



Village of North Prairie

Waukesha County, Wisconsin

130 N. Harrison Street
North Prairie, WI 53153
Phone: (262)392-2271
Fax: (262)392-2936

November 2020

NOTICE TO CANDIDATES

Enclosed please find your candidacy papers and nomination papers which need to be completed before your name can be placed on the ballot for the spring election.

EVERY CANDIDATE MUST complete the Declaration of Candidacy and the Campaign Finance Registration Statement and file them with the Village Clerk as soon as intent to seek elective office is known.

Nomination papers may be circulated beginning **December 1, 2020** and should be returned to the Village Clerk prior to 5:00 p.m. on **Tuesday, January 5, 2021**. Please make certain all nomination papers are completely filled out and the Certification of the Circulator is completed **after** the signatures have been obtained.

The election dates are as follows:

Spring Primary (if necessary) - February 16, 2021

Spring Election - April 6, 2021

Nomination papers should contain no less than twenty (20) signatures, and no more than one hundred (100) signatures: one per line, no Mr. or Mrs.

Be certain to read the back of all forms, especially Exemption from Filing Campaign Finance Report which is located on the back of the Campaign Finance Registration Statement.

Please remember to file your papers with the Village Clerk no later than 5:00 p.m. on **Tuesday, January 5, 2021**.

Respectfully submitted,

Rhoda Bagley

Village Clerk

Declaration of Candidacy

(See instructions for preparation on back)

FOR OFFICE USE ONLY

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, _____, being duly sworn, state that
Candidate's name

I am a candidate for the office of _____
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.¹

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

House or fire no.	Street Name	Mailing Municipality and State	Zip code	Town of <input type="checkbox"/>	Village of <input type="checkbox"/>
				City of <input type="checkbox"/>	Municipality of Residence for Voting

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

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

STATE OF WISCONSIN } _____ (Signature of candidate)
County of _____ } ss.
(County where oath administered)

Subscribed and sworn to before me this _____ day of _____, _____.

(Signature of person authorized to administer oaths)

**NOTARY SEAL
REQUIRED, IF OATH
ADMINISTERED BY
NOTARY PUBLIC**

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

If Notary Public: My commission expires _____ 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), 120.06 (6)(b), 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.



CAMPAIGN FINANCE REGISTRATION STATEMENT

STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment? No Yes If yes, please enter your committee number: Committee Number

SECTION A: GENERAL INFORMATION

A1. Candidate Committee/Committee/Conduit Name		A2. Registrant Type (Choose One) <input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> Recall <input type="checkbox"/> Conduit <input type="checkbox"/> Political Action (PAC) <input type="checkbox"/> Independent Expenditure (IEC) <input type="checkbox"/> Political Party <input type="checkbox"/> Legislative Campaign Committee			
A3. Email	A4. Phone				
A5. Mailing Address		A6. City	A7. State	A8. Zip	
Depository Institution Information					
A9. Institution Name		A10. Street Address	A11. City	A12. State	A13. Zip
Treasurer/Administrator Information					
A14. Name		A15. Email	A16. Phone		
A17. Mailing Address		A18. City	A19. State	A20. Zip	
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>					
A21. Name	A22. Title	A23. Email	A24. Phone		
A25. Name	A26. Title	A27. Email	A28. Phone		
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,000 in a calendar year are eligible for exemption from filing campaign finance reports. Exempt status is effective only for the calendar year in which it is granted. Registrants wishing to remain on exempt status must renew each year. Candidates may not claim exemption in the year of their election before the day they appear on the ballot.</i>			A29. Exemption Affirmation <input type="checkbox"/> Yes, this registrant is eligible for exemption <input type="checkbox"/> No, this registrant is not eligible for exemption		

SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch)		B2. Political Party	B3. Election Date	
Candidate Information				
B4. Name	B5. Email		B6. Phone	
B7. Mailing Address	B8. City		B9. State	B10. Zip
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>		B11. Is this your only registered candidate committee in Wisconsin? <input type="checkbox"/> Yes, this is my only candidate committee in Wisconsin <input type="checkbox"/> No, this is my second candidate committee in Wisconsin		
B12. Other Office Held or Sought (include District/Branch) <i>Only complete B12 if you responded "No" to B11.</i>				

SECTION C: RECALL COMMITTEES

C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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CAMPAIGN FINANCE REGISTRATION STATEMENT

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Note: An amended registration statement must be filed within 10 days of any changes in information.

