

BRAD SCHIMEL

SUPREME COURT

NOMINATION PAPER CIRCULATION IMPORTANT INSTRUCTIONS

Thank you for assisting Justice Brad Schimel's campaign by circulating and signing nomination forms. Your help in this process will ensure Justice Schimel is on the ballot and will also demonstrate our large, statewide grassroots network of support. Please refer to the Important Notes below or contact the campaign if you have further questions.

IMPORTANT NOTES FOR CIRCULATORS

- Nomination forms must not be circulated before December 1, 2024.
- A circulator must be eligible to vote in the State of Wisconsin and be 18 years of age or older.
- Circulators and signers may only circulate and sign nomination forms for one candidate for each office.
- Circulators must personally collect the signatures on the nomination form. Nomination forms may not be left unattended on counters or posted on bulletin boards, etc.
- The circulators must completely fill out his or her complete address, along with municipality of residence. Mailing address is not sufficient.
- The circulator must certify (sign) and date the nomination form before returning it to the campaign.
- The circulator must not certify the nomination form until he or she is done circulating the nomination form. This means that the date of certification must be on or after the date of the last nomination signature received.
- If you run out of nomination forms, you are free to make copies of blank nomination forms.
- DO NOT number the page at the bottom of the nomination form. That will be done once all the nomination forms are collected.

IMPORTANT NOTES FOR SIGNERS

- All signers must be eligible to vote in the state of Wisconsin and be 18 years of age or older.
- The signer's address of residence must always be listed. Mailing address is not sufficient.
- Signers may only fill out one candidate's nomination form for each particular office.
- Signers MUST fill out the name of the municipality of residence in its entirety (i.e. write "Milwaukee" not "Milw").
- Signers must check the box that identifies town/city/village of residence.

Original copies of the completed nomination forms can be returned to:

Schimel for Justice
PO Box 176
Waukesha, WI 53187

PLEASE SEND ALL NOMINATION FORMS BY FRIDAY, DECEMBER 20.

The campaign cannot accept nomination forms that are sent via email.

NOMINATION PAPER FOR NONPARTISAN OFFICE



Candidate's name (required), no titles may be used. Brad Schimel	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road W295S2609 Jamie Court	Candidate's municipality for voting purposes (required) Genesee <small>(name of municipality)</small>	Election date (required) Do not use primary date. Mo./Day/Year 4/1/2025
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) W295S2609 Jamie Ct, Waukesha	State (required) WI	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Name of jurisdiction or district in which candidate seeks office (required) Wisconsin
Title of office (required) Justice of the Supreme Court	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat	Zip code 53188-9538	

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 him 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.

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.			<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
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2024
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2024
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2024

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 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).

/ / _____ (Date)
 _____ (Signature of circulator)
 Page No. _____