DANA WACHS
GOVERNOR

Thank you so much for volunteering to collect nomination signatures for Dana Wachs. We could not do this without your help! You may begin collecting signatures on Sunday, April 15th. All completed forms must be postmarked no later than May 23nd in order to arrive to us before the June 1st deadline.

Mail completed forms to:
Wachs For Wisconsin
PO Box 260218
Madison, WI 53726

1. Print or makes copies of as many blank forms as needed. If you do not have access to a printer, please reach out to our campaign and we will get printed forms to you.

2. As a circulator, you will be certifying that you personally obtained and witnessed each signature. Please read the certification guidelines and follow its requirements. The circulator should sign and date
the certification after obtaining signatures not before.

3. Nomination signature forms cannot be left unattended. You must personally witness each signature in order for it to be valid.

4. Please make sure only those who are eligible to vote in Wisconsin sign the form.

5. Signatures and all information should be written legibly. If you can't read the name, it will be hard for the Elections Commission to read it as well.

6. 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.

7. 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.

8. 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.

9. Signers can only sign nomination papers for one candidate for each office. If they sign a paper for Dana, they may not sign a form for another candidate for governor.

10. Please do not write any numbers in the page number box on the form.

If you have any questions, please reach out to the campaign at the contact info below.

Email: Crystal@DanaWachs.com

Phone: 608-209-6326

Paid for by Wachs for Wisconsin, Kyle Weatherly, Treasurer

DANA WACHS
GOVERNOR

LET'S GO VIRAL!

Help us build momentum for Dana's campaign by sharing photos of people who sign the nomination form on social media.

STEP 1

Tape the #TeamWachs sign to the back of your nomination form clipboard.

STEP 2

Take a photo with people who sign the nomination form. Do NOT include the form in the photo. Do smile!

STEP 3

Post the photo on social media. Tag @DanaJWachs on Twitter, @Dana Wachs for Wisconsin on Facebook, or @DanaJWachs on Instagram.

Paid for Wachs for Wisconsin, Treasurer, Kyle Weatherly

DANA WACHS
GOVERNOR

I JUST JOINED #TEAMWACHS.

PAID FOR BY WACHS FOR WISCONSIN, KYLE WEATHERLY, TREASURER

NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name	Candidate's residential address	Zip code	Candidate's municipality for voting purposes
Dana Wachs	437 Lincoln Ave	54701	City of Eau Claire

Candidate's mailing address	State	Type of election	General Election date	Name of Party or Statement of Principle
P.O. Box 260218, Madison 53726	WI	General	Nov 6, 2018	Democratic Party

Title of office	Name of jurisdiction or district in which candidate seeks office
Governor	State of Wisconsin

Please mail completed sheets to Wachs for Wisconsin P.O. Box 260218 Madison 53726

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** 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 *(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	Date of Signing Mo/Day/Year	Email
1.			❑ Town ❑ Village ❑ City		
2.			❑ Town ❑ Village ❑ City		
3.			❑ Town ❑ Village ❑ City		
4.			❑ Town ❑ Village ❑ City		
5.			❑ Town ❑ Village ❑ City		
6.			❑ Town ❑ Village ❑ City		
7.			❑ Town ❑ Village ❑ City		
8.			❑ Town ❑ Village ❑ City		
9.			❑ Town ❑ Village ❑ City		
10.			❑ Town ❑ Village ❑ 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 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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