

NOMINATION PAPERS FOR NON-PARTISAN OFFICE



I, the undersigned, request that the name of

MELISSA AGARD

residing at **1638 Mayfield Lane, Madison WI 53704**, be placed on the ballot for the general election to be held on **November 5th, 2024**, as a candidate so that the voters have the opportunity to vote for her for the office of

DANE COUNTY EXECUTIVE

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.

Email and Phone not required

NAME & SIGNATURES OF ELECTORS	ADDRESS (NUMBER AND STREET OR RURAL ROUTE) Rural Address Must Also Include Box or Fire Number	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	DATE OF SIGNING	CONTACT INFORMATION
1 Print: _____ Sign: _____		<input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city _____ (Municipality name)	____/____/____	Email: _____ Phone: _____
2 Print: _____ Sign: _____		<input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city _____ (Municipality name)	____/____/____	Email: _____ Phone: _____
3 Print: _____ Sign: _____		<input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city _____ (Municipality name)	____/____/____	Email: _____ Phone: _____
4 Print: _____ Sign: _____		<input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city _____ (Municipality name)	____/____/____	Email: _____ Phone: _____
5 Print: _____ Sign: _____		<input type="checkbox"/> town <input type="checkbox"/> village <input type="checkbox"/> city _____ (Municipality name)	____/____/____	Email: _____ Phone: _____

Certification of Circulator

I, _____, certify: I reside at _____
(Name of circulator) (Circulator's residence - 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.

PLEASE RETURN TO:

Melissa Agard for County Executive
 PO Box 12
 Madison, WI 53701-0012

Authorized & Paid for by
 Melissa Agard for County Executive