



## **NOMINATION PAPER CIRCULATION INSTRUCTIONS**

To get on the ballot this year, I need your help obtaining enough nomination signatures.

Please carefully read the important instructions below as you fill out your form. For any questions, my team will walk you through instructions. Simply email Michael Donatello at [michael@rothforwisconsin.com](mailto:michael@rothforwisconsin.com) or call 920-659-0720.

### **INSTRUCTIONS 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 for Wisconsin's 8th 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 circulator must completely fill out his or her complete address, along with municipality of residence. Mailing address and PO Box addresses are not sufficient.
- The circulator must certify by signing and dating 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 handled by the campaign after collection.

### **INSTRUCTIONS FOR SIGNERS**

- All signers must be eligible to vote in Wisconsin's 8th Congressional District and be 18 years of age or older.
- Signers may only fill out one candidate's nomination form.
- The signer's address of residence must always be listed. Mailing address and PO Box addresses are not sufficient.
- Signers MUST fill out the name of the municipality of residence in entirety (i.e. "Green Bay" not "GB").
- Signers must check the box that identifies town/city/village of residence.
- Signers must sign his/her own name and cannot sign for a spouse (unless the spouse cannot sign because of a physical disability and the disabled spouse is present).



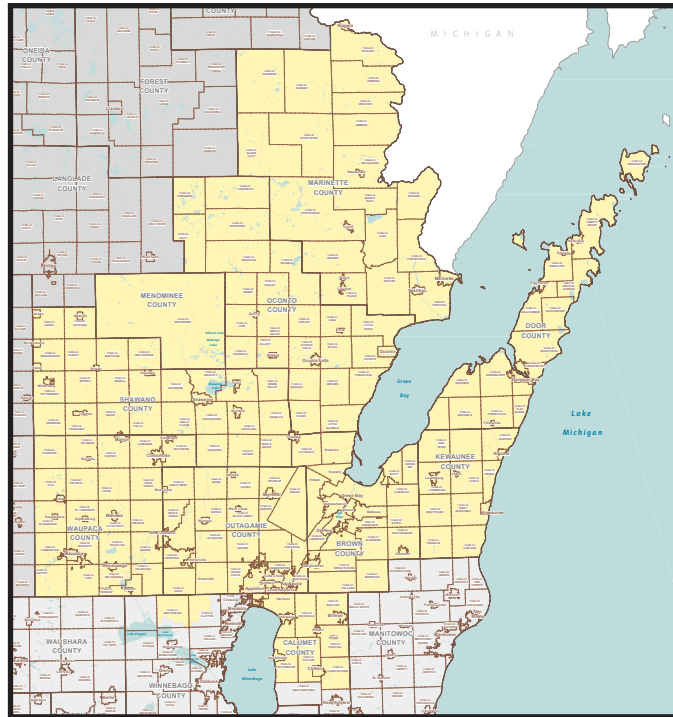
Please return original copies of the nomination forms to:

Roth for Wisconsin  
P.O. Box 2224  
Appleton, WI 54912

**PLEASE SEND ALL NOMINATION FORMS BY FRIDAY, MAY 17.**  
*The campaign cannot accept nomination forms that are sent via email.*

The 8th Congressional District encompasses the entirety of Brown, Door, Kewaunee, Marinette, Menominee, Oconto, Outagamie, Shawano, and Waupaca Counties, as well as portions of Calumet and Winnebago Counties.

A map of the district can be found below. If you are unsure of whether a potential signee lives in the 8th District, search the address at [www.house.gov/representatives/find-your-representative](http://www.house.gov/representatives/find-your-representative).



Visit [rothforwisconsin.com](http://rothforwisconsin.com) to find printable digital copies of my nomination form to share with friends and family.

Thank you for helping me get on the ballot!

For Wisconsin,

PAID FOR BY ROTH FOR WISCONSIN

# NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name <b>(required)</b> ; no titles may be used.  <b>Roger Roth</b>	Candidate's residential address <b>(required)</b> <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road  <b>1024 E Overland Rd</b>	Candidate's municipality for voting purposes <b>(required)</b> . <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of  <b>Appleton</b> <small>(name of municipality)</small>			
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality)  <b>1024 E Overland Rd, Appleton</b>	State <b>(required)</b>  <b>WI</b>	Zip code  <b>54911-8528</b>	Type of election <b>(required)</b> <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date <b>(required)</b> <u>Mo/Day/Year</u>  <b>11/5/2024</b>	<b>(Required)</b> Name of Party or Statement of Principle (5 words or less)  <b>Republican Party</b>
Title of office <b>(required)</b>  <b>Representative in Congress</b>	District or Jurisdiction <b>(required)</b> if applicable <input checked="" type="checkbox"/> District number <b>8</b> <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office <b>(required)</b>  <b>Wisconsin's Eighth Congressional District</b>		

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.

<b>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.</b>				
Signatures of Electors	Printed Name of Electors	Residential Address <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no)</small>	Municipality of Residence Check the type and write the name of your municipality for voting purposes <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Date of Signing <u>Mo/Day/Year</u>
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).

/ / 2024  
(Date)

\_\_\_\_\_  
(Signature of circulator)

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