

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used.
Robert P. Magnus

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
1025 N. Morgan Rd Oconomowoc

Candidate's municipality for mailing purposes (required if different than residential address or voting municipality)
same

Candidate's municipality for voting purposes (required)
 Town
 Village
 City
Oconomowoc (name of municipality)

Election date (required) Do not use primary date.
 Mo/Day/Year
April 7, 2020

Title of office (required)
MAYOR

Branch, district or seat number (required if applicable)
 Branch
 District
 Seat
WI

Zip code
53066

Type of election (required)
 spring
 special

Name of jurisdiction or district in which candidate seeks office (required)
City of Oconomowoc

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 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
<i>[Signature]</i>	DAN RAASCH	681 SOUTH CONCORD RD. OCONOMOWOC, WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OCONOMOWOC	12/29/2019
<i>[Signature]</i>	Beth Raasch	681 S. Concord Rk Oconomowoc 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OCONOMOWOC	12/29/19
<i>[Signature]</i>	MARK SCHNECK	1015 CHRISTOPHER CT. OCON 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OCONOMOWOC	12/29/19
<i>[Signature]</i>	Karen Haskell	128 Greenland Ave Ocon 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OCONOMOWOC	12/29/19
<i>[Signature]</i>	Binger Coral	1250 CHRISTOPHER CT OCONOMOWOC, WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OCONOMOWOC	12-29-19
<i>[Signature]</i>	Kerry K. Miller	402 S Washington St Oconomowoc, WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	12-29-19
<i>[Signature]</i>	JAKE MILLER	402 S WASHINGTON ST Oconomowoc WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	12-29-19
<i>[Signature]</i>	AR Haskell	128 E. Greenland Ave Oconomowoc, WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	12-29-19
<i>[Signature]</i>	Susan Weber	502 State St Oconomowoc, WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	12-29-19
<i>[Signature]</i>	LORRAINE CROWIN	816 Waco Dr Oconomowoc WI 53066	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Oconomowoc	12-29-19

CERTIFICATION OF CIRCULATOR

I certify: I reside at **1128 DICKENS DRIVE OCONOMOWOC, WI**
 (Circulator's residential address - include number, street, and municipality.)

(Name of circulator)
Sygrid S Miller

(Date)
1/2/20/19

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, 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)
[Signature]

(Date)
1-5-2020