

# Official Primary Ballot

## Nonpartisan Office and Referendum

### February 20, 2024

Notice to voters: if you are voting on Election Day, your ballot must be initialed by two (2) election inspectors. If you are voting absentee, your ballot must be initialed by the municipal clerk or deputy clerk. Your ballot may not be counted without initials (see end of ballot for initials).

General Instructions	County	Municipal (cont.)
<p>If you make a mistake on your ballot or have a question, ask an election inspector for help (absentee voters: contact your municipal clerk).</p> <p>To vote for a name on the ballot, fill in the oval next to the name like this: </p> <p>To vote for a name that is not on the ballot, write the name on the line marked "write-in" and fill in the oval next to the name like this: </p>	<b>County Executive</b> <b>Vote for 1</b>	<b>City Clerk</b> <b>Vote for 1</b>
	<input type="radio"/> Candidate	<input type="radio"/> Candidate
	<input type="radio"/> Candidate	<input type="radio"/> Candidate
	<input type="radio"/> Candidate	<input type="radio"/> Candidate
Judicial	<input type="radio"/> write-in:	<input type="radio"/> write-in:
<b>Court of Appeals Judge</b> <b>District ____</b> <b>Vote for 1</b>	<b>County Supervisor</b> <b>District ____</b> <b>Vote for 1</b>	<b>City Assessor</b> <b>Vote for 1</b>
<input type="radio"/> Candidate	<input type="radio"/> Candidate	<input type="radio"/> Candidate
<input type="radio"/> Candidate	<input type="radio"/> Candidate	<input type="radio"/> Candidate
<input type="radio"/> Candidate	<input type="radio"/> Candidate	<input type="radio"/> Candidate
<input type="radio"/> write-in:	<input type="radio"/> write-in:	<input type="radio"/> write-in:
<b>Circuit Court Judge</b> <b>Branch ____</b> <b>Vote for 1</b>	Municipal	<b>Aldersperson</b> <b>At Large</b> <b>Vote for 1</b>
<input type="radio"/> Candidate	<b>Mayor</b> <b>Vote for 1</b>	<input type="radio"/> Candidate
<input type="radio"/> Candidate	<input type="radio"/> Candidate	<input type="radio"/> Candidate
<input type="radio"/> Candidate	<input type="radio"/> Candidate	<input type="radio"/> Candidate
<input type="radio"/> write-in:	<input type="radio"/> Candidate	<input type="radio"/> write-in:
	<input type="radio"/> write-in:	<b>Municipal Judge</b> <b>Vote for 1</b>
		<input type="radio"/> Candidate
		<input type="radio"/> Candidate
		<input type="radio"/> write-in:
Continue voting at top of next column.	Continue voting at top of next column.	Continue voting on back of ballot.

Sanitary District	Referendum	Official Primary Ballot Nonpartisan Office and Referendum February 20, 2024 for	
<b>Sanitary District Commissioner Vote for 1</b>	To vote in favor of a question, fill in the oval next to "Yes," like this: <input type="radio"/>		
<input type="radio"/> Candidate	To vote against a question, fill in the oval next to "No," like this: <input type="radio"/>	_____	
<input type="radio"/> Candidate	<b>Level of government conducting referendum (State, tech college, county, municipal, school district)</b>  Question (number if necessary)  Shall the...?	Municipality and ward number(s)	
<input type="radio"/> Candidate		<b>Ballot issued by</b>	
<input type="radio"/> write-in:		_____	
		_____	
<b>School District</b>	<input type="radio"/> Yes	Initials of election inspectors	
<b>Name of School District (optional) School Board Member Vote for not more than...</b>	<input type="radio"/> No	<b>Absentee ballot issued by</b>	
<input type="radio"/> Candidate		_____	
<input type="radio"/> Candidate		Initials of Municipal Clerk or Deputy Clerk	
<input type="radio"/> Candidate		_____	
<input type="radio"/> Candidate		If issued by SVDs, both must initial	
<input type="radio"/> Candidate		<b>Certification of Voter Assistance</b>	
<input type="radio"/> write-in:		I certify that I marked or read aloud this ballot at the request and direction of a voter who is authorized under Wis. Stat. §6.82 to receive assistance.	
<input type="radio"/> write-in:		_____	
		Signature of assistor	
		<b>For Official Use Only</b>	
		<b>Inspectors:</b> Identify ballots required to be remade:	
	<input type="checkbox"/>	Overvoted	
	<input type="checkbox"/>	Damaged	
	<input type="checkbox"/>	Other	
	If this is the <b>Original Ballot</b> , write the serial number here:	If this is the <b>Duplicate Ballot</b> , write the serial number here:	
	_____	_____	
<b>Continue voting at top of next column.</b>		_____	
		Initials of inspectors who remade ballot	

