

NOMINATION PAPER FOR PARTISAN OFFICE



I, the undersigned, request that the name of

JoCasta Zamarripa

residing at 2135 W Becher St, City of Milwaukee, WI 53215, be placed on the ballot at the general election to be held

November 3, 2026

as a candidate representing the Democratic Party, so that voters will have the opportunity to vote for her for the office of

Wisconsin Secretary of State

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.				
SIGNATURE OF ELECTORS	PRINTED NAMES	STREET & NUMBER	MUNICIPALITY OF RESIDENCE (INDICATE VILLAGE, TOWN, OR CITY)	DATE OF SIGNING
1.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /2026

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____

(Name of circulator) (Circulator's residence - number & street) (Circulator's residence - 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).

_____/_____/2026
(Date)

(Signature of circulator)