

NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name as it will appear on the ballot; no abbreviations or titles will may be used Mark Pocan		Street, fire, or rural route number; box number (if rural route); and name of street or road 4062 Bakken Stenli Road		Name of municipality for voting purposes <input checked="" type="checkbox"/> Town Vermont <input type="checkbox"/> Village <input type="checkbox"/> City	
Name of municipality for mailing purposes Black Earth	State WI	Zip Code 53515	Type of election <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary	Election Date November 5, 2024	Name of Party or Statement of Purpose (5 words or less) Democratic
Title of Office United States Representative in Congress			District of Jurisdiction District number 2 Jurisdiction (county) _____		Name of jurisdiction in which candidate seeks office Congressional District 2, Wisconsin



Mark Pocan for Congress

I, the undersigned, request that the candidate, whose name and 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	Print Name	Street and number or rural route <small>Rural route must also include box or fire number</small>	Municipality of Residence	Date of Signing
1.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
2.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
3.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
4.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
5.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
6.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
7.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
8.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
9.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024
10.			<input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village	/2024

Certification of Circulator

I, _____, certify: I reside at _____
(Name of Circulator) (Circulator's residence - 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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