NOMINATION PAPER FOR PARTISAN OFFICE

Candidate's name (**required**); no titles may be used.	Candidate's residential address (**required**) ***No P.O. box addresses*** Street, fire, or rural route number; box number (if rural route); and name of street or road	Candidate's municipality for voting puroposes (required)
Will Martin	**1108 Douglas Ave**	☐ Town of ☐ Village of ■ City of **Racine** (name of municipality)

Candidate's mailing address, including municipality for mailing purposes (**required** if different than residential address or voting municipality)	State (**required**)	Zip code	Type of election (**required**)	Election date (**required**) *Do not use primary date*. Mo/Day/Year	**(Required)** *Name of Party or Statement of Principle (5 words or less).*
500 College Avenue, Racine	**WI**	**53403**	■ general ☐ special	**11/03/2026**	**Republican**

Title of office **(required)**	District or Jurisdiction (**required** if applicable)	Name of jurisdiction or district in which candidate seeks office (**required**)
Lieutenant Governor	☐ District Number _____ ☐ Jurisdiction (county) _____	**State of Wisconsin**

I, the undersigned, requestthat the nameof **WillMartin** 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 tovoteinthe 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 o f 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** Mo/Day/Year
1.			☐ Town ☐ Village ☐ City	/ /2026
2.			☐ Town ☐ Village ☐ City	/ /2026
3.			☐ Town ☐ Village ☐ City	/ /2026
4.			☐ Town ☐ Village ☐ City	/ /2026
5.			☐ Town ☐ Village ☐ City	/ /2026
6.			☐ Town ☐ Village ☐ City	/ /2026
7.			☐ Town ☐ Village ☐ City	/ /2026
8.			☐ Town ☐ Village ☐ City	/ /2026
9.			☐ Town ☐ Village ☐ City	/ /2026
10.			☐ Town ☐ Village ☐ City	/ /2026

CERTIFICATION OF CIRCULATOR

I, _____ (Name of circulator), certify: I reside at _____ (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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