

BRADY COULTHARD'S NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request that the name of **Brady Coulthard**, residing at **9927 W Oklahoma Ave, City of Milwaukee, WI 53227**, with the mailing address of **P.O. Box 44051, City of West Allis, WI 53214**, be placed on the ballot at the general election to be held on November 5, 2024 as a candidate representing the Democratic Party so that voters will have the opportunity to vote for him for the office of **State Assembly for District 14**. I am eligible to vote in Wisconsin State Assembly District 14. 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 <small>STREET NUMBER & NAME OR RURAL ROUTE</small>	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING <small>MO/DAY/YEAR</small>
1.			CITY OF	____/____/2024
2.			CITY OF	____/____/2024
3.			CITY OF	____/____/2024
4.			CITY OF	____/____/2024
5.			CITY OF	____/____/2024
6.			CITY OF	____/____/2024
7.			CITY OF	____/____/2024
8.			CITY OF	____/____/2024
9.			CITY OF	____/____/2024
10.			CITY OF	____/____/2024

ADDITIONAL CONTACT INFO
EMAIL & PHONE:
EMAIL & PHONE:
EMAIL & PHONE:
EMAIL & PHONE:
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EMAIL & PHONE:
EMAIL & PHONE:
EMAIL & PHONE:
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EMAIL & PHONE:

I, _____, certify: I reside at: _____

(Name of Circulator)

(Circulator's residential address - including number, street & municipality)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. 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).

____/____/2024

(Date)

(Signature of Circulator)

Page No.
(Official Use Only)

THANK YOU!
Postmark by 5/15/2024 to:
 Friends of Brady Coulthard
 P.O. Box 44051
 West Allis, WI 53214
 Questions: 414-293-2589

BEST PRACTICES FOR SIGNATURE COLLECTION

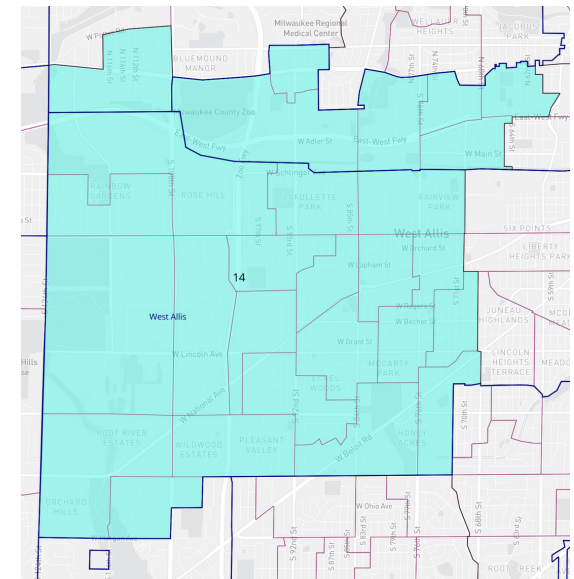
Thank you for supporting Brady Coulthard's campaign by circulating nomination papers. Please read the important instructions below.

To circulators: Feel free to gather signatures from your family, friends, and residents in District 14! It is common to be present at places with high foot traffic (shopping centers, festivals, sporting events, etc.) to get the most amount of signatures. Below are some tips and instructions.

People are likely to ask if they are committing to vote for Brady by signing the nomination papers. By signing this sheet, nobody is committing to vote for Brady. Signers are simply making it possible to get Brady on the ballot. **This is a great time to explain why you are supporting Brady and want him to be the next State Representative for District 14.**

- **You can begin circulating nomination papers on Monday, April 15th.**
 - Any signatures collected before April 15th are not legal and will not be accepted by the campaign.
- Circulators 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 live in District 14, and legibly and completely fill out the form.**
 - The first five boxes are required (Signature, Printed Name, Address, Municipality, and Date).
 - Phone and email under "additional contact information" are optional.
- Each person must indicate their house number & street name or rural route.
 - **Each signer MUST be a District 14 resident, age 18, at the time of signing.**
 - **They must be an eligible voter in the District, but do not need to be registered to vote yet.**
 - If someone moved after previously registering to vote, their address should be where the person currently resides in District 14.
 - P.O. Boxes are not acceptable addresses.
 - Each signer can **ONLY** sign for themselves (Spouses cannot sign for their spouse).
 - 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 you personally obtained each signature.
- Please read the certification carefully and follow its requirements.
 - Please legibly write with 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.**
- Please do not number the pages on the bottom of the form.
- We can only accept original forms. Copies and scans cannot be accepted.

Brady
FOR ASSEMBLY★



Map of District 14
www.bradyforassembly.com/district-14



Please return completed forms to:
Friends of Brady Coulthard
P.O. Box 44051
West Allis, WI 53214

Any questions? Contact the campaign: brady@bradyforassembly.com, 414-293-2589

PAID FOR BY FRIENDS OF BRADY COULTHARD