



I, the undersigned, request the name of

Deb Andraca

Residing at 4707 N Cumberland Blvd in the Village of Whitefish Bay, WI, be placed on the ballot for the general election to be held on November 5, 2024 as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for her for the office of

REPRESENTATIVE TO THE ASSEMBLY – DISTRICT 23

I am eligible to vote in the 23rd Assembly District. I have not signed the nomination paper of any other candidates for the same office in this election.

NOTE: THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. YOU MUST ALWAYS LIST THE MUNICIPALITY OF RESIDENCE.

(Email/Phone Optional)

Signatures of Electors	PRINT NAME	Residential Address Street and Number or Rural Route <i>(Rural address must also include box or fire number; No P.O. Box Addresses)</i>	CITY, ZIP	Municipality of Residence <i>(Check the type and write the name of your municipality for voting purposes)</i>	Date of Signing <i>[mo/day/year]</i>	Email Address and Phone Number
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	

CERTIFICATION OF CIRCULATOR

(Removed before submission)

I, _____ *(name of circulator)*, certify: I reside at _____ *(Residential address – 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).

(signature of circulator)

(date)

Candidate mailing address: 4707 N Cumberland Blvd, Whitefish Bay, WI 53211

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