

NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name (required); no titles may be used. Glenn Grothman	Candidate's residential address (required) No P.O. box addresses Street, fire, or rural route number; box number (if rural route); and name of street or road N5154 County Road U	Candidate's municipality for voting purposes (required). <input checked="" type="checkbox"/> Town of Greenbush <input type="checkbox"/> Village of _____ <input type="checkbox"/> City of _____	
Candidate's mailing address, including municipality for mailing purposes (required) if different than residential address or voting municipality N5154 County Road U, Glenbeulah	State (required) WI	Zip code 53023	(Required) Name of Party or Statement of Principle (5 words or less) Republican Party
Title of office (required) Representative to U.S. Congress - 6th Congressional District	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) Mo/Day/Year 11/5/2024	Name of Jurisdiction or district in which candidate seeks office (required) Sixth Congressional District of Wisconsin
	District or Jurisdiction (required if applicable) <input checked="" type="checkbox"/> District number 6 <input type="checkbox"/> Jurisdiction (county) _____		

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.

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
1.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City / / 2024

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) **/ / 2024**

(Signature of circulator)

Glenn Grothman for Congress Nomination Papers Instructions

Our re-election campaign won't be successful without your help. The first step is getting Glenn on the ballot by obtaining enough signatures on nomination papers. We need your assistance to gather the required signatures.

We encourage you to circulate the papers at large, widely attended community events—such as parades, church festivals and other gatherings. We appreciate any help and assistance you can provide in getting our campaign on the ballot!

Please carefully read the important instructions and reminders below prior to filling out the form. For any questions or concerns, please contact us at Glenn@GlennGrothman.com or call us at (920) 322-7388.

IMPORTANT NOTES FOR CIRCULATORS

- A circulator must be eligible to vote in the State of Wisconsin and be 18 years of age or older.
- Circulators and signers may only circulate and sign nomination forms for one candidate in Wisconsin's 6th Congressional District.
- Circulators must personally collect the signatures on the nomination form. Nomination forms may not be left unattended on counters, posted on bulletin boards, etc.
- The circulators must completely fill out his or her complete address, along with municipality of residence. Mailing address is not sufficient.
- The circulator must certify (sign) and date the nomination form before returning it to the campaign.
- The circulator must not certify the nomination form until he or she is done circulating the nomination form. This means that the date of certification must be on or after the latest date of a signer.
- Circulators are free to save one blank nomination form for copying. If you run out of nomination forms, you can use this blank nomination form to make additional copies as needed.
- DO NOT number the page at the bottom of the nomination form. That will be done once all the nomination forms are collected.
- All signers must be eligible to vote in Wisconsin's 6th Congressional District and be 18 years of age or older.
- The signer's address of residence must always be listed. Mailing address is not sufficient.
- Signers may only fill out one candidate's nomination form.
- Signers must sign and legibly print their name.

Original copies of the nomination forms can be returned to:

Glenn Grothman for Congress
P.O. Box 1215
Fond du Lac, WI 54936

PLEASE SEND ALL NOMINATION FORMS BY FRIDAY, MAY 17, 2024.

We recommend sending in forms as soon as you believe you have as many signatures you can get on that individual form. You can always circulate additional forms, and return them even if they only have one signature each. More forms are available at www.GlennGrothman.com/petitions or can be mailed upon request. The campaign cannot accept nomination forms that are returned via fax or email.

GLENN
GROTHMAN
★ ★ ★ ★ ★
Republican for Congress

FULL COUNTIES

- Columbia
- Fond du Lac
- Green Lake
- Manitowoc
- Marquette
- Ozaukee
- Sheboygan
- Waushara

PARTIAL COUNTIES

Calumet

City of Kiel
City of New Holstein
Town of Brothertown
Town New Holstein

Dodge

City of Beaver Dam
City of Columbus
City of Fox Lake
City of Mayville
City of Waupun
Town of Beaver Dam, Wards 1-5, 24
Town of Burnett
Town of Chester
Town of Fox Lake
Town of Letroy
Town of Lomira, Wards 1-2
Town of Theresa, Wards 1-2
Town of Trenton
Town of Westford, Wards 1-2
Village of Brownsville
Village of Kekoskee
Village of Lomira
Village of Randolph
Village of Theresa

Winnebago

City of Appleton, Wards 33-34
City of Menasha
City of Neenah
City of Omro
City of Oshkosh
Town of Algoma
Town of Black Wolf
Town of Clayton, Wards 1-7
Town of Neenah
Town of Nekimi
Town of Nepeuskun
Town of Omro
Town of Oshkosh
Town of Poygan
Town of Rushford
Town of Utica
Town of Vinland
Town of Winneconne
Town of Wolf River, Wards 1-2
Village of Fox Crossing
Village of Winneconne

