

## NOMINATION PAPER FOR PARTISAN OFFICE

**Tim Rogers  
for Congress**

Candidate's name <b>(required)</b> ; no titles may be used.  <b>Tim Rogers</b>	Candidate's residential address <b>(required)</b> <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road  <b>5936 N. 38th Street</b>	Candidate's municipality for voting purposes <b>(required)</b> . <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of <b>Milwaukee</b> <small>(name of municipality)</small>			
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality  <b>5936 N. 38th Street</b>	State <b>(required)</b> <b>WI</b>	Zip code <b>53209</b>	Type of election <b>(required)</b> <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date <b>(required)</b> <u>Mo/Day/Year</u> <b>11/03/2020</b>	<b>(Required)</b> Name of Party or Statement of Principle (5 words or less) <b>Republican Party</b>
Title of office <b>(required)</b> <b>Representative in Congress</b>	District or Jurisdiction <b>(required)</b> if applicable <input checked="" type="checkbox"/> District number <b>4</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>(required)</b> <b>Wisconsin's 4<sup>th</sup> Congressional District</b>		

I, the undersigned, request that the candidate, whose name and residential address are listed above, be placed on the ballot at the election described above as a candidate representing the party or statement of principle indicated above, so that voters will have the opportunity to vote for  him or  her for the office listed above. I am eligible to vote in the jurisdiction or district in which the candidate named above seeks office. I have not signed the nomination paper of any other candidate for the same office at this election.

<b>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.</b>				
Signatures of Electors	Printed Name of Electors	Residential Address <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <u>Mo/Day/Year</u>
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 2020

### CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_, certify: I reside at \_\_\_\_\_.

(Name of circulator) (Circulator's residential address - 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).

\_\_\_\_\_/\_\_\_\_\_/2020  
(Date)

\_\_\_\_\_  
(Signature of circulator)

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## Instructions for Circulating Nominations Papers for Tim Rogers

- Any eligible voter who is a district resident and age 18 or older may sign the nomination paper.
- Do not leave the nomination paper unattended, for example, on a counter or bulletin board.
- Please make sure signers include the municipality in which they live as well as their mailing address.
- Signers may not sign the nomination paper of more than one candidate for Congress.
- When you are finished circulating the paper, you must sign the certification at the bottom of the paper.
- Please return the nomination paper to Tim no later than **May 21st, 2020** at:  
**5936 N. 38<sup>th</sup> Street, Milwaukee, WI 53209**
- Thank you for your support!

