

Official Primary Ballot

Nonpartisan Office and Referendum

February 20, 2024

Notice to voters: if you are voting on Election Day, your ballot must be initiated by two (2) election inspectors. If you are voting absentee, your ballot must be initiated 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>	County Supervisor District ____ Vote for 1	Town Board Supervisor 1 Vote for 1	
	<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:	
Judicial	<input type="radio"/> write-in:	Town Board Supervisor 2 Vote for 1	
Court of Appeals Judge District ____ Vote for 1	Multi-Jurisdictional Judge	<input type="radio"/> Candidate	
<input type="radio"/> Candidate	Municipal Judge for the Town of ____ and Village of ____ Vote for 1	<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"/> Candidate	Town Clerk Vote for 1	
Circuit Court Judge Branch ____ Vote for 1	<input type="radio"/> write-in:	<input type="radio"/> Candidate	
<input type="radio"/> Candidate	Municipal	<input type="radio"/> Candidate	
<input type="radio"/> Candidate	Village President Vote for 1	<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"/> Candidate	Town Assessor Vote for 1	
	<input type="radio"/> Candidate	<input type="radio"/> Candidate	
	<input type="radio"/> write-in:	<input type="radio"/> Candidate	
			<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	
Sanitary District Commissioner Vote for 1	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"/>	Municipality and ward number(s)	
<input type="radio"/> Candidate	Level of government conducting referendum (State, tech college, county, municipal, school district)	Ballot issued by	
<input type="radio"/> Candidate	Question (number if necessary)	_____	
<input type="radio"/> write-in:	Shall the...?	_____	
School District	<input type="radio"/> Yes	_____	
Name of School District (optional) School Board Member Vote for not more than...	<input type="radio"/> No	Initials of election inspectors	
<input type="radio"/> Candidate		Absentee ballot issued by	
<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"/> write-in:		Certification of Voter Assistance	
<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.	

	Signature of assistor		
	For Official Use Only		
	Inspectors: Identify ballots required to be remade:		
	<input type="checkbox"/>	Overvoted	
	<input type="checkbox"/>	Damaged	
	<input type="checkbox"/>	Other	
	If this is the Original Ballot , write the serial number here:	If this is the Duplicate Ballot , write the serial number here:	
	_____	_____	

	Initials of inspectors who remade ballot		
Continue voting at top of next column.			