SECTION D: PAC, IEC, AND CONDUITS

D1. Sponsoring Organization	D2. Email	D3. Phone	
D4. Mailing Address	D5. City	D6. State	D7. Zip

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES

E1. Political Party (Name candidates appear under on a ballot)	E2. Does the Committee have a Segregated Fund? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Segregated Fund Depository Institution Information (if applicable)				
E3. Institution Name	E4. Street Address	E5. City	E6. State	E7. Zip

SECTION F: REFERENDA COMMITTEES

F1. Nature of Referendum (if applicable)	F2. <input type="checkbox"/> Support <input type="checkbox"/> Oppose
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SECTION G: CERTIFICATION

Accurate Information <i>I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.</i>		
Timely Amendments <i>I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.</i>		
Records Retention <i>I further acknowledge the requirement to maintain the records of the registrant in an organized and legible manner for three years from the date of the most recent election in which this registrant participated.</i>		
Ongoing Compliance <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>		
Treasurer/Administrator		
G1. Printed Name	G2. Signature	G3. Date
Candidate (if applicable)		
G4. Printed Name	G5. Signature	G6. Date



FORM INSTRUCTIONS

CAMPAIGN FINANCE REGISTRATION STATEMENT (CF-1)

Note: Use of this form is required by the Ethics Commission for registration of a political committee or conduit under Chapter 11 of Wisconsin Statute. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

Item 1. Is this an amendment? Check the appropriate box. If "Yes" is checked, enter the committee ID number if you have one. If "No" is checked, proceed directly to Section A.

Section A: General Information. All candidates, committees, and conduits must complete section A.

Item A1: Committee/Conduit Name. All committees and conduits must have a name. It is not required that the name include the candidate or organization's name, but it is recommended, e.g., Friends of John Smith. A political party committee wishing to operate under the same name as a state political party committee must receive authorization from that state party (WIS. STAT. § 11.0101(26)(a)1).

Depository Institution Information. All committees and conduits must designate a depository institution. While it is recommended that all committees have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account and may intermingle personal and campaign funds (WIS. STAT. § 11.0201(2)(b)).

Treasurer/Administrator Information. Each committee must appoint a treasurer and each conduit must appoint an administrator. Any adult may serve as a treasurer or administrator. A candidate may serve as his or her own treasurer. If a candidate is serving as their own treasurer, please indicate so in this section.

Section B: Candidate Committees. Candidate committees must complete section B. No other committee type should complete section B.

Section C: Recall Committees. Recall committees must complete section C. No other committee type should complete section C.

Section D: PAC, IEC, and Conduits. Political action committees, independent expenditure committees, and conduits must complete section D. No other committee type should complete section B. All fields in section D refer to the sponsoring organization's contact information.

Section E: Political Party and Legislative Campaign Committees. Only political party committees and legislative campaign committees should complete section E.

Item E2. A political party or a legislative campaign committee may establish a segregated fund for purposes other than making contributions to a candidate committee or making disbursements for express advocacy (WIS. STAT. § 11.1104(6)). It is recommended that the committee maintain the segregated fund in a depository account separate from the primary account, but it is not required.

Items E3 - E7. If the segregated fund is maintained with the same depository institution as the primary account, write "Same as primary account." in E3.

Section F: Referendum Committees. Only referenda committees should complete section F.

Section G: Certification. All committees and conduits must complete section G.

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used.		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <input 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) WI	Zip code	Election date (required) Do not use primary date. Mo/Day/Year _____	
Title of office (required)		Name of jurisdiction or district in which candidate seeks office (required)		Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special	
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required)			

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
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, _____ (Name of circulator) certify: I reside at _____ (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).

(Date)

(Signature of circulator)

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Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) WI	Zip code	Election date (required) Do not use primary date. Mo/Day/Year	
Title of office (required)		Name of jurisdiction or district in which candidate seeks office (required)		(name of municipality)	

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Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) <div style="text-align: center; font-size: 2em; font-weight: bold;">WI</div>	Zip code	Type of election (required) <input type="checkbox"/> spring <input type="checkbox"/> special
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 (Date) _____

 (Signature of circulator)