



# Certificate of Nomination

**General Instructions:**  
*Please Review Fully*

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.

**Jurisdiction Information**

1	Clerk Last Name	H E N N I N G
	Clerk First Name	J A N E L L E
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	
	County		HINDI #

**Provider Information**

4	County	E A U C L A I R E	HINDI #	
	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	W A S H I N G T O N	HINDI # 1 8 0 2 4

**Election Information**

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

**Candidate Information**

Ballot Position		JANELLE HENNING	<input checked="" type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City <input type="radio"/> Sch. Dist. of	WASHINGTON
I, _____, Clerk for the _____, certify that the names of 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	M A T T H E W M I L L E R		
	0 2	K A R E N T O M E S H		
	0 3	J E F F R E Y W H I T E		

7	Comments	
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**Signature**

School Clerk Signature	X	Date (MM/DD/YYYY)	/ /
Relier Signature	X	Date (MM/DD/YYYY)	/ /
Provider Signature	X <i>Janelle L. Henning</i>	Date (MM/DD/YYYY)	01 / 08 / 20 2 4