					RECE	EIVED
		aration of Instructions for pre		ack)	MAY O	AFFICE USE ONLY 1 2024
		Is this ar	n amendmen	t?	DANE COU	NTY CLERK
	Yes (if you have already filed a	DOC for this election)	🛛 No	(if this is the first DO	C you have filed fo	r this election)
I, R	Candidate's			, bei	ng duly sworr	n, state that
I am a candida	ate for the office of \underline{Da}		Scard D	154FRCY 7 district, branch or s	Supervis eat number	or
representing	partisan election, name of political					
requirements,	will meet at the time I a if any, prescribed by the e qualify for office, if nomin	constitutions and	laws of the l			
I have not bee	n convicted of a felony in	any court within f	the United St	ates for which I	have not bee	en pardoned.1
My present a	ddress, including my m	unicipality of res	sidence for	oting purpose	es is:	
4129	Yuma Drive	Madison	WI.	53711	Town of Village of City of	Mavison
House or fire no.	Street Name	Mailing Municipality a	and State	Zip code	Municipality of	Residence for Voting
-	I wish it to appear on the Ronan Rataj				al name.)	
(Any o	combination of first name, middle r	name or initials with sur				
(Any d	combination of first name, middle r	name or initials with sur		<u> </u>	Pli	
(Any of STATE OF WIS)			<u> </u>	(Sig	nature of candidate	2)
STATE OF WIS		ss.		(Sig	nature of candidate	a)
STATE OF WIS County of $\sum_{(Cou$	CONSIN	ss. s_/_day of _	May	(Sig	<u>SU</u> . RI	NOTARY SEAL EQUIRED, IF OATH DMINISTERED BY NOTARY PUBLIC
STATE OF WIS County of County County	CONSIN CONSIN Inty where oath administered) Ind sworn to before me this	ss.	May cial title, if not a no	, <u>20</u>	RI A RACHEI	NOTARY SEAL EQUIRED, IF OATH DMINISTERED BY NOTARY PUBLIC RODRIGUEZ
STATE OF WIS County of County County Cou	CONSIN b.v.e. Inty where oath administered) ad sworn to before me this (Signature of person authoriz	ss. s_/day of zed to administer oaths)		, <u>2</u>	RI A RACHEI NOTA	NOTARY SEAL EQUIRED, IF OATH DMINISTERED BY NOTARY PUBLIC
STATE OF WIS County of County Outery Pub If Notary Public The information	CONSIN by the coath administered) and sworn to before me this (Signature of person authorization) lic or dother official	ss. s_/day of zed to administer oaths) (Offices(0)2) Wis. Stat. § 8.21, A	cial title, if not a no 오/ 귀 .rt. XIII, Sec. 3	, <u>∂</u>	RACHEI NOTA s peortantin d must be filed	NOTARY SEAL EQUIRED, IF OATH DMINISTERED BY NOTARY PUBLIC RODRIGUEZ RY PUBLIC F WISCONSIN

¹ A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (require	equired); no titles may be used. RECEIVED 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		e of street or road	Candic Tow	late's municipality for <u>voting</u> purposes (required) /n かんげらりつ				
Ronan	Rate	J MAY 0 1 2024	6	1129 Y	una Drive			□ Villa ☑ City	
Candidate's mailing addres	ss, including municip	ality for mailing purposes (required if different t	than	State (required)	Zip code		Type of election (required)		Election date (required) Do not use primary date.
residential address or votir	ng municipality)			14/1	62711		spring		Mo/Day/Year
		DANE COLUMN		WI))/11		special		
Title of office (required)	· · · · · · · · · · · · · · · · · · ·	DANE COUNTY CLEF	Branch, dis	trict or seat number	(required if applicable)	Name of	jurisdiction or district in wh	nich cano	lidate seeks office (required)
Dum County	Board	SUPERVISET	Branch District Seat	F		Dar	1 County	Boa	ru supervisor bistocki 7

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 a him or a 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.

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.								
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year				
1	JEPP MAICIE Jie.	4214 Yuma Dr.	Village WASSISSN	4/29:24				
2	- 1 of Grey 12 ack	4214 Marson Isr	Village AVENIA	4/27/29				
3 Selle Vaeday	Schur Li. L'AUDREUIL	4126 Juna Dr	UTown Utiliage AlMDISON	4 30 24				
4. Laborie Voudreel	Stoppanie Vaudrauit	4126 Yuma DP.	Town Village	4/30/24				
5. Jul + Prelease	David T Benbrand	+ 4102 Yuna DU.	Juliage Marson	4/2024				
6. On a. gran	Judith A. Zvara	4105 Chippewa Dr.	Town Village Malism	4/30/2				
7. LUm Sign	Robin Gray	4109 Chippena Dr.	UTown Utiliage Mad)500	4/30/24				
8. amming	Andler Erev	4105 Chippena Dr.	Utiliage Madisa	4/36/26				
9	JACON 1HAT	4113 CHORFEWADR	Town Village MAV-J3AN	4.30.24				
10. 2-14J	Roman Rataj	4129 Yuma D	Village Madisch	=1/30/24				
1. Ronm Rataj	Romm Rataj CERTIFICATION OF CIRCULATOR 4129 YUMA DIAVE Mudison Wi							
(Name of circulator)	-	(Circulator's residential address	s - Include number, street, and municipality.)	t &6.02 porcesally				

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).

