

Official Ballot
Presidential Preference Vote
Nonpartisan Office and Referendum
April 2, 2024

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 end of ballot for initials).

Table with 3 columns: General Instructions, Presidential Preference Vote, and County. Includes sections for Democratic and Republican Party Primaries, County Executive, County Supervisor, Municipal, Village Trustee, and School District.

Presidential Preference Vote begins at top of next column. Nonpartisan offices begin at top of next column. Continue voting on back of ballot. Page 1 of 2-sided ballot. Ballot continues on other side.

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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: ●

State

Question 1: "Use of private funds in election administration. Shall section 7 (1) of article III of the constitution be created to provide that private donations and grants may not be applied for, accepted, expended, or used in connection with the conduct of any primary, election, or referendum?"

- Yes
- No

Question 2: "Election officials. Shall section 7 (2) of article III of the constitution be created to provide that only election officials designated by law may perform tasks in the conduct of primaries, elections, and referendums?"

- Yes
- No

Handwritten: JACOBSON

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| Continue voting at top of next column. | | | |
| Official Ballot Presidential Preference Vote Nonpartisan Office and Referendum April 02, 2024 for Village of Jackson, W1 SLINGER SD Washington County Ballot ID: 2041 | Ballot issued by _____ Initials of election inspectors | For Official Use Only Inspectors: Identify ballots required to be remade <input type="checkbox"/> Overvoted <input type="checkbox"/> Damaged <input type="checkbox"/> Other | |
| | Absentee Ballot issued by _____ Initials of Municipal Clerk or Deputy Clerk | | |
| | 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 | If this is the Original Ballot, write the serial number here: _____ | If this is the Duplicate Ballot, write the serial number here: _____ |
| | | _____ Initials of inspectors who remade ballot | |

