



Sheila's campaign for State Superintendent is heating up, we are less than 90 days away from the primary in February. In the month of December we are facing a big hurdle, we need to get 2,000 valid signatures to get Sheila on the ballot.

**Thank you so much for your commitment to gather signatures for Sheila.**

You can begin as early as Tuesday, December 1st, and we ask that you drop the signatures in the mail no later than December 26th. That will get them back to us in time to turn them in on January 5th. Mail completed forms to:

Briggs for Kids  
PO Box 435  
Deforest, WI 53532

You can collect signatures almost anywhere. Given the challenges of COVID-19, please take every precaution when interacting with people outside of your household. Consider bringing a clipboard to your neighbor, but then standing back when they sign.

1. Print as many forms as needed. This PDF file prints out best from a Windows computer/laptop using Adobe Reader. If you do not have access to a printer or have other issues, call the number above and we will mail forms to you.
2. As a circulator, you will be signing a certification that says you personally obtained each signature. Please read the certification carefully and follow its requirements. The circulator should sign and date the certification only after obtaining signatures.
3. Do not leave clipboards unattended. You must witness the signature in order for it to be valid.
4. Please make sure each signer is eligible to vote in Wisconsin.
5. Signatures are supposed to be legible. If you can't read the name, chances are nobody else can.
6. The signer must accurately indicate address and municipality of residence. For example, the voter could have a Sun Prairie mailing address and live in the Town of Burke. Town of Burke is the voting municipality.
7. Address: Each person must indicate their house number & street name or rural route. PO Boxes are not acceptable addresses.
8. Please double check that each signer indicates the correct date in the far right-hand box. Additional contact information such as phone number and email are not required.
9. Signers can only sign nomination papers for one candidate for each office. Therefore, if they have previously signed papers for Jill or Deborah they cannot sign for Sheila.
10. If you have any questions, please do not hesitate to reach out. Email [briggsforkids@gmail.com](mailto:briggsforkids@gmail.com) or call 417.629.7621

Thank you!!

# NOMINATION PAPER FOR NONPARTISAN OFFICE

I, the undersigned, request that the name of SHEILA BRIGGS, residing at 710 South St, Deforest, WI 53532 be placed on the ballot for the spring election to be held on April 6th, 2021 as a candidate so that voters will have the opportunity to vote for her for the office of STATE SUPERINTENDENT OF PUBLIC INSTRUCTION OF WI. 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



SIGNATURES OF ELECTORS	PRINTED NAME OF ELECTORS	RESIDENTIAL ADDRESS <small>Street number &amp; name or rural route No PO boxes</small>	MUNICIPALITY OF RESIDENCE		DATE OF SIGNING	ADDITIONAL CONTACT INFORMATION
			Check the type & write the name of the voting municipality			
1			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
2			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
3			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
4			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
5			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
6			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
7			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
8			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
9			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:
10			<input type="checkbox"/> Town	<input type="checkbox"/> Village	/ /20	Email & Phone:

## CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_ certify: I reside at \_\_\_\_\_  
(Name of Circulator) (Circulator's residential address - including number, street & 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).

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Circulator)

**THANK YOU!!!**

Mail in papers by 12/26/2020:  
**BRIGGS FOR KIDS**  
 PO Box 435  
 DeForest, WI 53532