

## NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (required); no titles may be used. <div style="font-size: 2em; font-weight: bold; text-align: center;">Kelda ROYS</div>		Candidate's residential address (required) <b>No P.O. box addresses</b> Street, fire, or rural route number; box number (if rural route); and name of street or road 3223 Lake Mendota Dr		Candidate's municipality for voting purposes (required). <input type="checkbox"/> Town of _____ <input checked="" type="checkbox"/> Village of <u>Shorewood Hills</u> <input type="checkbox"/> City of _____ (name of municipality)		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <b>PO Box 231, Madison WI 53701</b>		State (required) <b>WI</b>	ZIP code <b>53705</b>	Type of election (required) <input checked="" type="checkbox"/> general <input type="checkbox"/> special	General Election date (required) Mo/Day/Year <b>11/03/2026</b>	(Required) Name of Party or Statement of Principle (5 words or less) <b>Democratic Party</b>
Title of office (required) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">Governor</div>		District or Jurisdiction (required if applicable) <input type="checkbox"/> District number _____ <input type="checkbox"/> Jurisdiction (county) _____		Name of jurisdiction or district in which candidate seeks office (required) <div style="font-size: 1.5em; font-weight: bold; text-align: center;">State of Wisconsin</div>		



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 (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no)	Municipality of Residence Check the type and write the name of your municipality for voting purposes	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)