

Instructions on Circulating Nomination Papers for Bob Tatterson

Thank you so much for agreeing to circulate nomination papers for Bob Tatterson to help get him on the ballot for Wisconsin State Assembly, District 24. This special election is July 18 2023. **It is vital that you return these nomination pages by May 19th.**

Here are some important instructions and points to keep in mind when circulating nomination papers:

- Petition signers must be “qualified electors” and reside in the district with which the candidate is seeking election. For this race, that means all signers must reside within the newly defined **Wisconsin Assembly District 24. This encompasses Grafton, north and west Mequon, northern Menominee Falls and Germantown.**
- You do not need to be registered to vote to sign the petition but rather eligible to register and vote. That generally means 18 years or older, a U.S. Citizen, has lived in the district for at least 28 days, and has not lost the right to vote due to a criminal felony conviction for which the person is currently on probation, parole or extended supervision.
- Petition circulators must be eligible to vote in Wisconsin, but do not need to reside within the district. So, people from outside District 24 can be “circulators,” which means they can get signatures, they just can’t sign the petition themselves.
- Petition circulators must personally witness each signature, this means papers cannot be left unattended for signature collection.
- Do not sign and date the bottom until after you have collected the signatures from the public. If the petition includes any signatures dated after your signature date, then those signatures will be invalid.
- Make sure the names and addresses are legible and that all information is filled out in its entirety; all fields are required by the Wisconsin Election Commission and the signature may not be counted if any information is incomplete.
- Before handing in completed petitions, make sure you have signed and dated the bottom of the page.
- Please do not number the pages in the bottom right hand corner; the campaign will enter the page numbers.
- You do not need to fill out all ten signatures on the page. If you can only get a few, that’s fine.
- You may gather signatures by going door to door, circulating them at appropriate events, or on public property. If you're on private property, you must gain the property owners' permission before gathering signatures there.
- **Return these signatures by May 19th in order to allow appropriate time to process the forms before submitting them.**
Please mail or drop off all completed nomination papers to us at: Bob Tatterson, 4250 Solvang Lane, Mequon WI 53092
- **If you have any questions or concerns, please don't hesitate to call at (262)236-6741 or email to Tatterson4WI@gmail.com. We can answer questions about the rules and make suggestions for how to best gather signatures.**



TATTERSON FOR THE 24TH

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. Bob Tatterson		Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road 4250 Solvang Lane		Candidate's municipality for voting purposes (required). <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of Mequon (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 4250 Solvang Lane		State (required) WI	Zip code 53092	Type of election (required) <input type="checkbox"/> general <input checked="" type="checkbox"/> special	General Election date (required) <u>Mo/Day/Year</u> 7/18/2023
Title of office (required) Representative to the Assembly		District or Jurisdiction (required if applicable) <input checked="" type="checkbox"/> District number <u>24</u> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office (required) Wisconsin State Assembly District 24	

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 <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	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<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).

(Date)

(Signature of circulator)

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