

Nomination Paper for PARTISAN OFFICE
I, the undersigned, request that the name of

J.B. Van Hollen

residing at 1303 Lawton Court, Village of Waunakee, Wisconsin, 53597 be placed on the ballot at the general election to be held on November 2, 2010, as a candidate representing the Republican Party so that voters will have the opportunity to vote for him for the office of Attorney General of Wisconsin. I am eligible to vote in the state of Wisconsin. I have not signed the nomination paper of any other candidate for the same office at this election.



- ✓ Eliminated DNA backlog at the State Crime Lab
- ✓ More than quadrupled the fight against sex predators
- ✓ Endorsed by 60 Sheriffs and 51 District Attorneys



www.VanHollenforAG.com

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	PRINT NAME	STREET & NUMBER OR RURAL ROUTE RURAL ADDRESS MUST ALSO INCLUDE BOX OR FIRE NO.	MUNICIPALITY OF RESIDENCE INDICATE TOWN, CITY OR VILLAGE	ZIP CODE	DATE OF SIGNING	SIGN ME UP TO HELP!
1.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
2.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
3.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
4.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
5.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
6.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
7.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
8.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
9.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen
10.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect J.B. Van Hollen

CERTIFICATION OF CIRCULATOR

_____ (date)

I, _____, certify:
(name of circulator)

I, reside at _____
(Circulator's residence - Include number, street, and municipality.)

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 § 12.13 (3)(a), Wis. Stats.

_____ (signature of circulator)

Please return to Van Hollen for AG, P.O. Box 843, Madison, WI 53701

Paid for by Van Hollen for Attorney General, Jack MacDonough, Treasurer

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