

NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name (required) ; no titles may be used. Tom Tiffany	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 9463 Backwoods Lane	Candidate's municipality for voting purposes (required) . <input checked="" type="checkbox"/> Town of <input type="checkbox"/> Village of <input type="checkbox"/> City of Minocqua <small>(name of municipality)</small>			
Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality) 9463 Backwoods Lane, Minocqua	State (required) WI	Zip code 54548	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) <u>Mo/Day/Year</u> 11/08/2022	(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>7</u> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office (required) Wisconsin's 7th 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 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	/ / 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).

/ / 2022

(Date)

(Signature of circulator)

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NOMINATION PAPER CIRCULATION INSTRUCTIONS

Thank you for assisting Tom Tiffany's campaign for Congress by signing and circulating nomination forms. Please refer to the important instructions and reminders below prior to circulation. For any questions or concerns, please contact Landis@TomTiffany.com or 715-218-5008.

IMPORTANT NOTES FOR CIRCULATORS

- A circulator must be eligible to vote in the State of Wisconsin and be 18 years of age or older.
- Circulators and signers may only circulate and sign nomination forms for one candidate.
- Circulators must personally collect the signatures on the nomination form. Nomination forms may not be left unattended on counters, posted on bulletin boards, etc.
- The circulators must completely fill out his or her complete address, along with municipality of residence. Mailing address is not sufficient.
- The circulator must certify (sign) and date the nomination form before returning it to the campaign.
- The circulator must not certify the nomination form until he or she is done circulating the nomination form. This means that the date of certification must be on or after the latest date of a signer.
- Circulators are free to save one blank nomination form for copying. If you run out of nomination forms, you can use this blank nomination form to make additional copies as needed.
- DO NOT number the page at the bottom of the nomination form. That will be done once all the nomination forms are collected.

IMPORTANT NOTES FOR SIGNERS

- All signers must be eligible to vote in Wisconsin's 7th Congressional District and be 18 years of age or older.
- The signer's address of residence must always be listed. Mailing address is not sufficient.
- Signers may only fill out one candidate's nomination form.
- Signers MUST fill out the name of the municipality of residence in entirety (i.e. write "Manitowish Waters" not "Mani. Waters").
- Signers must check the box that identifies town/city/village of residence.

Original copies of the completed nomination forms can be returned to:

Tiffany for Wisconsin, Inc.
P.O. Box 1007
Wausau, WI 54402

PLEASE SEND ALL NOMINATION FORMS BY FRIDAY, MAY 27

The campaign cannot accept nomination forms that are sent via fax or email.

PAID FOR BY TIFFANY FOR WISCONSIN, INC.