Paid for by United Sportamen of Wisconsin, Inc. P.O. Box 413 Waunakee, WI 53597-0413

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## **IN WISCONSIN**

**WE VOTE TO ELECT REPRESENTATIVES TO** 

## DEFEND

**OUR PERSONAL FREEDOMS...** 

TO LIMIT THEM!

by absentee and elect the candidate who stands with Wisconsin gun owners and sportsmen.



we value personal freedoms and respect the rights of others.

#### BUT

no matter where you live these days, there are those working to limit your rights.





#### SEND IN YOUR ABSENTEE BALLOT.

To defend our right to keep and bear arms, electing the right candidate makes all the difference.

#### **VOTE FOR THE CANDIDATE WHO WILL:**

- Fight for our Second Amendment rights, including the right to carry a concealed firearm.
- Fight for our sporting rights and traditions.
- Work in the Legislature to promote the freedoms and rights of gun owners.

Your absentee ballot for the recall general election must be received by your city clerk by August 4th.

Last Name	Suffix (e.g. Jr. II, etc.)	First Name	44(14) 4(1)(2)
cos ranc	Suncted St. II. etc.y	PICSETMETHY	Middle Name
Telephone	Date of Birth (MM/DD/YYYY)	Email Address	
Residence Address: Street Number & Name		Apt. Number	
City	State (Wi Only)	ZIP+4	County
Mailing Address is different	t than the Residence Address, Send Ballot To:		
Name		Nursing Home Name (If applicable)	
Mailing Address: Street No	umber & Name		
Apt. Number	City	State	Zip+4
Oter Declaration: I certify the S consecutive days immedia therwise disqualified from v	at I am a qualified elector, a U.S. citizen, at least 18 y ately preceding this election, not currently serving a a retire.	ears old, having resided at the above re entence including probation or parole to	sidential address for at least r a felony conviction, and not
	ballot be sent to me for the primary election sched	uled for July 12th and the general elec	tion scheduled for August 9th
Voter Signature		Date	
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WISCONSIN APP WISCONSIN APP NOTE: You must be registered Last Name Telephone Residence Address; Street City Mailing Address is different	Suffix (e.g. Jr. II, etc.)  Date of Birth (MM/DD/YYYY)  Number & Name  State (WI Only)  It than the Residence Address, Send Ballot To:	First Name  Email Address  Apt. Number  ZIP+4  Nursing Home Name (If appli	Middle Name County
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Place First Class Postage Here

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> Absentee Ballot Application Processing Center P.O. Box 413 Waunakee, WI 53597-0413

#### Absentee Ballot Application for the Recall General Election

### Follow these four easy steps to help keep a pro-gun rights majority in the state senate:

- Step 1: Fill out the attached application for an absentee ballot today (be sure to sign the application).
- Step 2: Fold your application in half, tape closed and mail to: Absentee Ballot Application Processing Center, P.O. Box 413, Waunakee, WI 53597-0413
- Step 3: When you receive your absentee ballot from your city clerk, fill it out immediately and vote for the pro-gun rights candidate.
- Step 4: Mail in your completed absentee ballot, which must be received by your city clerk before August 4th.

Questions: Call 1-877-855-5007.

# ELECTION 2011 OFFICIAL ABSENTEE BALLOT REQUEST