the special election must be listed.

Title of Office - The name of the office must be listed along with any branch, district, or seat number (if applicable) that clearly identifies the office the candidate is seeking. If necessary, the name of the jurisdiction that identifies the office, such as Dane County Circuit Court Judge, Branch 3, must also be listed.

Name of Jurisdiction - The nomination papers must also indicate the municipality or jurisdiction in which the signing electors are qualified to vote, as it relates to the office sought by the candidate named on the nomination paper. For example, for a statewide office the jurisdiction is the State of Wisconsin. Others may be the county, town, village, city, aldermanic district, school district, or town sanitary district, as required.

Signatures and Printed Name of Electors - Only qualified electors of the jurisdiction or the district the candidate seeks to represent may sign the nomination papers. Each signer must also legibly print their name. Each elector must provide their residential address (*no P.O. Box addresses*), including any street, fire or rural route number, box number (if rural route) and street or road name, and municipality of residence. A post office box number alone does not show where the elector actually resides. The name of the Municipality of Residence must be listed for each signing elector and must clearly identify the town, village or city where the elector's voting residence is located. The date the elector signed the nomination paper, including month, day and year, must be indicated. Ditto marks that follow correct and complete address or date information are acceptable. The circulator may add any missing or illegible address or date information before the papers are filed with the filing officer.

Signature of Circulator - The circulator should carefully read the language of the *Certification of Circulator*. **THE CIRCULATOR MUST PERSONALLY PRESENT THE NOMINATION PAPER TO EACH SIGNER. THE NOMINATION PAPER MAY NOT BE LEFT UNATTENDED ON COUNTERS OR POSTED ON BULLETIN BOARDS.** 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.

Other Instructions - Candidates and circulators should review Ch. Wisconsin Elections Commission §§ 2.05, 2.07, 2.07, Wis. Adm. Code.

- *Original* nomination papers must be in the physical custody of the appropriate filing officer by the filing deadline. A postmark on the filing deadline is NOT sufficient. Nomination papers CANNOT be faxed to the filing officer. Ch. Wisconsin Elections Commission § 6.04(2), Wis. Adm. Code.
- Nomination papers with the required number of signatures must be filed with the appropriate filing officer no later than 5:00 p.m. on the first Tuesday in January (or the next day if the first Tuesday is a holiday) before the spring election. Special elections may have different filing deadlines. Check with the filing officer.
- In order for a candidate's name to be placed on the ballot, a candidate must file a *Campaign Registration Statement* (ETHCF-1), a *Declaration of Candidacy* (EL-162), and *Nomination Papers* (EL-169) containing the appropriate number of signatures for the office sought no later than the filing deadline. Wis. Stat. § 8.10(3). Candidates for state office and municipal judge must also file a statement of economic interests with the Wisconsin Ethics Commission by the third business day after the nomination paper filing deadline. Wis. Stat. § 19.43. If any one of these required forms is not filed by the deadline, the candidate's name will not be placed on the ballot. Wis. Stat. § 8.30.
- If a candidate or circulator has any questions, he or she should contact the filing officer.