

Re-Elect Representative Lisa Subeck: *A Strong Voice for Us*

- Leader on protecting reproductive freedom
- Champion for expanding health care for all
- Advocate for investing in our public schools
- Conservation champion working to protect our clean air, water, and public lands
- Serves as Chair of the Assembly Democratic Caucus



www.lisasubeck.com

Return forms to:
Lisa Subeck
PO Box 44308
Madison, WI 53744

Questions:
info@lisasubeck.com

Collecting Nomination Signatures for Lisa Subeck

Thanks for your help! Here are guidelines for gathering signatures:

1. **Sign and date the certificate at the bottom of the form AFTER you are done collecting signatures.** If the date of your certification is before the date people sign, those signatures will not count. This is the most common mistake circulators make.
2. Please check to see that the signer completes all the required information including the correct date. Email address and phone are not required.
3. Please do not number the pages in the bottom right-hand corner. The campaign will enter page numbers.
4. Signers must be qualified electors (at least 18 years old and a US citizen) and reside in District 79 (see map).
5. Signers do not need to be registered to vote to sign the nomination papers.
6. Circulators do not need to reside in the Assembly District in order to gather signatures but must be eligible to vote in Wisconsin.
7. We would like to have all nomination papers in hand by May 15, 2026 so we have ample time to check them for compliance with the election law requirements before they need to be turned in to the Wisconsin Elections Commission.

NOMINATION PAPER FOR PARTISAN OFFICE

I, the undersigned, request the name of

LISA SUBECK

Residing at 818 South Gammon Road #4, CITY OF MADISON Wisconsin 53719 (Mailing Address: 818 South Gammon Road, #4 Madison Wisconsin 53719) be placed on the ballot for 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 her for the office of

REPRESENTATIVE TO THE WISCONSIN ASSEMBLY – DISTRICT 79

I am eligible to vote in the 79th WI Assembly District. I have not signed the nomination paper of any other candidates for the same office in this election.



NOTE: THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN THE MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. YOU MUST ALWAYS LIST THE MUNICIPALITY OF RESIDENCE.

(Email Optional)

Signatures of Electors	PRINT NAME	Residential Address Street and Number or Rural Route <small>(Rural address must also include box or fire number; No P.O. Box Addresses)</small>	CITY, ZIP	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>	Email Address
1.				City of Madison	2026	
2.				City of Madison	2026	
3.				City of Madison	2026	
4.				City of Madison	2026	
5.				City of Madison	2026	
6.				City of Madison	2026	
7.				City of Madison	2026	
8.				City of Madison	2026	
9.				City of Madison	2026	
10.				City of Madison	2026	

CERTIFICATION OF CIRCULATOR

(Removed before submission)

I, _____, certify: I reside at _____.

(name of circulator)

(Residential address – 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)

(Page Number)