

# NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name <b>(required)</b> ; no titles may be used. <b>David Crowley</b>		Candidate's residential address <b>(required)</b> <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road <b>3737 N 77th Street</b>			Candidate's municipality for voting purposes <b>(required)</b> . Town of Village of <b>Milwaukee</b> <input checked="" type="checkbox"/> City of <span style="float: right;">(name of municipality)</span>	
Candidate's mailing address, including municipality for mailing purposes <b>(required if different than residential address or voting municipality)</b>		State <b>(required)</b> <b>WI</b>	Zip code <b>53222</b>	Type of election <b>(required)</b> <input checked="" type="checkbox"/> general special	General Election date <b>(required) Mo/Day/Year</b> <b>11/3/2026</b>	Name of Party or Statement of Principle <b>(Required)</b> (5 words or less) <b>Democratic Party</b>
Title of office <b>(required)</b> <b>Governor of the State of Wisconsin</b>		District or Jurisdiction <b>(required if applicable)</b> District number Jurisdiction (county) <b>State of Wisconsin</b>			Name of jurisdiction or district in which candidate seeks office <b>(required)</b> <b>State of Wisconsin</b>	

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 <i>(No P.O. Box Addresses)</i> Street and Number or Rural Route <small>(Rural address must also include box or fire no)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes</small>	Date of Signing <u>Mo/Day/Year</u>
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)

Page No.



Thank you so much for agreeing to circulate nomination papers for David Crowley to help get him on the ballot for Governor of Wisconsin. Please read the important instructions below.

- **You can begin circulating nomination papers on Wednesday, April 15th, 2026.** Any signatures collected before this day are not legal and will not be accepted by the campaign
- Circulators and signers must be 18 years of age or older and eligible to vote in the State of Wisconsin.
- As a circulator, **you must personally witness the signature for it to be valid.** Please do not leave nomination papers unattended.
- Please ensure that signers legibly and completely fill out the form
  - **Signature, Printed Name, Address, Municipality, and Date are all REQUIRED**
  - Each person must indicate their house number and street name or rural route. PO Boxes are not acceptable addresses.
  - The signer must use their address and municipality of residence, not their mailing address (if the two are different)  
*For example, the voter could have a Sun Prairie mailing address and live in the Town of Burke. Town of Burke is the municipality of residence/ their voting address and what is needed for this form.*
  - Date of signing: please double check that each signer indicates the correct date.
- As a circulator, **once you've completed a sheet or are done collecting signatures, you must complete the "certification of circulator" on the bottom of the form** saying that you personally obtained each signature.
  - Please legibly write your name, address of residence, signature and date
  - **The circulator should sign and date the certification only after obtaining signatures**
- Circulators and signers can only circulate or sign nomination papers for one candidate for each office; **you cannot circulate or sign papers for both David Crowley and another candidate for Governor.**
- Please **do not** number the pages on the bottom of the form. The campaign will number the pages prior to submitting them.
- We can only accept original forms. Copies and scans cannot be accepted.

**Please return all completed forms by Friday, May 15, 2026 to:**

Crowley for Wisconsin  
PO Box 510031  
Milwaukee, WI 53203

If you have any questions or concerns, please don't hesitate to call or text our campaign staff at (414) 367-4765 or email us at [info@crowleyforwi.com](mailto:info@crowleyforwi.com). We are happy to answer questions about the rules and make suggestions for how to best gather signatures.

Paid for by Crowley for Wisconsin.