



I, the undersigned, request the name of

Sarah Harrison

Residing at 850 Golden Meadow Ct in the Town of Brookfield, WI be placed on the ballot for the general election to be held on November 5, 2024 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for her for the office of

REPRESENTATIVE TO THE ASSEMBLY – DISTRICT 15

I am eligible to vote in the 15th Assembly District. I have not signed the nomination paper of any other candidates for the same office in this election.

NOTE: THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. YOU MUST ALWAYS LIST THE MUNICIPALITY OF RESIDENCE.

(Email/Phone Optional)

Signatures of Electors	PRINT NAME	Residential Address Street and Number or Rural Route <i>(Rural address must also include box or fire number; No P.O. Box Addresses)</i>	CITY, ZIP	Municipality of Residence <i>(Check the type and write the name of your municipality for voting purposes)</i>	Date of Signing <i>[mo/day/year]</i>	Email Address and Phone Number
1.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
2.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
3.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
4.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
5.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
6.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
7.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	

CERTIFICATION OF CIRCULATOR

(Removed before submission)

I, _____ *(name of circulator)*, certify: I reside at _____ *(Residential address – 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).

(signature of circulator)

(date)

Candidate mailing address: 850 Golden Meadow Ct, Brookfield, WI 53045

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