(See instructions for preparation on back)	APR 302024
Is this an amendment?	DANE COUNTY CLERK
Yes (if you have already filed a DOC for this election)	DOC you have filed for this election)
I, <u>Erin Welsh</u> Candidate's name	being duly sworn, state that
I am a candidate for the office of <u>Dane</u> <u>County</u> <u>Board</u> of <u>Superv</u> Official name of office - Include district, branch	pr seat number
representing If partisan election, name of political party or statement of principle - five words or less (Candida	ates for nonpartisan office may leave blank.)
and I meet or will meet at the time I assume office the applicable age, citizensh	hip, residency and voting qualification

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned.<sup>1</sup>

## My present address, including my municipality of residence for voting purposes is:

609	Frederick Ln.	Madison, WI	53711	Town of □ Village of □ City of ⊠	adison
House or fire no.	Street Name	Mailing Municipality and State	Zip code	Municipality of Resid	lence for Voting
My name as	l wish it to appear on th	e official ballot is as follows	5:		
Erin	Welsh				
(An <u>y</u>	y combination of first name, middle	name or initials with surname. A nickna	ame may replace a leg	gal name.)	MMMMMMM
		- Cu	- B.U	eld min	ER D. BEAMIN
STATE OF WI	SCONSIN	1	(Sig	nature of candidate)	NOTAP
County of	Danc	SS.			PUBLIC
i.	ounty where oath administered)	som and Anil	20		
Subscribed a	and sworn to before me thi	s zet day of April	, _20	Not Not	ARWSEAL
	(Signature of person authori	). $15/8$			RED, IF OATH
	(Signature of person authori	zed to administer daths)			RYRUBLIG
Notary Pu	blic or 🛛 other official				RETER D. O.
		(Official title, if not a r	notary)	(IIII)	NO. Z
If Notary Pub	olic: My commission expire	es 9/2//2025	or 🛛 i	is permanent	APL EI
	····· · · ·			The second se	UBLIC I
The informatio	on on this form is required by	(Official title, if not a r 9/21/2025 Wis. Stat. § 8.21, Art. XIII, Sec. 3 n the ballot. Wis. Stats. §§ 8.05	3. Wis. Const., an	d must be filed with	
order to have	a candidate's name placed o	n the ballot. Wis. Stats. §§ 8.05	(1)(j), 8.10 (5), 8.1	15 (4)(b), 8.20 (6), 1	20,00 (8) 61,887.01

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<sup>1</sup> 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.

## RECEIVED

**NOMINATION PAPER FOR NONPARTISAN OFFICE** 

Erin Welsh	Street, fire,	or rural route numb	(required) No P.O. box addre ber; box number (if rural route evick Ln		Candidate's municipality for <u>voting</u> purposes (required) Town Village (name of municipality)
Candidate's mailing address, including municipality of the provident of th	n	State (required)	Zip code 53711	Type of election (required) Spring special	) Election date (required) Do not use primary date. <u>Mo/Day/Year</u>
Title of office (required) Dane County Board of Supervisors	Branch, dist	trict or seat number	(required if applicable)	Name of jurisdiction or district in wh City of Mac	hich candidate seeks office (required) dison Wards 80.85.147

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 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 purpose	s, when different than municipality of resid	ence, is not sufficient. The name of the m	unicipality of residence must alw	ways 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. Grand wen MM fort	Anna Marie M. MoFIN	556 Glentor	Drown Utiliage Madison	4/27/24		
2. Julys Haller	KATHRAN HOLTGRAVER	563 GLEN DR	Drown Village MAD ISON	4/27/24		
3. May Const	Many Crock	579 Glen Dr	Drown Utiliage Grity Magy 502	4/27/24		
4. Swans Robinson	Susan Robinson	591 Glen Dr.	Drown Village Madison	4/27/24		
5. Alle	KINT HEBERLEIN	4227 MANDAN CRES	Drive MADISON	4/27/24		
6. Keleg Heblen	REBA HEBERLEN	4227 Mandan Cres	Down Village Madison	4/27/2		
7. ManderuseGull	Mari Louise Griffio	4230 Mandon Cros	Down Village Galty	9/27/R4		
8.	DENNISP. Michiel		Village MADISON	4/27/24		
9. Ar	Steven Ralser	4219 Mandan Gr.	Drown Village Breity Modisson	4/27/2		
10. No	Frica Thronebuce	602 Gately Terrace	Drown Village March Son	4 27/2		
Erin Welsh (Name of circulator) CERTIFICATION OF CIRCULATOR (Name of circulator) CERTIFICATION OF CIRCULATOR (Name of circulator) Certify: I reside at 609 Frederick (n. Madison, WI 5371].						
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).

