

Nomination Paper for Partisan Office



Candidate's name (required); no titles may be used Francesca Hong		Candidate's residential address 625 E Dayton Street, Madison, WI 53703		Candidate's municipality for voting purposes City of Madison
Candidate's mailing address, including municipality for mailing purpose P.O. Box 471, Madison, WI 53701		Type of Election General	General Election Date 11/03/2026	Name of Party or Statement of Principle Democratic
Title of office (Required) Governor	District or Jurisdiction (required if applicable) __ District Number __ Jurisdiction (county)		Name of jurisdiction or district in which candidate seeks office (required) State of Wisconsin	

FRANCESCA
HONG
FOR GOVERNOR

Friends of Francesca Hong
P.O. Box 471
Madison, WI 53701

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 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 Mo/Day/Year
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).