



# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Tom Nelson</b>		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 <b>117 E McArthur St</b>		Candidate's municipality for voting purposes (required). <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of <b>Appleton</b> <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <b>PO Box 361, Kaukauna</b>		State (required) <b>WI</b>	Zip code <b>54130</b>	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) <i>Mo/Day/Year</i> <b>11/08/2022</b>
Title of office (required) <b>United States Senator</b>		District or Jurisdiction (required if applicable) <input type="checkbox"/> District number _____ <input type="checkbox"/> Jurisdiction (county) _____		(Required) Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>	
				Name of jurisdiction or district in which candidate seeks office (required) <b>Wisconsin</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.

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 (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Date of Signing <i>Mo/Day/Year</i>
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	___/___/2022

## 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).

11 / 08 / 2022

(Date)

(Signature of circulator)

Page No.

(Official Use Only)

## **BEST PRACTICES FOR SIGNATURE COLLECTION**

*Thank you for your help getting Tom on the ballot!*

To circulators: Feel free to gather signatures from your family, friends, and residents in your community! It is common to be present at places with high foot traffic (shopping centers, festivals, sporting events, etc.) to get the most amount of signatures. Below are some tips and instructions.

People are likely to ask if they are committing to vote for Tom by signing the nomination papers. By signing this sheet, nobody is committing to vote for Tom. Signers are simply making it possible to get Tom on the ballot. **REPUBLICANS and INDEPENDENTS CAN SIGN TOO!**

**This is a great time to explain that Tom is the best to beat Ron Johnson!**

**Circulators can only circulate for ONE candidate per race.** (ex. You can circulate papers for Tom and Gov. Evers, but NOT Tom and another person running for US Senate.)

**Please leave the page number blank.** This will be done after the team reviews each sheet.

- **Each signer can only sign the nomination sheet for ONE candidate for U.S. Senate.** It may be best to ask if they have signed any other nomination papers this election season.
- **Be sure ALL REQUIRED INFORMATION is included for each line** (signature, printed name, Wisconsin street address, Wisconsin municipality, and date of signing).
  - **Each signer MUST be a Wisconsin resident age 18 at the time of signing.** They must be an eligible voter in Wisconsin, but do not need to be registered to vote yet.
  - If someone moved after previously registering to vote, their **address should be where the person CURRENTLY RESIDES in Wisconsin.**
  - **Dates must include the MONTH, DAY, and YEAR** (month/day/year).
  - **Printed names, addresses, and dates must be LEGIBLE.** Illegible information will not be counted.
- **Each signer can ONLY sign for themselves** (spouses cannot sign for their spouse).
- **Do NOT leave these nomination papers unattended** on counters or bulletin boards.

Each circulator MUST complete the Certification of Circulator AFTER completing the sheet. No signatures can be added after the certification is filled out.

Please return completed forms to:  
Nelson for Wisconsin  
PO Box 361  
Kaukauna, WI 54130

-- ANY QUESTION, CALL BRIAN COE 262-939-5094 --  
bthomascocoe@gmail.com