

NOMINATION PAPER OF INDEPENDENT CANDIDATES FOR PRESIDENT AND VICE PRESIDENT

I, the undersigned, request that the names of the candidates for President and Vice President of the United States listed below be placed on the ballot at the presidential election to be held on November 4th, 2008, as candidates representing
(date of election)

Socialist Party-USA, so that voters will have the opportunity to vote for their
(Name of party or statement of principle - 5 words or less)

presidential electors listed below. I am eligible to vote in the State of Wisconsin. I have not signed the nomination paper of any other candidates for the same offices at this election. Name

Residence & P.O. Address
(Include Municipality and State)

- President Brian Moore PO Box 5742 Spring Hill, Florida 34611
 Vice President Stewart Alexander 40485 Murrieta Hot Springs Road #149 Murrieta, CA 92563
 1st Congressional District Charlotte Bleistein 6008 Clover Lane Greendale, WI 53129
 2nd Congressional District Robert Kimbrough 3206 Gregory Street Madison, WI 53711
 3rd Congressional District Daniel Perkins 335 McKinley Avenue Eau Claire WI 54701
 4th Congressional District Myrtle Kastner 1129 N Jackson Street #1107 Milwaukee, WI 53202
 5th Congressional District Steve Sears 1429 South 87th Street West Allis, WI 53214
 6th Congressional District Jerry Statsny 105 Broad Street Menasha, WI 54954
 7th Congressional District Shirley Strok W 6393 Spring Drive Phillips, WI 54555
 8th Congressional District Paul Cigler 819 East Pacific Street Appleton, WI 54911
 At Large Diane Drufenbrock 2621 West Pierce Street #220 Milwaukee, WI 53204
 At Large Nan Pfefferle 1512 South 32nd Milwaukee, WI 53215

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER or RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, Village, or City	DATE OF SIGNING
1.		ⒶTown ⒶVillage ⒶCity	
2.		ⒶTown ⒶVillage ⒶCity	
3.		ⒶTown ⒶVillage ⒶCity	
4.		ⒶTown ⒶVillage ⒶCity	
5.		ⒶTown ⒶVillage ⒶCity	
6.		ⒶTown ⒶVillage ⒶCity	
7.		ⒶTown ⒶVillage ⒶCity	
8.		ⒶTown ⒶVillage ⒶCity	
9.		ⒶTown ⒶVillage ⒶCity	
10.		ⒶTown ⒶVillage ⒶCity	

CERTIFICATION OF CIRCULATOR

I, _____, certify:

(Name of circulator)
I reside at _____
(Circulator's residence - include number, street, and municipality)

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 State of Wisconsin. 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 these candidates. I am aware that falsifying this certification is punishable under §12.13(3)(a), Wis. Stats.

(Date) _____ (Signature of circulator) _____

EB-167 (Rev.6/2008) The information on this form is required by §8.20(2),(3), Wis. Stats.
 This form is prescribed by: **GOVERNMENT ACCOUNTABILITY BOARD**
 17 West Main Street, Suite 310
 P.O. Box 2973
 Madison, WI 53701-2973