



NOMINATION PAPER FOR PARTISAN OFFICE
I, the undersigned, request the name of

BRETT D. HULSEY

Residing at **3214 Ridgeway Avenue, Apt 1A, Madison WI 53704** be placed on the ballot at the **fall election** to be held on **November 3, 2026** as a Democratic candidate so that voters will have the opportunity to vote for him for the office of

GOVERNOR

I am eligible to vote in **Wisconsin**. I have not signed the nomination paper of any other candidates for the same office in this election.

*Brett's top priorities are end Iran War
and remove Trump/Vance from office to
move Wisconsin and American Forward*



**HOW MAY I HELP YOU?
DON'T FRET,
VOTE4BRETT.ORG!**

Please include your e-mail
address if interested in receiving
periodic updates.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT, THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	PRINT NAME	STREET & NUMBER OR RURAL ROUTE <small>Rural addresses must also include box or fire number</small>	CITY, ZIP	MUNICIPALITY OF RESIDENCE <small>Indicate town, village or city</small>	DATE OF SIGNING
1.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
2.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
3.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
4.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
5.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
6.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
7.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
8.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
9.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026
10.				<input type="checkbox"/> town <input type="checkbox"/> city <input type="checkbox"/> village	,2026

CERTIFICATION OF CIRCULATOR

I, _____, certify: I reside at _____.

(name of circulator) (Circulator's residence including street, number 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).

Return to: Brett Hulsey, 3214 Ridgeway Avenue, Apt 1A, Madison WI 53704

_____, 2026

Date

Signature of Circulator

Page No.

E-MAIL ADDRESS

PHONE NUMBER

(Circulator E-mail • Phone)

Authorized and paid for by Friends of Brett
Hulsey, Jessica Rehbein treasurer.



No Tax Money Used