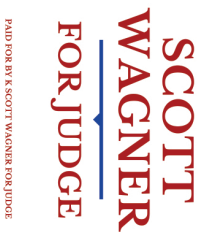


NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. K. Scott Wagner	Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number, box number (if rural route), and name of street or road N27W22538 Burningwood Lane	State (required) WI	Zip code 53186-8817	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pewaukee
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) N27W22538 Burningwood Lane, Waukesha WI 53186	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <input type="checkbox"/> Seat	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) Do not use primary date. Mo/Day/Year 04/01/2025	
Title of office (required) Waukesha County Circuit Court	Name of jurisdiction or district in which candidate seeks office (required) Waukesha County			



I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate so that voters will have the opportunity to vote for him or her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

	Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	Date of Signing Mo/Day/Year
1.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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.

CERTIFICATION OF CIRCULATOR

I, _____ (Name of circulator) certify: I reside at _____ (Circulator's residential address - include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. 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 Wis. Stat. § 12.13(3)(a).

(Date)

(Signature of circulator)