NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of

**Tom Palzewicz**

Residing at 17145 Greenwood Ct W in the City of Brookfield, WI 53005, be placed on the ballot at the General election to be held on November 3, 2020, as a candidate representing the Democratic Party so that voters have the opportunity to vote for him for the office of

**Representative in Congress for Wisconsin's 5th Congressional District**

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 the municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.

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<th>Signatures of Electors</th>
<th>Print Name</th>
<th>Street &amp; Number</th>
<th>Municipality of Residence</th>
<th>Zip Code</th>
<th>Date of Signing</th>
<th>Telephone &amp; Email</th>
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**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).

______________________________, 2020

(Date) (Signature of Circulator)
We need your help!
Due to the current COVID-19 pandemic, we are relying on mass mailings to meet our required number of signatures (1,000) to ensure Tom is on the ballot on November 3. Please sign the nomination form and ask anyone else who lives in your household or who you have been safely social distancing/quarantining with to sign. One signer can also be the circulator (as long as they have witnessed every signature). Please have the circulator sign at the bottom of the nomination form and mail back to us as soon as possible. We hope to receive as many nomination forms as possible so that we have an accurate count of how many signatures we have, so return this nomination paper as soon as possible.

For any questions or concerns, please contact info@tomforwi.com or call us at (262) 204-7213.

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.
• 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.

IMPORTANT NOTES FOR SIGNERS
• All signers must be eligible to vote in Wisconsin's 5th 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 fill out the name of the municipality of residence in entirety (i.e. write "Menomonee Falls" not "M. Falls").
• Signers must check the box that identifies town/city/village of residence.

Original copies of the completed nomination forms can be returned to:

Tom Palzewicz for Wisconsin
17145J Bluemound Rd. #123
Brookfield, WI 53005

PLEASE SEND ALL NOMINATION FORMS BY WEDNESDAY, MAY 15, 2020.
The campaign cannot accept nomination forms that are sent via fax or email.