



IMPORTANT INSTRUCTIONS

Important notes for Signers

- All signers must be eligible to vote in the state of Wisconsin (over 18 year of age).
- The signer's address of residence must always be listed (mailing address is not sufficient).
- Signers MUST fill out the name of the municipality of residence in entirety (ie, write "Milwaukee" and not "Milw").
- Signers must check the box that identifies town/city/village of residence.

Important note for Circulator

The circulator must not certify (sign) the form until he or she is done circulating the form. This means that the date of certification must be on or after the date of the last nomination signature received.

Original copies of the completed forms can be returned to:

Friends of Scott Walker
ATTN: Joe Fadness
Post Office Box 100828
Wauwatosa, WI 53210

The campaign cannot accept nomination forms that are sent via fax or email.

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of
Scott K. Walker

residing at 520 North 68th Street, City of Wauwatosa, WI 53213 be placed on the ballot at the general election to be held on
November 2, 2010 as a candidate representing the Republican Party, so that voters will have the opportunity to vote for him for
the office of Governor of the State of Wisconsin. I am eligible to vote in the State of Wisconsin. 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.				Printed Name
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, Village, or City</small>	DATE OF SIGNING	
1.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		

CERTIFICATION OF CIRCULATOR

I, _____, certify:

(Name of circulator)

I reside at _____.

(Circulator's residence - Include number, street, and municipality.)

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 §12.13(3)(a), Wis. Stats.

(Date)

(Signature of circulator)

Paid for by Friends of Scott Walker, John Hiller, Treasurer

This form prescribed by:
Government Accountability Board
212 East Washington Avenue, 3rd Floor
P.O. Box 7984
Madison, WI 53707-7984
608 266-8005
<http://gab.wi.gov> Email: gab@wi.gov

Page No.