

NOMINATION PAPER FOR PARTISAN OFFICE



Chris Armstrong for Congress

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New Richmond, WI 54017

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Candidate Name Chris Armstrong	Candidate Residential Address 1009 West River Drive	Candidate Municipality for voting purposes: <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of New Richmond	State WI	Zip Code 54017	Candidate Mailing Address (if different than residential address) P.O. Box 323, New Richmond, WI 54017
Type of Election <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	General Election Date 11/3/2026	Name of Party Democratic	Title of Office Representative in Congress		District or Jurisdiction <input checked="" type="checkbox"/> District number <u>CD7</u> <input type="checkbox"/> Jurisdiction (county)
					Name of District in which Candidate seeks Office Wisconsin's 7th Congressional District

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 <small>(Rural address must also include box or fire number)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <small>(MM/DD/YYYY)</small>
1.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.				<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> 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 a qualified elector of Wisconsin. 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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