



Certificate of Nomination

General Instructions: Fill in the circles as appropriate. This form is used to document the transmission of candidate information. Candidate names should be listed on the form in the order they should appear on the ballot. After entering information into WisVote, Providers should file this form for reference.
Please Review Fully

Jurisdiction Information

1	Clerk Last Name	Z I M M E R
	Clerk First Name	D A N I E L L E
2	School Dist. <input type="radio"/> Union <input type="radio"/> Unified <input checked="" type="radio"/> Common	F L A M B E A U

Relier Information

3	Municipality <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City	
	County	HINDI #

Provider Information

4	County	C H I P P E W A	HINDI #
	Municipality <input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City		HINDI #

Election Information

5	Date of Election (MM/DD/YYYY)	0 4 / 0 2 / 2 0 1 9
	Type of Election	S P R I N G E L E C T I O N
	Office	S C H O O L B O A R D M E M B E R
	<input type="radio"/> Vote for 1 <input checked="" type="radio"/> Vote for not more than:	

Candidate Information

Ballot Position	Danielle Zimmer	<input type="radio"/> Town <input type="radio"/> Village <input type="radio"/> City <input checked="" type="radio"/> Sch. Dist.	Flambeau
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I, _____, Clerk for the _____, certify that the names of the candidates in Section 6 are for the office at the election on the date listed in Section 5, as determined by law, and that such names must be placed on the official ballot in the order listed.

6	0 1	D O U G V E R D E G A N
	0 2	P A T R I C K A N D E R S O N
	0 3	J E N N I F E R P E S T E L
	0 4	J O E L T A Y L O R

7	Comments	
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Signature

School Clerk Signature	X	<i>Danielle Zimmer</i>	Date (MM/DD/YYYY)	04 / 09 / 2019
Relier Signature	X		Date (MM/DD/YYYY)	/ /
Provider Signature	X		Date (MM/DD/YYYY)	/ /