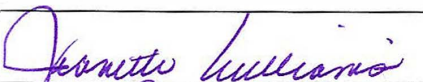
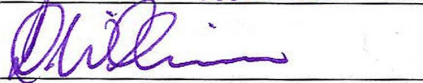
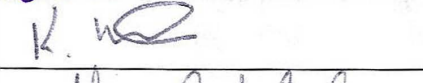
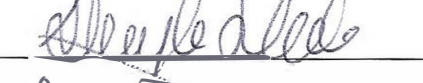



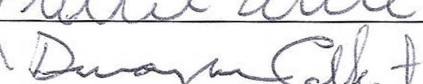
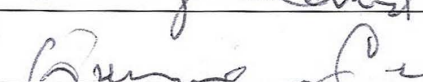
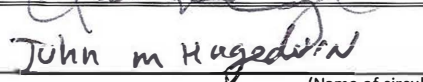


## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Marty Hagedorn</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>9276 N 70th street</b>	Candidate's municipality for <u>voting</u> purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Milwaukee</u> <input checked="" type="checkbox"/> City (name of municipality)		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) <b>WI</b>	Zip code <b>53223</b>	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) <i>Do not use primary date.</i> Mo/Day/Year <b>04/02/2024</b>
Title of office (required) <b>Milwaukee County Supervisor</b>	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>18</b> <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office (required) <b>District 18</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 (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
	Jeanette Williams	6662 W Port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/29/23
	DEVANI WILLIAMS	6162 W Port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/29/23
	Karlyn McNealey	6174 W. Port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/29/23
	Shayla Houie	6220 W Port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/29/23
	Orlando Nickson	6102 W port ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/29/23
	John Handy	6078 W port ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12/29/23
	Anissa Killabrew	6034 W Port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12-29-23
	Ruthie Little	6074 W. Port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12 29 23
	Dwayne Colbert	6074 W port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12-29-23
	Dwayne Colbert	6074 W port Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Milwaukee	12-29-23

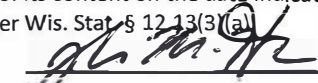
### CERTIFICATION OF CIRCULATOR

I, John M Hagedorn certify: I reside at 9276 N. 70th St Milwaukee, WI 53223.  
(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).

1/2/24

(Date)



(Signature of circulator)