

People's Maps Commission Application

Governor Tony Evers created the People's Maps Commission to empower the Wisconsin people – not politicians – to draw fair electoral maps that will accurately represent our state and its diverse population.

Details about applying, eligibility requirements, the selection process, and the responsibilities of the Commission are available on the <u>People's Maps Commission website</u>.

If you need assistance completing this form, please call (608) 266-1212 or email <u>PeoplesMaps@wisconsin.gov</u>.

Directions

Answer the Questions. Answer each question below completely and to the best of your knowledge. You may type or hand write the form. Please ensure it is legible. Incomplete applications will not be considered.

Sign and Notarize. The last page of the application contains notices and an affidavit. It must be signed and notarized. If you are completing the application electronically, you may use remote notarization. Alternatively, you may print and notarize the last page only and submit it as a scan or photograph along with your electronically completed application. Information on notarization and remote notarization is available at: https://www.wdfi.org/Apostilles Notary Public and Trademarks/defaultNotary.htm

Submit you Application. Applications must be **received** by **July 31, 2020**. You may mail or email your application.

Mail it to: Office of Governor Evers

ATTN: People's Maps Commission Application

PO Box 7863

Madison, WI 53707

Or email it to: PeoplesMaps@wisconsin.gov

I. Personal Information

Name (first middle last)	Date of birth (MM/DD/YEAR)
Street address, state, zip	
Home phone	Cell phone
Former names or aliases	Email address

II. <u>Eligibility to Serve</u>

If you answer yes to any of the following questions, you are not eligible to serve on the People's Map Commission.	Yes	No
Are you a registered lobbyist in Wisconsin?		
Have you been a registered lobbyist in Wisconsin in the last five years?		
Are you a local, state, or federal elected official?		
Are you a declared candidate for a local, state, or federal elected office?		
Are you an officer or member of the governing body of a national, state, or local political party?		
Are you a state or local public official as defined in Wisconsin statute § 19.42(7x) and § 19.42(14)?		

III. Political Engagement

The Selection Panel will prioritize nonpartisan or apolitical applicants. However, answering "yes" to any of these questions is not disqualifying.	Yes	No
Have you donated money to or volunteered with a political party or partisan candidate in the last 5 years?		
Are you a registered member of a political party?		
Have you publicly endorsed or supported a political party or partisan candidate, including on social media, in the last 5 years?		

IV. Demographics

Hispanic or Latinx origin? Yes

No

Race (select all that apply)

Asian

Black or African-American

Native American

White

Other

Gender

Female

Male

Nonconforming

Other

In what Congressional district are you registered to vote? *You can look up your*

Congressional district at

https://www.house.gov/representatives/fi
nd-your-representative

1st 2nd 3rd 4th 5th 6th

 7^{th} 8th

V. Service on the Commission

Members of the People's Maps Commission will be required to participate in hearings across Wisconsin. Because of COVID-19, the Commission will conduct hearings virtually. There will be at least one hearing for each of the eight congressional districts, including during the following tentative dates:

Week of September 21, 2020

Week of October 26, 2020

Week of November 16, 2020

Week of December 7, 2020

Week of January 18, 2021 Week of February 15, 2021

Week of March 15, 2021

Week of April 19, 2021

With enough notice of the specific dates, will you be available to	
virtually attend all of the hearings? Use the space below to explain	
any scheduling conflicts.	

Yes No

VI. Experience and Interest

1. List your current employer(s).

Employer name, city, and state	Employer phone number	Occupation / Job title	Start date of employment (MM/YR)

2. Identify your participation in any professional associations.

Name of association	Offices held or committees served on	Awards, honors, or citations	Dates of participation
	committees served on	Citations	participation

3. Identify your participation in any civic and charitable organizations.

Name of organization	Offices held or	Awards, honors, or	Dates of
	committees served on	citations	participation

ame of office	Elected or appointed?	Dates of service
F D '1 1'11 .		.111 .1
5. Describe any skills, tra member of the People	aining, experiences, or educati 's Man Commission:	on that will make you a succes
member of the reopic	s map commission.	
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Pe	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Pe	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Pe	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:
6. Describe why you are	interested in serving on the Po	eople's Map Commission:

Additional Information VII. Use the space below to provide additional information or context to any of the application questions. Please refer to the specific question number(s).

Notice of Disclosure

I acknowledge and understand that my application to serve as a member of the People's Maps Commission and any attachments will become public records once they are submitted to the Office of the Governor. I further acknowledge and understand that, while state law provides limited confidentiality protections including redaction of certain personal information, most of my application and its attachments are subject to disclosure to the general public under the Public Records Law.

Signature:	Date:
Backgro	ound Check Authorization
investigation and verify the info	ize the State of Wisconsin to conduct a background ormation provided above. I authorize the use of law ate background check organizations to assist in collecting
Signature:	Date:
I,application is, to the best of my kn	Affidavit
Signature:	Date:
FOR NOTARY USE ONLY: Sworn and subscribed to before methis day of, 202	
Notary Public, State of Wisconsin My commission expires:	