



NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

Margaret Engebretson



Residing at 128 Vadnais Lane in the Village of Balsam Lake Wisconsin 54810 be placed on the ballot at the general election to be held November 6, 2018 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for her for the office of **Representative in Congress, District 7**

I am eligible to vote in the 7th Congressional District. I have not signed the nomination paper for any other candidates for the same office at this election

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINT NAME	STREET & NUMBER <small>Rural addresses must also include box or fire number - NO PO BOXES</small>	MUNICIPALITY OF RESIDENCE <small>Indicate town, village or city</small>	DATE OF SIGNING	PHONE/EMAIL
			<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	/ / 2018	P: _____ E: _____
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CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____
(name of circulator) (circulator's residence including street, number 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 that 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 s 12.13(3) (a), Wis. Stats.

Return by May 16th to: Friends of Margaret Engebretson, PO Box 93, Superior, WI 54880

Date ____ / ____ / 2018 Signature of Circulator _____

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