

THE SUPREME COURT IS IN YOUR HANDS



Important Absentee Ballot by Mail Application Enclosed

Paid For By The Republican Party Of Wisconsin. Not Authorized
By Any Candidate Or Candidate Committee. www.wisgop.org

PO Box 628250
Middleton, Wisconsin 53562

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

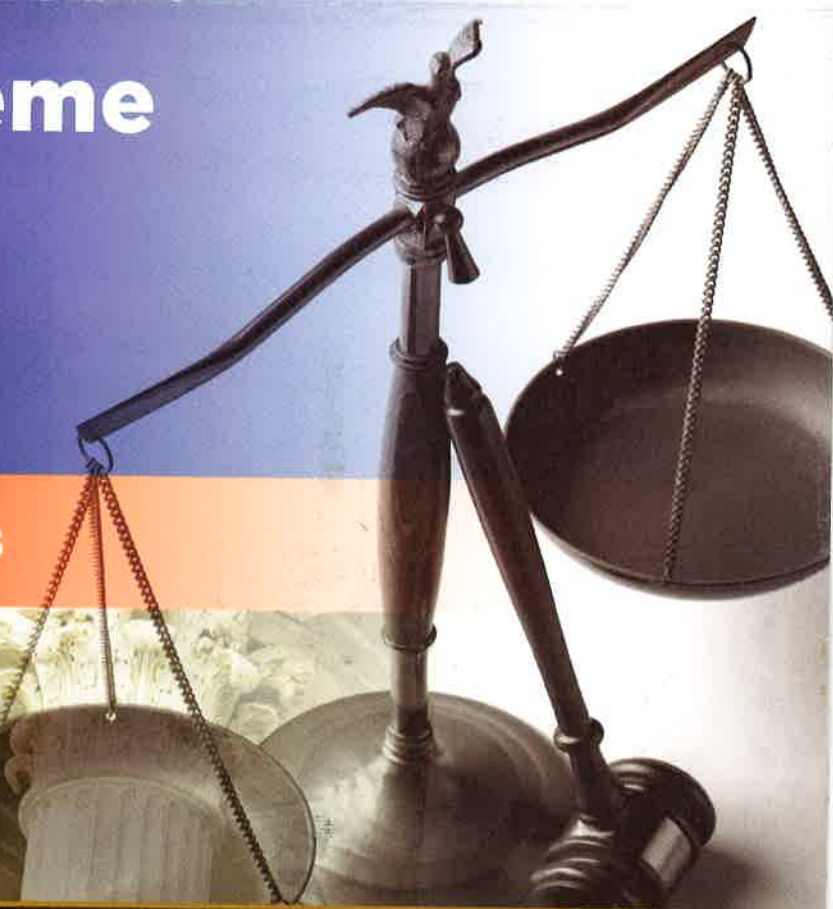
Madison, WI 53703-1617



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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 COURT IS IN YOUR HANDS

A Liberal Court Would

- Allow Frivolous Lawsuits
- Remove Second Amendment Rights
- 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!



Wisconsin Application for Absentee Ballot

Confidential Elector ID#
(HINDI - sequential #) (Official Use Only)

WisVote ID #
(Official Use Only)

Ward No.

Instructions

Detailed instructions for completion are on the back of this form. Return this form to your municipal clerk when completed.

- You must be registered to vote before you can receive an absentee ballot. You can confirm your voter registration at <https://myvote.wi.gov>

PHOTO ID REQUIRED, unless you qualify for an exception. See instructions on back for exceptions.

VOTER INFORMATION

1	Municipality	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City			County	
	Last Name			First Name		
2	Middle Name			Suffix (e.g. Jr, II, etc.)		Date of Birth <small>(MM/DD/YYYY)</small>
	Phone		Fax		Email	
	Residence Address: Street Number & Name				City	State & ZIP
3	Apt. Number			City	State & ZIP	
4	If you are a military or permanent overseas elector, fill in the appropriate circle (see instructions for definitions): <input type="radio"/> Military <input type="radio"/> Permanent Overseas					

I PREFER TO RECEIVE MY ABSENTEE BALLOT BY:

(Ballot will be mailed to the address above if no preference is indicated. Absentee ballots may not be forwarded.)

5	<input type="radio"/> MAIL	Mailing Address: Street Number & Name				
	<input type="radio"/> VOTE IN <input type="radio"/> CLERK'S OFFICE	Apt. Number		City		State & ZIP
		Care Facility Name (if applicable)				
		C / O (if applicable)				
	<input type="radio"/> FAX	Fax Number				
<input type="radio"/> EMAIL	Email Address					

I REQUEST AN ABSENTEE BALLOT BE SENT TO ME FOR: (mark only one)

6	<input type="radio"/> The election(s) on the following date(s): _____
	<input type="radio"/> All elections from today's date through the end of the current calendar year (ending 12/31).
	<input type="radio"/> 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.

TEMPORARILY HOSPITALIZED VOTERS ONLY (please fill in circle)

7	<input type="radio"/> 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		Agent Middle 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 Address			

ASSISTANT DECLARATION / CERTIFICATION (if required)

I certify that the application is made on request and by authorization of the named elector, who is unable to sign the application due to physical disability.

Agent Signature	X	Today's Date	
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VOTER DECLARATION / CERTIFICATION (required for all voters)

I certify that I am a qualified elector, a U.S. Citizen, at least 18 years old, having resided at the above residential address for at least 10 consecutive days immediately preceding this election, not currently serving a sentence including probation or parole for a felony conviction, and not otherwise disqualified from voting. **Please sign below to acknowledge that you have read and understand the above.**

Voter Signature	X	Today's Date	
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	Phone		Fax		Email	
	Residence Address: Street Number & Name					
3	Apt. Number		City		State & ZIP	
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		Care Facility Name (if applicable)				
		C / O (if applicable)				
	<input type="radio"/> FAX	Fax Number				
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Voter Signature	X	Today's Date	
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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,
VOTE
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.

1

Fill out your absentee ballot application completely

2

Place a first class stamp on the application

3

Drop your application in the mail

Review the instructions for ID requirements