

Important Absentee Ballot by Mail Application Enclosed

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*AUTO**SCH 5-DIGIT 53703 04-0364228

PO Box 628250 Middleton, Wisconsin 53562

Madison, WI 53703-1617

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Will The Supreme Court Become Liberal For Generations?

The Balance Is In Your Hands

Complete Your Absentee Ballot by Mail Application Today!

THE BALANCE OF THE SUPREME COULT IS IN YOUR HANDS

A Liberal Court Would

X Allow Frivolous Lawsuits
 X Remove Second Amendment Rights
 X Fail To Uphold Family Values

A Conservative Court

 Protects Personal Freedoms
 Stimulates Businesses and Jobs
 Promotes Fairness and Limits Government Power

TO PROTECT AMERICAN VALUES, VOTE REPUBLICAN!

5	31		Wisc	onsin A	pplica	tion for A	bsente	e Ballot			
2	Confidential Elector ID# (HINDI - sequential #) (Official Use Only)				WisVote ID # (Official Use Only)				Ward No.		
Instructions	Detailed instruct	registered to	ompletion are	ou can receive	e an absent		an confirm you	unicipal clerk when c ur voter registration at j ceptions.	•		
VOTE	ER INFORMAT	ION									
1	Municipality	O Town O Village O City				County					
2	Last Name			First Name							
	Middle Name	lame		Suffix (e.g. Jr, II, etc			of Birth				
	Phone		Fax			Email					
3	Residence Addre	ess: Street N	lumber & Nam	ne							
	Apt. Number		City		State & ZIP						
4	If you are a militar	y or permane	nt overseas ele	ctor, fill in the ap	opropriate ci	rcle (see instruction	is for definition:	s): 🔿 Military 🔿 F	Permanen	nt Overseas	
I PRE	FER TO RECE	EIVE MY /	ABSENTEE	BALLOT		llot will be mailed bsentee ballots m		ss above if no preferen warded.)	ce is indi	cated.	
5	O MAIL	Mailing Ac	dress: Street	Number & Nar							
	VOTE IN	Apt. Numb	ber	City				State & ZIP	· · · · · · · · · · · · · · · · · · ·		
	O CLERK'S	Care Facility Name (if applicable)									
	OFFICE	C / O (if a	pplicable)								
	O FAX	Fax Number									
	O EMAIL	Email Address								e 277	
IREC	UEST AN AB		BALLOT B	E SENT TO		: (mark only one	a)				
6		The election(s) on the following date(s):									
Ŭ	O Every electio	 All elections from today's date through the end of the current calendar year (ending 12/31). Every election subsequent to today's date. I further certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me until I am no longer confined or fail to return a ballot. 									
ТЕМ	PORARILY HO										
	O I certify that I	cannot appe		ng place on el		,	pitalized, and	appoint the following p	person to	serve as	
7	Agent Last Name	Last Name			Agent First Name			Agent Middle Name	liddle Name		
	AGENT: I certify that I am the duly appointed agent of the hospitalized absentee elector, that the absentee ballot to be received by me is received solely for the benefit of the above named hospitalized elector, and that such ballot will be promptly transmitted by me to that elector and then returned to the municipal clerk or the proper polling place.										
	Agent Signature	X			Agent Ad	dress					
ASSI	STANT DECLA	RATION	/ CERTIFIC	CATION (if re	equired)						
l certify	that the application	n is made on	request and b	y authorization	of the name	ed elector, who is	unable to sigr	n the application due to	physical	disability.	
Agent Signatu	re X				Today's [Date					
VOTE	R DECLARAT	ION / CE	RTIFICATIO	ON (required	for all voter	s)					
immedi	that I am a qualified ately preceding this ting. Please sign I	election, no	t currently serv	ing a sentence	including p	robation or parole	for a felony c	l address for at least 10 conviction, and not othe) consecu rwise disc	tive days qualified	
	_				1						

EL-121 | Rev 2016-08 | Wisconsin Elections Committee, P.O. Box 7984, Madison, WI 53707-7984 | 608-266-8005 | web: elections.wi.gov | email: elections@wi.gov

