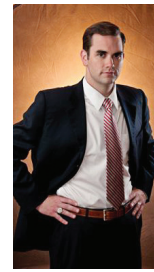


Nomination Paper for PARTISAN OFFICE
I, the undersigned, request that the name of

Ben Collins

residing at N1699 Willowbrook Road, Town of Linn, Lake Geneva, Wisconsin, 53147 be placed on the ballot at the general election to be held on November 2, 2010, as a candidate representing the Republican Party so that voters will have the opportunity to vote for him for the office of Lieutenant Governor of Wisconsin. 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.



- ✓ Decorated Green Beret
Combat Officer
- ✓ Small Businessman &
Job Creator
- ✓ Strong Fiscal
Conservative



www.VoteBenCollins.com

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	PRINT NAME	STREET & NUMBER OR RURAL ROUTE RURAL ADDRESS MUST ALSO INCLUDE BOX OR FIRE NO.	MUNICIPALITY OF RESIDENCE INDICATE TOWN, CITY OR VILLAGE	ZIP CODE	DATE OF SIGNING	SIGN ME UP TO HELP!
1.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
2.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
3.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
4.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
5.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
6.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
7.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
8.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
9.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins
10.			<input type="checkbox"/> TOWN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE		__ / __ /10	<input type="checkbox"/> I want to help elect Ben Collins

CERTIFICATION OF CIRCULATOR

_____ (date)

I, _____, certify:
(name of circulator)

I, reside at _____
(Circulator's residence - Include number, street, and municipality.)

Please return to Friends of Ben Collins, PO Box 893, Lake Geneva, WI 53147

Paid for by Friends of Ben Collins, Jamie Forbeck Collins, Treasurer

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 § 12.13 (3)(a), Wis. Stats.

(signature of circulator)

Page No. _____



Important notes for Signers

- All signers must be eligible to vote in the state of Wisconsin (over 18 year of age).
- The signer's address of residence must always be listed (mailing address is not sufficient).
- Signers **MUST** fill out the name of the municipality of residence in entirety (ie, write "Milwaukee" and not "Milw").
- Signers must check the box that identifies town/city/village of residence.

Important note for Circulator

The circulator must not certify (sign) the form until he or she is done circulating the form. This means that the date of certification must be on or after the date of the last nomination signature received.

Original copies of the completed forms can be returned by JULY 2ND to:
Friends of Ben Collins
Post Office Box 893
Lake Geneva, WI 53147

The campaign cannot accept nomination forms that are sent via fax or email.

Authorized and paid for by Friends of Ben Collins, Jamie Forbeck Collins, Treasurer