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	ate)	

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ndidate's name ( <b>required</b> ); no titles may be used.		ress ( <b>required</b> ) <i>No P.O. box addresses</i> umber; box number (if rural route); and name of street or road	Candidate's municipality for voting purp	ooses (required)
Erin Welsh	AFR JULULA (009 Fre	derick Ln.	Village Madison	cipality)
didate's mailing address, including municipality for mailing p idential address or voting municipality)	ourposes (required if different than State (required	I) Zip code Type of election (require	ed) Election date (required) Do not i Mo/Day/Year	use primary date.
DANK	E COUNTY CLERK WI	537 L special	MO/Day/Teal	
e of office (required)	Branch, district or seat num		which candidate seeks office (required)	
ane County Board		City of Mad 69,70,71	,80,85,147	
e undersigned, request that the candidate, who ortunity to vote for 🗅 him or 🏼 her for the offic er of any other candidate for the same office at	ce listed above. I am eligible to vote in the jurisc	e, be placed on the ballot at the election described ab liction or district in which the candidate named above	ove as a candidate so that voters we seeks office. I have not signed the	vill have the e nomination
		dence, is not sufficient. The name of the munic	ipality of residence must alway	ys be listed.
		Residential Address (No.P.O. Box Addresses) M	unicipality of Residence	
Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route of (Rural address must also include box or fire no.)		<b>Date of Signing</b> Mo/Day/Year
Mency Turpe	Nancy Turman		own Village Madison	1/27/24
Tom. Turman	TOM TURMAN		rown Village Madison 4	1-27-24
Julil Kalu	Will Kealy	bor Cotevalle	rown Village Madison	4-27-24
Phille Barak	Phillip Barak	LIGENANNI	village Madison 4	1/27/2
Anna Ahuba	Anne Abraham	( ~ · · · · · · · · · · · · · · · · · ·	Town Madison 4	+-27-24
1th	Tom McCarthy	609 Frederick LA	Mage Madison	1/27/2-
Retowingp	Peter Windles	4010 14 2/11	rown Village Madison	+/27/24
Amm	Rachel Klingler	4016 Tokay Blud		127 24
fatt le provige	Fate Prveger	629 Gateby Tem	Village Madison 4	1/27/24
Sona Deri	San Olien	Gru GA DAD 0	rown Ullage Madison 4	12724
Erin Welsh	certify: I	reside at 609 Frederick	Un. Madison,	WI 53-
rther certify I am either a qualified elector of W	, /isconsin, or a U.S. citizen, age 18 or older who, i	If I were a resident of this state, would not be disqual now that the signers are electors of the jurisdiction o	fied from voting under Wis. Stat. §	

(Date)	(Signature of circulator)	Page No.
FL-160   Pour 2010 10   Wisconsin Elections Comp	Riscing D.O. Roy 2004 Madison W/ 52707 2004 L 609 261 2029 Lunch elections will goul tomaily	

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## **NOMINATION PAPER FOR NONPARTISAN OFFICE**

Candidate's name (required); no titles may be used.			(required) No P.O. box addre			Candidate's municipality for voting purposes (required)
Erin Welsh	LOUG Exploxicit in			□ Town □ Village		
Candidate's mailing address, including municipality for mailing purposes (required if different tha	in	State (required)	Zip code	-	Type of election (required)	Election date (required) Do not use primary date.
residential address or voting municipality)		14/1	52.211		spring	Mo/Day/Year
609 Frederick Ln.		WI	53711		special	
Title of office (required)	Branch, dis	trict or seat number	(required if applicable)	Name of j	urisdiction or district in whic	ch candidate seeks office (required)
	Branch			City	of Madis	ion Wards
Dane County Board of Supervisors	District			100		80.85.147

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.

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. Jackey Neckeesen	KATHY KECKENSEN	606 Antitory Ln	Unitage MADISON	4/21/24	
2. Karle Manchand	Karla Mannand	Locie Anthony Co	Divillage	4/27/24	
3. Alla	Chris Murchand	606 Autrontin	Village Maidi Sour	4/27/27	
a. ciango	Erin Aggesen	4122 Saint Clair St.	Down Village Solity Madson	4/27/24	
5. Km	Kate Magergen- Wown	1/1 606 Gately Ter	Down Village Madyon	4127,24	
6. See 200	Sara Ansell	4109 Meyer Ave	Drown Village Medison	4127/20	
1M	Janine Frank	2505 Common wealth the	Village MadiSM	4/29/24	
8.	RECEIVED		□ Town □ Village □ City		
9.	APR 3.0.2024		□ Town □ Village □ City		
10.			□ Town □ Village □ City		
This will be	DANE COUNTY CERTIFICATIO				
1, Erin Welsh (Name of circulator) (Name of circulator) (Name of circulator) (Name of circulator) (Circulator's residential address - Include number, street, and municipality.)					
I further certify I am either a qualified elector of W circulated this nomination paper and personally of that each person signed the paper with full knowle aware that falsifying this certification is punishable	Visconsin, or a U.S. citizen, age 18 or older who, if btained each of the signatures on this paper. I kn edge of its content on the date indicated opposite	I were a resident of this state, would not be disc ow that the signers are electors of the jurisdictic	ualified from voting under Wis. Sta on or district the candidate seeks to	represent. I know	
4/29/2024	The pulst	٦	Dene	NI- 7	

(Signature of circulator)

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(Date)