

NOMINATION PAPER FOR PARTISAN OFFICE



I, the undersigned, request that the name of **Joel Brennan**, residing at 322 E Brown St, City of Milwaukee, WI 53212, be placed on the ballot at the general election to be held on **November 3, 2026** as a candidate representing the **Democratic Party** so that voters will have the opportunity to vote for him for the office of **Governor of Wisconsin**. I am eligible to vote in the State of Wisconsin. 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 <small>Street number & name or rural route (Rural must include box/fire no) No PO Boxes</small>	MUNICIPALITY OF RESIDENCE <small>Check the type & write the name of the voting municipality.</small>	DATE OF SIGNING <small>Month/ Day/ Year</small>
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 residential address - including number, street & 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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