

WISCONSIN NOMINATION PAPER RECEIPT

Receipt No.: _____

(Name of Issuing Authority)

(Title)

(Address)

(City, State, Zip Code)

(Phone Number)

Candidate Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Election Date: _____ Type: _____

(Spring, Recall, Special)

Office: _____

Date Filed Campaign Registration Statement (GAB-1): _____

Date Filed Declaration of Candidacy (GAB-162): _____

Date Filed Nomination Papers (GAB-169): _____

(Signature of Issuing Authority)