

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name ( <b>required</b> ); no titles may be used. <b>Tom Tiffany</b>		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 <b>11725 Shirley Glenn Lane, Hazelhurst</b>			Candidate's municipality for voting purposes ( <b>required</b> ). <input checked="" type="checkbox"/> Town of <b>Little Rice</b> <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____ <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes ( <b>required</b> if different than residential address or voting municipality) <b>11725 Shirley Glenn Lane, Hazelhurst</b>		State ( <b>required</b> ) <b>WI</b>	Zip code <b>54531</b>	Type of election ( <b>required</b> ) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date ( <b>required</b> ) <u>Mo/Day/Year</u> <b>11/03/2026</b>	( <b>Required</b> ) Name of Party or Statement of Principle (5 words or less) <b>Republican</b>
Title of office ( <b>required</b> ) <b>Governor</b>		District or Jurisdiction ( <b>required</b> if applicable) <input type="checkbox"/> District number _____ <input type="checkbox"/> Jurisdiction (county) _____			Name of jurisdiction or district in which candidate seeks office ( <b>required</b> ) <b>State Of 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.

<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	
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 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)

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