SAMPLE

S93

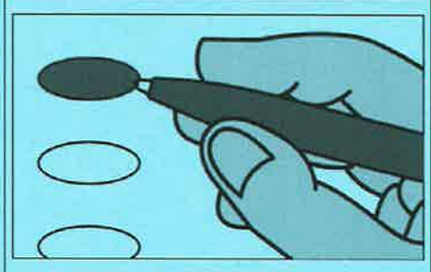
Official Ballot

Nonpartisan Office and Referendum

April 6, 2021

Notice to Voters: If you are voting on Election Day, your ballot must be initialed by two (2) election inspectors. If you are voting absentee, your ballot must be initialed by the municipal clerk or deputy clerk. Your ballot may not be counted without initials. (See right column of ballot for initials.)

General Instructions



If you make a mistake on your ballot or have a question, ask an election inspector for help. (Absentee voters: Contact your municipal clerk.)

To vote for a name on the ballot, fill in the oval next to the name like this: ●

To vote for a name that is not on the ballot, write the name on the line marked "write-in" and fill in the oval next to the name like this: ●

State Superintendent of Public Instruction

State Superintendent
Vote for 1

- ○ Jill Underly
- ○ Deborah Kerr
- ○ write-in

Judicial

Rock County
Circuit Court Judge Branch 5
Vote for 1

- ○ Mike Haakenson
- ○ write-in

Municipal

Alderperson
District 3
Vote for 1

- ○ write-in

School District

Evansville Community
School District
School Board Member
Vote for not more than 3

- ○ Mason Braunschweig
- ○ Kathi Swanson
- ○ Ellyn Paul
- ○ Shana Cook
- ○ write-in
- ○ write-in
- ○ write-in

Continue voting at top of next column.

Referendum

To vote in favor of a question, fill in the oval next to "Yes," like this: ●

To vote against a question, fill in the oval next to "No," like this: ●

Rock County

Question: Should the State of Wisconsin accept Affordable Care Act Federal Medicaid funds earmarked to expand health insurance coverage to 176,000 additional Wisconsin residents resulting in the state saving $324.5 million?

- ○ Yes
- ○ No

Official Ballot

Nonpartisan Office

and Referendum

April 6, 2021

for

City of Evansville

Aldermanic District 3
W5-6, 9

Ballot issued by

_____

_____
Initials of election inspectors

Absentee ballot issued by

_____
Initials of Municipal Clerk or Deputy Clerk

_____ _____
If issued by SVDs, both SVDs must initial.

Certification of Voter Assistance

I certify that I marked or read aloud this ballot at the request and direction of a voter who is authorized under Wis. Stat. §6.82 to receive assistance.

_____
Signature of assistor

For Official Use Only

Inspectors: *Identify ballots required to be remade:*

- ☐ Overvoted
- ☐ Damaged
- ☐ Other

If this is the **Original Ballot**, write serial number here:	If this is the **Duplicate Ballot**, write serial number here:
_____	_____

_____ _____
Initials of inspectors who remade ballot