

# NOMINATION PAPER FOR PARTISAN OFFICE



Candidate's name <b>(required)</b> ; no titles may be used. <b>Will Martin</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>1108 Douglas Ave</b>	Candidate's municipality for voting purposes <b>(required)</b> <input type="checkbox"/> Town of <input type="checkbox"/> Village of <input checked="" type="checkbox"/> City of <b>Racine</b> <small>(name of municipality)</small>		
Candidate's mailing address, including municipality for mailing purposes <b>(required)</b> if different than residential address or voting municipality <b>500 College Avenue, Racine</b>	State <b>(required)</b> <b>WI</b>	Zip code <b>53403</b>	Type of election <b>(required)</b> <input checked="" type="checkbox"/> general <input type="checkbox"/> special	Election date <b>(required)</b> <i>Do not use primary date. Mo/Day/Year</i> <b>11/03/2026</b>
Title of office <b>(required)</b> <b>Lieutenant Governor</b>		Name of jurisdiction or district in which candidate seeks office <b>(required)</b> <b>State of Wisconsin</b>		
		District or Jurisdiction <b>(required)</b> if applicable <input type="checkbox"/> District Number _____ <input type="checkbox"/> Jurisdiction (county) _____		
<b>(Required) Name of Party or Statement of Principle (5 words or less).</b> <b>Republican</b>				

I, the undersigned, request that the name of **Will Martin** residing at **1108 Douglas Avenue, Racine, WI 53402**, be placed on the ballot at the **General, 2026, election** to be held on **November 3, 2026**, so that voters will have the opportunity to vote for her for the office of **Lieutenant Governor**. 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 <small>Mo/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 - 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)

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