30/24 Ui (Date)

a).	TAV
(9	ignature of circulator)

Page No.	1
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NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles	may be used.			(required) No P.O. box addres		Candidate's municipality for voting purposes (required)
Ronan	Rataj		Street, fire, or rural route num 4/24	ber; box number (if rural route); $\gamma \cup m \omega$, $D = 1 \omega$		□ Town □ Village M(J) 5 C / ⊠ City (name of municipality)
Candidate's mailing address, including residential address or voting municipal		rposes (required if different than MAY 01 2024	State (required)	53711	Type of election (required) Spring special	Election date (required) <i>Do not use primary date.</i> <u>Mo/Day/Year</u>
Title of office (required) Party County Board	Supervis 84	NE COUNTY CLE	Branch, district or seat number Branch Bi District Seat		•	ich candidate seeks office (required)) Supervisor District ア

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.

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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year			
1 - Alla lanter -	Ristin Millin	4129 Yum Drive 53711	Village Madison	4/30/24			
2. Jay Leina	GaryLeisman	901 Waban Hill	Village Madison	4/30/24			
3. Werly Iledan	Wendy Adams	901 Waban Hill	Utiliage Madison	4/30/24			
4. Tail of Mar 2	Faul 6 Buckner	3 Hiawalke Cirils	Down Village Made Ser,	4-30-24			
5. Dz hobe	Bruce Nuble	25 Hianatha	Ority Madisch	430-24			
6. Juita Book	Anitas Boor	934 Waban Hill	Utiliage Madison	4130124			
T. Da	Gretchen Giverd	902 Weber Holl	Utiliage Madi 500	4130/24			
8. 2 cat	Simon Conker	3536 LASS St	Drown Village Malisan	4/30/24			
9. Thereway	IKe Willis	4750 Nakoma RD.	Utiliage Madison	4/30/24			
10.			- Town - Village - City				
, Ronan Rataj	CERTIFICATIO		a Drive Middison				
(Name of circulator) I further certify I am either a qualified elector of V circulated this pomination paper and perconally o	^{r)} Visconsin, or a U.S. citizen, age 18 or older who, if	Circulator's residential address) I were a resident of this state, would not be disc		t. §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).

U130/202U (Date)

Z (Signature of circulator)

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NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no title	s may be used. Rectal	RECEIVED	Street, fire		(required) No P.O. box per; box number (if rura	ne of street or road	Candic Tow Villa	180 141021500
Candidate's mailing address, includir residential address or voting municip	g municipality for mailing		an	State (required)	Zip code 537 []	Type of election (require spring special	,	Election date (required) Do not use primary date. Mo/Day/Year
Title of office (required) Dar County Boa	Di Supervis	ANE COUNTY CLE	Branch, dis Paranch District Seat	strict or seat number 7	(required if applicable			idate seeks office (required) of S-pervision District P

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 \Box him or \Box 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.

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		Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year				
1. Torreact att	EDWARD J. RATAJ	4129 YUMADR.	Utiliage MADISON	4/30/24				
2. Cellpruck	Camilla 13 Matthews	4318 Juma Dr- Maduson WI 53711	Utown Village Secty MADISON	4/30/24				
3. 2. 1	ENIC GINARD	902 WABANHE 53711	Utiliage MADISON	4/30/24				
4. Junio L. helon	FRANCES L. Nelson	4050 Niticoma Ra	UTown Village ØCity MADLS-	4/30/24				
5 Syon Nelsen Willi	Susan Nelson Willis	4150 Nalloma RA 5324	Utiliage Madison	4/3/24				
6. Jon C hilli.	Times C inclus	4150 Nature Kd 53711	Drown Village Mudisun	4/30/24				
7. Jarlson ali	Jackson C Willis	4150 Natesine Rd 53711	Town Village Madison	4/30/24				
8.			□ Town □ Village □ City					
9.			□ Town □ Village □ City					
10.			□ Town □ Village □ City					
	CERTIFICATIO	ON OF CIRCULATOR		1.1.				

 Ronan
 Rula_j
 certify: I reside at
 Uncode for the signature of the signate of the signature of the signature of the s

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(Date)

(Signature of circulator)

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EL-169 Rev. 2019-10 Wisconsin Elections Commission, P.	.O. Box 7984,	Madison, WI 53707-7984	608-261-2028 v	veb: elections.wi.gov email:
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