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request that my name be placed	on the above-named offici	ial ballot as a candidate f	or the office indicated b	elow
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nn 18	D Board a	*	FULL	UNEXPIRED
ULL NAME (First, Midble, Last)		Noit Cd	ephanie.	2000
ERMÁNENT RESIDENCE ADDRESS ou do not have a residence address, do	(Do not include a P.O. Box or Ru	ral Route. If PUBLIC MAI	LING ADDRESS (Optional) ted correspondence, if availa	(Address for which you receive
TOOK WI. Hunt			ame	
McKinney				
IRLIC EMAIL ADDRESS (Ortional	I (Arthress for			
P		tr.	· /	
APPLICATION FOR A PL O: City Secretary of Bo		(of election)	GENE	RAL ELECTION BALLOT
			INDICATE TERM	
	,	PRINT NAMI	E AS YOU WANT IT TO AP	PEAR ON THE BALLOT*
	_			
	STATE ZIP	50187		STATE ZIP
	OCCUPATION	(Do not leave blank)	DATE OF BIRTH	VOTER REGISTRATION VUI NUMBER ² (Optional)
E CONTACT INFORMATI			7/2//40	
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ELONY CONVICTION STATUS (You		LENGTH OF CONTINUC	US RESIDENCE AS OF DATI	THIS APPLICATION WAS SWO