STEVE CAMPBELL FOR ASSEMBLY

I, the undersigned, request the name of

Steve Campbell

Residing at E9034 County Rd. Y in the Town of Viroqua, 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 him for the office of

REPRESENTATIVE TO THE ASSEMBLY – DISTRICT 96

I am eligible to vote in the 96th 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 <u>NOT</u> SUFFICIENT. YOU <u>MUST</u> ALWAYS LIST THE MUNICIPALITY OF RESIDENCE. *(Email/Phone Optional)*

Signatures of Electors	PRINT NAME	Residential Address Street and Number or Rural Route *(Rural address must also include box or fire number; No P.O. Box Addresses)*	CITY, ZIP	Municipality of Residence *(Check the type and write the name of your municipality for voting purposes)*	Date of Signing [mo/day/year]	Email Address and Phone Number
1.				❑ Town ❑ Village ❑ City	2024	
2.				❑ Town ❑ Village ❑ City	2024	
3.				❑ Town ❑ Village ❑ City	2024	
4.				❑ Town ❑ Village ❑ City	2024	
5.				❑ Town ❑ Village ❑ City	2024	
6.				❑ Town ❑ Village ❑ City	2024	
7.				❑ Town ❑ Village ❑ 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: E9034 County Rd. Y, Viroqua, WI 54665

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