

# NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name <b>(required)</b> ; no titles may be used.  <h2 style="margin: 0;">Sara Rodriguez</h2>		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  <h2 style="margin: 0;">1211 Seitz Dr</h2>		Candidate's municipality for voting purposes <b>(required)</b> . <input checked="" type="checkbox"/> Town of <b style="font-size: 1.2em;">Waukesha</b> <input type="checkbox"/> Village of _____ <input checked="" type="checkbox"/> City of _____ _____ (name of municipality)		
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality  <h2 style="margin: 0;">PO Box 1404, Brookfield</h2>		State <b>(required)</b>  <h2 style="margin: 0;">WI</h2>	Zip code  <h2 style="margin: 0;">53008</h2>	Type of election <b>(required)</b> <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date <b>(required)</b> <i>Mo/Day/Year</i>  <h2 style="margin: 0;">11/03/2026</h2>	<b>(Required)</b> Name of Party or Statement of Principle (5 words or less)  <h2 style="margin: 0;">Democratic Party</h2>
Title of office <b>(required)</b>  <h2 style="margin: 0;">Governor</h2>		District or Jurisdiction <b>(required)</b> if applicable <input type="checkbox"/> District number _____ <input checked="" type="checkbox"/> Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>  <h2 style="margin: 0;">State of Wisconsin</h2>		



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	/2026
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/2026

### 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 a qualified elector of Wisconsin. 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)



### **Instructions for Gathering Signatures**

- Only qualified electors in the state of Wisconsin may sign the nomination papers.
- Each signer must also legibly print their name.
- Each elector must provide their residential address (no P.O. Box addresses), including any street, fire or rural route number, box number (if rural route) and street or road name and municipality of residence. A post office box number alone does not show where the elector actually resides.
- The name of the Municipality of Residence must be listed for each signing elector and must clearly identify the town, village or city where the elector's voting residence is located.
- The date the elector signed the nomination paper, including month, day and year, must be indicated. Ditto marks that follow correct and complete address or date information are acceptable. The circulator may add any missing or illegible address or date information before the papers are filed with the filing officer.

### **Signature of Circulator**

- The circulator should carefully read the language of the Certification of Circulator. THE CIRCULATOR MUST PERSONALLY PRESENT THE NOMINATION PAPER TO EACH SIGNER. THE CIRCULATOR MUST BE A QUALIFIED ELECTOR OF WISCONSIN. THE NOMINATION PAPER MAY NOT BE LEFT UNATTENDED ON COUNTERS OR POSTED ON BULLETIN BOARDS.
- The circulator's complete residential address including municipality of residence must be listed in the certification.
- After obtaining signatures of electors, the circulator must sign and date the certification.
- The circulator should return signed nomination paper(s) to the campaign filing officer in person or using the provided pre-paid FedEx account. Nomination papers cannot be faxed/emailed to the filing officer.

The attached sample and guide are intended to assist in ensuring nomination papers contain all required information so that signatures are not struck and that Sara Rodriguez can achieve ballot access by submitting the required number of signatures necessary per statute.

Sample Completed Nomination Paper

**NOMINATION PAPER FOR PARTISAN OFFICE**

Candidate's name (required); no titles may be used: <b>David Smith</b>		Candidate's residential address (required); No P.O. Box addresses Street, box, or rural route number; box number (if rural route); and name of street or road: <b>111 Lake St.</b>		Candidate's municipality for voting purposes (required): <input checked="" type="checkbox"/> Town of <b>Sister Bay</b> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____					
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality): <b>PO Box 12345 Sister Bav</b>		State (required): <b>WI</b>	Zip code: <b>54235</b>	Type of election (required): <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General election date (required): <b>11/03/2020</b>				
Title of office (required): <b>State Senator – 1<sup>st</sup> District</b>		District or jurisdiction (required if applicable): <input checked="" type="checkbox"/> District number <b>1</b> <input type="checkbox"/> Jurisdiction (county): _____		Name of jurisdiction or district in which candidate seeks office (required): <b>Wisconsin's 1st State Senate District</b>					
<p>I, the undersigned, request that the candidates, 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 <input type="checkbox"/> him or <input type="checkbox"/> 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.</p> <p>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.</p>									
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 Mo/Day/Year	
1.	<i>Rich Ridecky</i>	Rich Ridecky	9494 Second St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sis Bay	5/1/2020	<input checked="" type="checkbox"/>		
2.	<i>David Smith</i>	D. Smith	111 Lake St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	" "		<input checked="" type="checkbox"/>		
3.	<i>Aaron Hoog</i>	Aaron Hoog	Third St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sister Bay	5/1/2020	<input checked="" type="checkbox"/>		
4.	<i>Cory Davis</i>	Cory Davis	9423 2 <sup>nd</sup> St. Sister Bay	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sister Bay	5/1/2020	<input checked="" type="checkbox"/>		
5.	<i>Robby</i>	Ryan Wontman	1949 2 <sup>nd</sup> St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sister Bay	5/1/2020	<input checked="" type="checkbox"/>		
6.	<i>Robby</i>	Robby W.	1848 Third St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Sister Bay	5/1/2020	<input checked="" type="checkbox"/>		
7.	<i>Ally Cowley</i>	Ally Cowley	212 E. Washington	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Madison	5/1/2020	<input checked="" type="checkbox"/>		
8.	<i>Brittany Hallson</i>	Brittany Hallson	789 River Ave.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Egg Harbor	5/5/2020	<input checked="" type="checkbox"/>		
9.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City			<input type="checkbox"/>		
10.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City			<input type="checkbox"/>		

I, **Diana Lowry** certify I reside at **9090 Elections Ln. Wausau, WI**  
(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).

**5/1/2020** *D. Lowry*  
(Date) (Signature of circulator)

Page No. **1**

Nomination Paper Line Number

1. Acceptable. Well-known acronyms are acceptable for municipalities. The checkmark for Town, Village, or City is not required.
2. Acceptable. If the date above and below the name is acceptable, it can be "bracketed" in and accepted. Ditto marks are acceptable.
3. Unacceptable. Does not list the house number in the address.
4. Acceptable. If the information is contained on the line, it can be moved over. Sister Bay is in the address portion, so this is acceptable.
5. Unacceptable. No signature.
6. Unacceptable. The voter does not list their last name.
7. Unacceptable. The voter lives out of the 1<sup>st</sup> State Senate District.
8. Unacceptable. The voter signed after the date of the circulator certification.