1	~		Wisc	onsin A	pplica	tion for A	hsentee	Ballot				
2	Confident	ial Elector ID	#		-pp	WisVote	ID #	Ballot				
_		DI - sequential #) (Official Use Only)			(Official Use Only)				Ward No.			
Instructions	• You must be	registered to	vote before	you can receiv	/e an absente	 Return this for be ballot. You car instructions on 	n confirm your v	icipal clerk when oter registration a tions.	t <u>https://my</u>	l. /ote.wi.gov		
VOT	ER INFORMAT	ION										
1	Municipality	O Town O Village O City			County							
	Last Name					First Name						
2	Middle Name			Suffix (e.g. Jr, I	I. etc.)	Date of	Birth					
	Phone		Fax			(MM/DD/Y	YYY)					
3	Residence Addr	es: Street N				Email						
•	Apt. Number		City									
4							ate & ZIP					
,	If you are a militar	y or permanen	it overseas ele	ector, fill in the a	ppropriate circ	le (see instructions	for definitions):	O Military	Permanent	Overseas		
PRE	FER TO RECE	IVE MY A	BSENTER	BALLOT	BY: (Bal Ab	lot will be mailed t sentee ballots ma	o the address a y not be forwar	above if no prefere ded.)	nce is indic	ated.		
	O MAIL	Mailing Address: Street Number &			me							
	VOTE IN O CLERK'S	Apt. Numbe	er	City				State & ZIP				
		Care Facility Name (if applicable)										
5	OFFICE	C / O (if ap	plicable)									
	O FAX	Fax Number										
		Email Addre	ess					- # R (M#1)	assering a			
REG	UEST AN ABS	SEŃTEE B		E SENT TO	ME FOR	(mark only one)						
	O The election(s											
6	O All elections f	rom today's c	ate through t	the end of the	current caler	dar vear (ending	12/31)					
	O Every election	 All elections from today's date through the end of the current calendar year (ending 12/31). Every election subsequent to today's date. I further certify that I am indefinitely confined because of age, illness, infirmity or disability and request absentee ballots be sent to me until I am no longer confined or fail to return a ballot. 										
ЕМР	ORARILY HO											
	O I certify that I	cannot appea	ar at the pollir	na place on ele			alized and an	oint the following	noreen te e			
	O I certify that I cannot appear at the polling place on election day because I am hospitalized, and appoint the following person to serve as my agent, pursuant to Wis. Stat. § 6.86(3).											
-												
	Agent Last Name			Agent	First Name		1	Agent Middle Name				
7	AGENT: I certify t		or the above	ed agent of the	hospitalized	absentee elector , and that such ba	that the abear	Agent Middle Name ntee ballot to be re nptly transmitted b	ceived by m y me to that	e is elector		
7	AGENT: I certify to received solely fo		or the above	ed agent of the	hospitalized	, and that such ba	that the abear		ceived by m y me to that	e is elector		
SSIS	AGENT: I certify for received solely for and then returned Agent Signature	The benefit of to the munic X RATION /	CERTIFIC	ad agent of the named hospita the proper poll	e hospitalized alized elector ing place. Agent Addr equired)	, and that such ba	, that the abser llot will be pron	ntee ballot to be re nptly transmitted b	y me to that	elector		
SSIS ertify t	AGENT: I certify in received solely for and then returned Agent Signature STANT DECLA that the application	The benefit of to the munic X RATION /	CERTIFIC	ad agent of the named hospita the proper poll	e hospitalized alized elector ing place. Agent Addr equired)	, and that such ba	, that the abser llot will be pron	ntee ballot to be re nptly transmitted b	y me to that	elector		
SSIS ertify t ent inature	AGENT: I certify received solely fo and then returned Agent Signature STANT DECLA that the application	to the munic X RATION /	CERTIFIC	ad agent of the named hospita the proper poll CATION (if re authorization	Agent Addr alized elector ing place. Agent Addr equired) of the named Today's Dat	elector, who is un	, that the abser llot will be pron	ntee ballot to be re nptly transmitted b	y me to that	elector		
ertify f ent gnature OTE I	AGENT: I certify for received solely for and then returned Agent Signature STANT DECLA that the application X R DECLARATI	RATION / is made on re	CERTIFIC	ad agent of the named hospita the proper poll CATION (if re authorization	e hospitalized alized elector ing place. Agent Addr equired) of the named Today's Dat or all voters)	elector, who is un	, that the abser Illot will be pron	application due to	y me to that	elector		
SSIS ertify t ent gnature DTEI ertify ti media	AGENT: I certify received solely fo and then returned Agent Signature STANT DECLA that the application	RATION / is made on re ON / CER elector, a U.S	CERTIFIC equest and by TIFICATIC 5. Citizen, at I	ATION (if read authorization of the proper poll control of the proper poll	e hospitalized alized elector ing place. Agent Addr equired) of the named Today's Dat or all voters) old, having re	elector, who is un	, that the abser illot will be pron able to sign the e residential ado	application due to	y me to that	elector		

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Please place first class stamp here

Madison City Clerk: Maribeth L Witzel-Behl 210 Martin Luther King Jr Blvd Rm 103 Madison, WI 53703-3342

Protect Freedom, DOTE Republican For A Conservative Supreme Court

For most voters absentee applications must be received by mail by 5:00 p.m. on the Thursday prior to the election.

Please place first class stamp here

Madison City Clerk: Maribeth L Witzel-Behl 210 Martin Luther King Jr Blvd Rm 103 Madison, WI 53703-3342

Absentee Ballot by Mail Application is as easy as 1, 2, 3.

Fill out your absentee ballot application completely

23

Place a first class stamp on the application

Drop your application in the mail

Review the instructions for ID requirements