

NOMINATION PAPER FOR PARTISAN OFFICE

**Peter Theron
for Congress**

Candidate's name (required) ; no titles may be used. Peter Theron	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 1021 Sequoia Trail	Candidate's municipality for voting purposes (required) . <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of Madison <small>(name of municipality)</small>			
Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality) 1021 Sequoia Trail, Madison	State (required) WI	Zip code 53713	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) <u>Mo/Day/Year</u> 11/03/2020	(Required) Name of Party or Statement of Principle (5 words or less) Republican Party
Title of office (required) Representative in Congress	District or Jurisdiction (required) if applicable <input checked="" type="checkbox"/> District number <u>2</u> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's 2nd Congressional District		

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.

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.				
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 Peter Theron

- 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 Peter no later than **May 21st, 2020** at:

1021 Sequoia Trail, Madison, WI 53713

- Thank you for your support!

