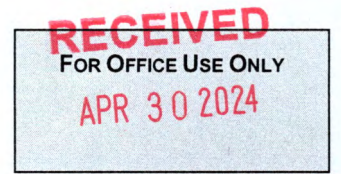


# Declaration of Candidacy

(See instructions for preparation on back)



Is this an amendment?

Yes (if you have already filed a DOC for this election)

No (if this is the first DOC you have filed for this election)

I, Erin Welsh, being duly sworn, state that  
Candidate's name

I am a candidate for the office of Dane County Board of Supervisors, District 7  
Official name of office - Include district, branch or seat number

representing \_\_\_\_\_  
If partisan election, name of political party or statement of principle - five words or less (Candidates for nonpartisan office may leave blank.)

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:**

<u>609</u>	<u>Frederick Ln.</u>	<u>Madison, WI</u>	<u>53711</u>	Town of <input type="checkbox"/>	<u>Madison</u>
				Village of <input type="checkbox"/>	
				City of <input checked="" type="checkbox"/>	
House or fire no.	Street Name	Mailing Municipality and State	Zip code	Municipality of Residence for Voting	

**My name as I wish it to appear on the official ballot is as follows:**

Erin Welsh  
(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

Erin B. Welsh  
(Signature of candidate)

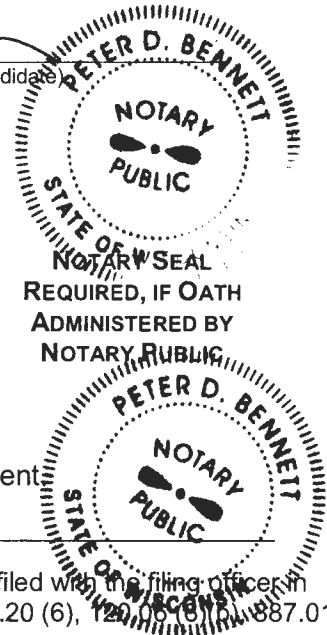
STATE OF WISCONSIN }  
County of Dane } ss.  
(County where oath administered)

Subscribed and sworn to before me this 29th day of April, 2024.

[Signature]  
(Signature of person authorized to administer oaths)

Notary Public or  other official \_\_\_\_\_  
(Official title, if not a notary)

If Notary Public: My commission expires 9/21/2025 or  is permanent



The information on this form is required by Wis. Stat. § 8.21, Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.20 (6), 120.01 (6)(a), 887.01.

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.

RECEIVED

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. APR 30 2024 Erin Welsh
Candidate's residential address (required) No P.O. box addresses 609 Frederick Ln.
Candidate's municipality for voting purposes (required) Madison
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 609 Frederick Ln., Madison
Title of office (required) Dane County Board of Supervisors
Branch, district or seat number (required if applicable) 7
Name of jurisdiction or district in which candidate seeks office (required) City of Madison wards 69, 70, 71, 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 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.

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.

Table with 5 columns: Signatures of Electors, Printed Name of Electors, Residential Address (No P.O. Box Addresses), Municipality of Residence, Date of Signing. Contains 10 rows of elector signatures and details.

CERTIFICATION OF CIRCULATOR

I, Erin Welsh certify: I reside at 609 Frederick Ln., Madison, WI 53711.
(Name of circulator) (Circulator's residential address - Include number, street, and municipality.)

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).

4/27/2024 (Date) Erin B. Welsh (Signature of circulator)

**RECEIVED NOMINATION PAPER FOR NONPARTISAN OFFICE**

Candidate's name (required); no titles may be used. <b>Erin Welsh</b>		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road <b>609 Frederick Ln.</b>		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b> <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <b>609 Frederick Ln., Madison</b>		State (required) <b>WI</b>	Zip code <b>53711</b>	Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special	
Title of office (required) <b>Dane County Board of Supervisors</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <input type="checkbox"/> Seat <b>7</b>		Election date (required) <i>Do not use primary date.</i> Mo/Day/Year	
				Name of jurisdiction or district in which candidate seeks office (required) <b>City of Madison wards 69, 70, 71, 80, 85, 147</b>	

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.

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 <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	Date of Signing Mo/Day/Year	
	Nancy Turman	610 Frederick	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/27/24	
	Tom Turman	610 Frederick	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-27-24	
	Will Kealy	606 Frederick	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-27-24	
	Phillip Barak	618 Frederick Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/27/24	
	Anne Abraham	621 Frederick Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-27-24	
	Tom McCarthy	609 Frederick Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/27/24	
	Peter Windles	4018 Tokay Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/27/24	
	Rachel Klingler	4018 Tokay Blvd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/27/24	
	Kate Krueger	629 Gateby Ter	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4/27/24	
	Sara Owen	584 Glen Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	4-27-24	

I, Erin Welsh (Name of circulator) certify: I reside at 609 Frederick Ln., Madison, WI 53711 (Circulator's residential address - Include number, street, and municipality.)

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).

4-27-2024 (Date) Erin Welsh (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Erin Welsh</b>		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road <b>609 Frederick Ln.</b>		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b> <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <b>609 Frederick Ln.</b>		State (required) <b>WI</b>	Zip code <b>53711</b>	Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special	
Title of office (required) <b>Dane County Board of Supervisors</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>7</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>City of Madison Wards 69, 70, 71, 80, 85, 147</b>	

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.

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 <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	KATHY RECKERSIN	606 Anthony Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>MADISON</b>	4/27/24
	Karla Marchand	606 Anthony Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	4/27/24
	Chris Marchand	606 Anthony Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	4/27/24
	Erin Aagesen	4122 Saint Clair St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	4/27/24
	Kate von Bergen-Donnelly	606 Gately Ter	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	4/27/24
	Sara Ansell	4109 Meyer Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	4/27/24
	Janine Frank	2505 Commonwealth Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Madison</b>	4/29/24
	<b>RECEIVED</b>			
	<b>APR 30 2024</b>			
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**DANE COUNTY CLERK**

I, Erin Welsh (Name of circulator) certify: I reside at 609 Frederick Ln., Madison, WI 53711 (Circulator's residential address - include number, street, and municipality.)

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).

4/29/2024 (Date) Erin Welsh (Signature of circulator)