



Certificate of Nomination

General Instructions: Fill in the circles as appropriate. This form is used to document the transmission of candidate information. Candidate names should be listed on the form in the order they should appear on the ballot. After entering information into WisVote, Providers should file this form for reference.
Please Review Fully

Jurisdiction Information

1	Clerk Last Name	F R E D E R I C K										
	Clerk First Name	R E B E C C A										
2	School Dist.	<input type="radio"/> Union <input type="radio"/> Unified <input type="radio"/> Common										
Relier Information												
3	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	H I X T O N									
	County	J A C K S O N							HINDI #	2 7 1 3 6		
Provider Information												
4	County								HINDI #			
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City								HINDI #		

Election Information

5	Date of Election (MM/DD/YYYY)	0 4 / 0 3 / 2 0 1 8											
	Type of Election	S P R I N G E L E C T I O N											
	Office	V I L L A G E T R U S T E E											
		<input type="radio"/> Vote for 1	<input checked="" type="radio"/> Vote for not more than:							0 0 2	(Please Specify)		

Candidate Information

Ballot Position	<input type="radio"/> Town <input checked="" type="radio"/> Village <input type="radio"/> City <input type="radio"/> Sch. Dist.	BECKY FREDERICK	HIXTON									
	I, _____, Clerk for the candidates in Section 6 are for the office at the election on the date listed in Section 5, as determined by law, and that such names must be placed on the official ballot in the order listed.											
6	0 1	J O S E P H F O R M A N										
	0 2	C H A R L E S L T A Y L O R										

7	Comments										
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Signature

School Clerk Signature	X	Date (MM/DD/YYYY)	/ /								
Relier Signature	<i>Becky Frederick</i>	Date (MM/DD/YYYY)	1 / 2 3 / 2 0 1 8								
Provider Signature	X	Date (MM/DD/YYYY)	/ /								