

Nomination Paper for NONPARTISAN OFFICE
I, the undersigned, request that the name of

Michael Screnock

residing at 1430 Amber Court, city of Reedsburg Wisconsin, 53959-1085, be placed on the ballot at the spring election to be held on April 3, 2018 as a candidate so that voters will have the opportunity to vote for him for the office of Justice of the Supreme Court for the State of Wisconsin. I am eligible to vote in the State of Wisconsin. 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	PRINT NAME	STREET & NUMBER OR RURAL ROUTE <small>RURAL ADDRESS MUST ALSO INCLUDE BOX OR FIRE NO.</small>	MUNICIPALITY OF RESIDENCE <small>INDICATE TOWN, CITY OR VILLAGE</small>	ZIP CODE	DATE OF SIGNING	SIGN ME UP TO HELP!
1.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
2.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
3.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
4.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
5.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
6.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
7.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
8.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
9.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock
10.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		___ / ___ / 17	<input type="checkbox"/> I want to help elect Michael Screnock

CERTIFICATION OF CIRCULATOR

I, _____, certify:
(name of circulator)

I, reside at _____
(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 State of Wisconsin. 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 § 12.13(3)(a), Wis. Stats.

(signature of circulator)

(date)