NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (**required**); no titles may be used.	Candidate's residential address (**required**) ***No P.O. box addresses*** Street, fire, or rural route number; box number (if rural route); and name of street or road	Candidate's municipality for voting purposes (**required**).
Cindy Werner	9600 W Beloit Rd #4	☐ Town of ☐ Village of ☒ City of Milwaukee (name of municipality)

Candidate's mailing address, including municipality for mailing purposes (**required** if different than residential address or voting municipality)	State (**required**)	Zip code	Type of election (**required**)	General Election date (**required**) Mo/Day/Year	(**Required**) Name of Party or Statement of Principle (5 words or less)
	WI	53227	☒ general ☐ special	11/03/2026	Republican

Title of office (**required**)	District or Jurisdiction (**required** if applicable)	Name of jurisdiction or district in which candidate seeks office (**required**)
Secretary of State	☐ District number ☐ Jurisdiction (county)	State of Wisconsin

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 ☐ 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 purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always 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	
2.			☐ Town ☐ Village ☐ City	
3.			☐ Town ☐ Village ☐ City	
4.			☐ Town ☐ Village ☐ City	
5.			☐ Town ☐ Village ☐ City	
6.			☐ Town ☐ Village ☐ City	
7.			☐ Town ☐ Village ☐ City	
8.			☐ Town ☐ Village ☐ City	
9.			☐ Town ☐ Village ☐ City	
10.			☐ Town ☐ Village ☐ City	

CERTIFICATION OF CIRCULATOR

I, _____ (Name of circulator), certify: I reside at _____ (Circulator's residential address - **Include number, street, and municipality**).

I further certify I am a qualified elector of Wisconsin. 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).

_____ (Date)

_____ (Signature of circulator)

Page No.