



NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

MARY LYNNE DONOHUE

Residing at 418 St. Clair Avenue, Sheboygan, WI in the City of Sheboygan, be placed on the ballot at the general election to be held November 3, 2020 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for them for the office of

REPRESENTATIVE TO THE ASSEMBLY - 26th DISTRICT

I am eligible to vote in the 26th Assembly District. I have not signed the nomination paper of any other candidates for the same office at this election.

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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	Date of Signing <u>Mo/Day/Year</u>
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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).

Page No.

(Date)

(Signature of circulator)