

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of **Aaron Wojciechowski**, residing at 822 Woodland Avenue, Oshkosh, WI 54901 in the City of Oshkosh, be placed on the ballot for the general election to be held on November 3rd, 2020 as a candidate with the Democratic Party so that voters will have the opportunity to vote for him for the office of State Senator, District 18. I am eligible to vote in the 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 <small>Rural address must also include box or fire number - No PO boxes</small>	MUNICIPALITY OF RESIDENCE <small>Check the type & write the name of the voting municipality.</small>	DATE OF SIGNING	Would You Like A Yard Sign?
1			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
2			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
3			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
4			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
5			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
6			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
7			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
8			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
9			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	
10			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2020	

CERTIFICATION OF CIRCULATOR

I, _____ certify: I reside at _____

(Name of circulator) (Circulator's residential address - including number, street & 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).

_____/_____/2020
(Date)

(Signature of circulator)

THANK YOU!

Mail forms or contact Aaron Wojciechowski by 5/29/2020
822 Woodland Avenue
Oshkosh, WI 54901
campaign@wojforwi.com

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