

JOSH KAUL

FOR ATTORNEY GENERAL

Instructions on Circulating Nomination Papers for Josh Kaul

Thank you so much for agreeing to circulate nomination papers for Josh Kaul to help get him on the ballot for Attorney General. Josh needs 2,000 signatures to get on the ballot. Please read the important instructions below.

- **You can begin circulating nomination papers on Wednesday, April 15th**
Any signatures collected before April 15 are not legal and will not be accepted by the campaign
- Circulators and signers must be 18 years of age or older and eligible to vote in the State of Wisconsin.
- As a circulator, you must witness the signature for it to be valid. Please do not leave nomination papers unattended.
- Please ensure that signers legibly and completely fill out the form
 - Signature, Printed Name, Address, Municipality, and Date are all REQUIRED
 - Each person must indicate their house number and street name or rural route. PO Boxes are not acceptable addresses.
 - The signer must use their address and municipality of residence, not their mailing address (if the two are different)
 - Date of signing: please double check that each signer indicates the correct date.
- As a circulator, once you've completed a sheet or are done collecting signatures, you must complete the "certification of circulator" on the bottom of the form saying that you personally obtained each signature.
- Please legibly write your name, address of residence, signature and date
- The circulator should sign and date the certification only after obtaining signatures
- Circulators and signers can only circulate or sign nomination papers for one candidate for each office.
- Do not number the pages on the bottom of the form. The campaign will number the pages prior to submitting them.
- We can only accept original forms. Copies and scans cannot be accepted.

Please return all completed forms by Saturday, May 23, 2026 to: Kaul for Attorney General
PO Box 5522
Madison, WI 53705

If you email us at info@joshkaul.org we can answer questions about the rules and make suggestions for how to best gather signatures.



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FOR ATTORNEY GENERAL

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that **Josh Kaul**, who resides at **2380 West Lawn Ave, City of Madison, WI 53711**, 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 **Attorney General**. I am eligible to vote in the 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 residence must always be listed.

Signature of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) <small>Street and Number or Rural Route (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>	Additional Information <small>Cell Phone or Email (not required)</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).

(Signature of Circulator)

(Date)