



Certificate of Nomination

General Instructions:
Please Review Fully

Fill in the circles as appropriate. This form is used to document the transmission of candidate information. Candidate names should be listed on the form in the order they should appear on the ballot. After entering information into WisVote, Providers should file this form for reference.

Jurisdiction Information

1	Clerk Last Name	S c h u p p																											
	Clerk First Name	S u s a n																											
2	School Dist.	<input type="radio"/> Union <input type="radio"/> Unified <input type="radio"/> Common																											
3	Relier Information																												
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City																											
	County																										HINDI #		
4	Provider Information																												
	County																										HINDI #		
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	W e s t M i l w a u k e e																									HINDI #	4 1 1 9 1

Election Information

5	Date of Election (MM/DD/YYYY)	0 4 / 0 4 / 2 0 2 3																									
	Type of Election	S p r i n g E l e c t i o n																									
	Office	V i l l a g e T r u s t e e																									
	<input type="radio"/> Vote for 1 <input checked="" type="radio"/> Vote for not more than: 0 0 2 (Please Specify)																										

Candidate Information

6	Ballot Position	Susan M. Schupp																										<input type="radio"/> Town <input checked="" type="radio"/> Village <input type="radio"/> City <input type="radio"/> Sch. Dist.	West Milwaukee																									
	I, _____, Clerk for the _____, certify that the names of the candidates in Section 6 are for the office at the election on the date listed in Section 5, as determined by law, and that such names must be placed on the official ballot in the order listed.																																																					
	0 1	J o h n R a g o n e s e																																																				
	0 2	J a n e A . E d g a r																																																				
7	Comments																																																					

Signature

School Clerk Signature	X	Date (MM/DD/YYYY)	/ /																										
Relier Signature	X	Date (MM/DD/YYYY)	/ /																										
Provider Signature	X <i>S M Schupp</i>		Date (MM/DD/YYYY)	0 1 / 0 9 / 2 0 2 3																									



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General Instructions: <i>Please Review Fully</i>	<p>This form should be completed by either a school district clerk or a municipal clerk. The completed form should be submitted to your county clerk or provider, unless directed otherwise.</p> <p>This form is used to transmit information about candidate ballot placement to be entered into WisVote. Clerks should complete a separate form for each county. If there are candidates for more than one office, complete a separate form for each office. This form constitutes a certificate of nomination that may also be used for ballot creation.</p> <p>Each section on the front side of this document corresponds to the sections below (1-6).</p>
1	Whether School District Clerk or Relier Clerk, please provide your current last and first names in the spaces provided. Enter your formal names, as indicated on official government documents; no nicknames.
2	Only required if form is being completed on behalf of a School District. Fill in appropriate circle for type of School District. Complete name of School District.
3	Only required if form is being completed on behalf of a municipality. Fill in appropriate circle for type of municipality. Complete name of municipality. Complete name of county where municipality is located.
4	<ul style="list-style-type: none"> • To be completed by School District Clerk. Complete name of county where school district is located. If school district is located in more than one county, complete a separate form for each county. • To be completed by Relier Clerk. Complete name of county or municipality that provides WisVote services to you.
5	<ul style="list-style-type: none"> • Complete date of election. • Complete election type, i.e. Spring Primary, Spring Election, September Primary, General Election, Special Primary, Special Election. • Complete office, i.e. Town Supervisor, Village Trustee, Mayor, School Board Supervisor. • Fill in the circle to indicate that the office is to be listed on the ballot as "Vote for One" or "Vote for not more than". If "Vote for not more than" indicate the number of seats to be elected.
6	<ul style="list-style-type: none"> • Complete the certification with the appropriate information for name of clerk and jurisdiction. • List candidates' names as they should appear on the ballot and in the order they should appear.
7	For School District Clerk, provide a list of municipalities within the school district. If additional space is required, please use a blank sheet of paper to document the municipalities and attach it to this form.
Signature: <ul style="list-style-type: none"> • By signing in this space, the School District Clerk is certifying the candidate information for the office at the election listed. • By signing in this space, the Relier Clerk is certifying the candidate information for the office at the election listed. • By signing in this space the County Clerk or Provider Clerk is acknowledging receipt of this information and has entered this information into WisVote. 	