



NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

Mandela Barnes

residing at 1220 E. Locust Street 103 City of Milwaukee WI, 53212 to 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 - State 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 THE RESIDENCE MUST ALWAYS BE LISTED.

Signature of Elector	Printed Name of Elector	Street & Number or Rural Route (Rural Address Include Box or Fire No.)	Municipality of Residence Indicate Town, Village, or City	Date of Signing	Email Address	Phone Number
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		
			Town Village City	/ / 2026		

Certification of Circulator

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

___/___/2026
 (Date)

 (Signature of Circulator)

For Official Use Only — Page # _____

PLEASE MAIL BY FRIDAY, MAY 22
 Mandela for Wisconsin
 P.O. Box 90541
 Milwaukee, WI 53209
Questions: (608) 285-2617

Paid for by Mandela for Wisconsin