## NOMINATION PAPER FOR PARTISAN OFFICE

TOWNATION FAILENTON FAILENT AND AN OFFICE								
Candidate's name (required); no titles may be used.	Candidate's residential address (required) No P.O. box addresses			Candidate's municipality for voting purposes (required).			Stail	
	Street, fire, or rural route number; box number (if rural route); and name of street or road			☐ Town of			Stell	
Bryan Steil	3709 Briar Crest Drive			☐ Village of ☐ City of	Janesville		***	
						(name of municipality)		Congress
Candidate's mailing address, including municipality for	mailing purposes (required if	State (required)	Zip code	Туре	of election (required)	General Election date	(Required	d) Name of Party or Statement of Principle
different than residential address or voting municipality)				X	general	(required) Mo/Day/Year	(5 words	or less)
3709 Briar Crest Drive, Janesville		WI	53546		special	11/3/2020		Republican Party
Title of office (required)		District or Juri	sdiction (required if applicable)			Name of jurisdiction or district in	which cand	lidate seeks office (required)
Representative in Congress			☑ District number 1 ☐ Jurisdiction (county)			Wisconsin's First Congressional 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 Ma 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 purp	ooses, when different than municipality o	of residence, is not sufficient. The name of the muni	cipality of residence must al	ways 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.			□ Town □ Village □ City	/ /2020
2.			□ Town □ Village □ City	/ /2020
3.			☐ Town ☐ Village ☐ City	/ /2020
4.			□ Town □ Village □ City	/ /2020
5.			☐ Town ☐ Village ☐ City	/ /2020
6.			☐ Town ☐ Village ☐ City	/ /2020
7.			☐ Town ☐ Village ☐ City	/ /2020
8.			☐ Town ☐ Village ☐ City	/ /2020
9.			☐ Town ☐ Village ☐ City	/ / 2020
10.			☐ Town ☐ Village ☐ City	/ /2020
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	CERTIFICATION OF CIRCULATOR		
l,		, certify: I reside at	
	(Name of circulator)	(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).

aware that faisilying this certification is pariishable at	10c1 vvis. stat. 3 12.15(5)(a).
/ / 2020	
(Date)	(Signature of circulator)

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