

NOMINATION PAPER FOR NONPARTISAN OFFICE

I, the undersigned, request the name of

MO CHEEKS



residing at 3545 Nakoma Rd Madison, WI 53711, be placed on the ballot at the spring election to be held on **April 2, 2019** as a candidate so that voters will have the opportunity to vote to elect him for the office of

City of Madison Mayor

I am eligible to vote in the City of Madison. 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 THE RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINT NAME	STREET & NUMBER OR RURAL ROUTE & P.O. BOX OR FIRE NO.	MUNICIPALITY INDICATE TOWN, VILLAGE, OR CITY	DATE OF SIGNING	EMAIL/PHONE NUMBER
1)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
2)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
3)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
4)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
5)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
6)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
7)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
8)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
9)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	
10)			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /20	

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____
(NAME OF CIRCULATOR) (CIRCULATOR'S RESIDENCE — INCLUDE NUMBER, STREET AND MUNICIPALITY.)

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 §12.13(3)(a), Wis. Stats.

(DATE)

(SIGNATURE OF CIRCULATOR)