



Certificate of Nomination

General Instructions:
Please Review Fully

Fill in the circles as appropriate. This form is used to document the transmission of candidate information. Candidate names should be listed on the form in the order they should appear on the ballot. After entering information into WisVote, Providers should file this form for reference.

Jurisdiction Information

1	Clerk Last Name	C u m m i n g s																		
	Clerk First Name	H e a t h e r																		
2	School Dist.	☐ Union ☐ Unified ☐ Common	l i n c o l n																	
3	Relier Information																			
	Municipality	☐ Town ☐ Village ☐ City	A l m a	C e n t e r																
	County		J a c k s o n															HINDI #	271101	
4	Provider Information																			
	County		J a c k s o n															HINDI #	271101	
	Municipality	☐ Town ☐ Village ☐ City																HINDI #		

Election Information

5	Date of Election (MM/DD/YYYY)	0 4 / 0 7 / 2 0 2 6																			
	Type of Election	S p r i n g																			
	Office	T r u s t e e																			
	☐ Vote for 1										☒ Vote for not more than:										0 2

Candidate Information

6	Ballot Position	Heather Cummings	☐ Town ☐ Village ☐ City ☐ Sch. Dist.	Alma Center	I, _____, Clerk for the candidates in Section 6 are for the office at the election on the date listed in Section 5, as determined by law, and that such names must be placed on the official ballot in the order listed.															
	0 1	K e n n e t h	R i s t o w																	
	0 2	J o s h u a	J o h n																	
	0 3	Z a c h a r i a h	T r i c k l e																	
	0 4	C a r r i e	J u n e																	
7	Comments																			

Signature

School Clerk Signature	X	Date (MM/DD/YYYY)	/ /
Relier Signature	X Heather Cummings	Date (MM/DD/YYYY)	01 / 12 / 2026
Provider Signature	X	Date (MM/DD/YYYY)	/ /