NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of Charlie Walker

who resides at 910 Lee Street in the City of Eau Claire, WI 54701, be placed on the ballot at the general election to be held on November 3, 2020 as a candidate representing the Republican Party so that voters will have the opportunity to vote for him for the office of State Assembly, in Wisconsin's 91 District. I am eligible to vote in the 91District and have not signed the nomination paper of any other candidate for the same office at this election.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	PRINT NAME	(Rural Address must include box or fire number)	MUNICIPALITY OF RESIDENCE (Check Town, Village, or City)	ZIP CODE	DATE OF SIGNING	Printed e-mail Address
1.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
2.			□Town			
			□ Village □ CITY OFEAU CLAIRE		, 2020	
3.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
4.			□Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
5.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
6.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
7.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
8.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
9.			□ Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	
10.			□Town			
			□ Village □ CITY OF EAU CLAIRE		, 2020	

CERTIFICATION OF CIRCULATOR

_____, certify, I reside at Print Circulator's Name

Print Circulator's residence – Include number, street, and municipality.

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. § 6.03. 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 Wis. Stat. § 12.13(3)(a).

SIGNATURE



PAGE

DATE

NOMINATION PAPER CIRCULATION IMPORTANT INSTRUCTIONS

Thank you for assisting Charlie Walker's election campaign by circulating and signing nomination papers. Your help in this process will help ensure he is on the ballot, and also demonstrates Eau Claire's District 91 grassroots action and support. Please refer to the *Important Notes* below or contact the campaign if you have further questions.

Important Notes for Signers

- All signers must be eligible to vote in the state of Wisconsin and be 18 years of age or older.
- The signer's address of residence must always be listed (mailing address is **not sufficient**).
- Signers may only fill out one candidate's form for each particular office. In this case, individuals may sign the nomination form of only one candidate for Wisconsin State Assembly District 91.
- Signers MUST fill out the name of the municipality of residence in entirety
- Signers must check the box that identifies town/city/village of residence.

Important Note for Circulators

- A circulator must be eligible to vote in the State of Wisconsin and be 18 years of age or older.
- Circulators and signers may only circulate and sign forms for one candidate for each office.
- Circulators must personally collect the signatures on the Nomination Form. Forms may not be left unattended on counters, or posted on bulletin boards, etc.
- The circulator must completely fill out his or her complete address, along with municipality of residence. Mailing address is not sufficient.
- The circulator must certify (sign) and date the nomination before returning it to the campaign. The circulator must not certify 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.
- If you run out of nomination forms, you are free to make copies of blank forms
- Thank You for Your Support of Charlie91.

To help Stop the Spread of COVID -19 have the Original copies of the completed form(s) mailed to: CHARLIE91.COM,

P.O. BOX 2221

EAU CLAIRE, WI 54702

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

PAID FOR BY CHARLIE91 COMMITTEE, DR. BLANE CHRISTMAN, TREASURER