

I, the undersigned, request the name of

# REGINA VIDAVER

Residing at **2314 Chamberlain Ave., in Madison, Wisconsin, 53726** be placed on the ballot for the special election to be held on **November 5, 2024** as a candidate, so that voters will have the opportunity to vote for her for the office of **DANE COUNTY EXECUTIVE**.

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 so that voters will have the opportunity to vote for 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.



**NOTE: THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. YOU MUST ALWAYS LIST THE MUNICIPALITY OF RESIDENCE.** *(Email/Phone Optional)*

Signatures of Electors	PRINT NAME	Residential Address Street and Number or Rural Route <i>(Rural address must also include box or fire number; No P.O. Box Addresses)</i>	CITY, ZIP	Municipality of Residence <i>(Check the type and write the name of your municipality for voting purposes)</i>	Date of Signing <i>(mo/day/year)</i>	Email Address and Phone Number
1.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
2.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
3.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
4.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
5.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
6.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2024	
7.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> 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)*