

**WISCONSIN NOMINATION PAPER RECEIPT**

Receipt No.: \_\_\_\_\_

\_\_\_\_\_  
(Name of Issuing Authority)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)

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Candidate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Election Date: \_\_\_\_\_ Type: \_\_\_\_\_

(Spring, Recall, Special)

Office: \_\_\_\_\_

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Date Filed Campaign Registration Statement (ETHCF-1): \_\_\_\_\_

Date Filed Declaration of Candidacy (EL-162): \_\_\_\_\_

Date Filed Nomination Papers (EL-169): \_\_\_\_\_

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\_\_\_\_\_  
(Signature of Issuing Authority)