

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Tom Seubert		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 206308 County Rd M			Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village _____ Day _____ <input type="checkbox"/> City _____ (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Stratford		State (required) WI	Zip code 54484	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) <i>Do not use primary date.</i> Mo/Day/Year April 7, 2026	
Title of office (required) County Board Supervisor		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District 27 <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) Marathon County		

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 so that voters will have the opportunity to vote for him or 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.	Thomas R. Seubert	206308 County Rd M Stratford	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12-1-25
2.	Chuck Haddinger	116170 Sawyer Creek	<input type="checkbox"/> Town <input type="checkbox"/> Village McMillian <input type="checkbox"/> City	12-1-25
3.	Chris Conner	201751 Montgomery Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village McMillian <input type="checkbox"/> City	12-2-25
4.	Tom Conner	112128 Coachlight Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village McMillian <input type="checkbox"/> City	12/3/25
5.	Marci Griesbach	200721 North Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12/3/25
6.	Joe Brueggem	206409 Rusty Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12/3/25
7.	Rebecca Post	207076 River Run Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12-3-25
8.	Steve Kloos	123811 Golden St.	<input type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12-3-25
9.	Laurel L. Carey	204509 Nikolai Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12-3-2025
10.	Timothy Carey	204509 Nikolai Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12-3-2025

I, Tom Seubert (Name of circulator) CERTIFICATION OF CIRCULATOR certify: I reside at 206308 county rd m Stratford DAY (Circulator's residential address - Include number, street, and 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).

12-17-25

(Date)

Tom Seubert

(Signature of circulator)


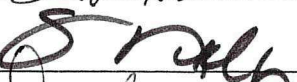

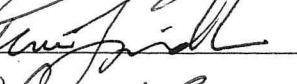
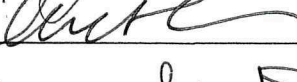
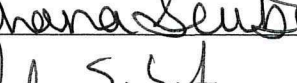
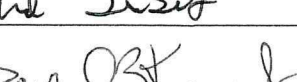
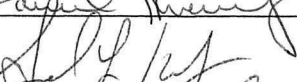
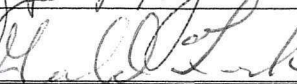
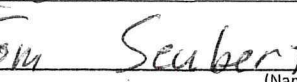
Page No. /

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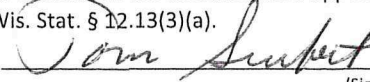
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Scott Klaus	206609 Bangart Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	Sara Nikolaj	126285 Co Rd C Stratford	<input checked="" type="checkbox"/> Town Dg <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	Dean Guldman	204027 County Road M	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	Tami Spindler	208241 Friedes Rd	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	Chad Hoffner	205037 Upward Ln	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	Shana Seubert	123185 County Rd C	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	Chad Seubert	123185 county Rd C	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/25
	DAVID R KNOUF	1911 SPENCER ST	<input checked="" type="checkbox"/> Town marshfield <input type="checkbox"/> Village <input type="checkbox"/> City	12/6/25
	ANGELA L KNOUF	1911 SPENCER ST	<input type="checkbox"/> Town marshfield <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/6/25
	Gerald Frahm	123120 City Rd	<input type="checkbox"/> Town marshfield <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/6/25

CERTIFICATION OF CIRCULATOR

I, Tom Seubert certify: I reside at 206308 county rd M Stratford DAY.
(Name of circulator) (Circulator's residential address - Include number, street, and 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).

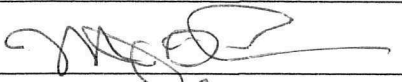

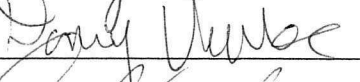
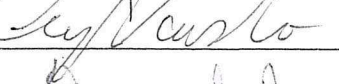
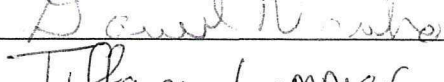
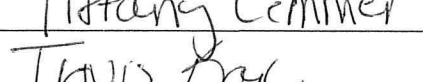
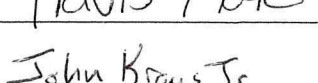
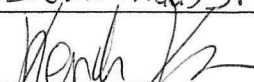
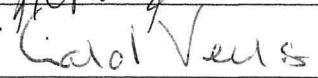
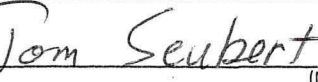
12-17-25
(Date)


(Signature of circulator)

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1. 	MICHAEL J OLSON	122655 County Rd C Stratford WI	<input checked="" type="checkbox"/> Town DAY <input type="checkbox"/> Village <input type="checkbox"/> City	12/6/25
2. 	Betty S. OLSON	122655 Cty Rd C Stratford WI	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/6/25
3. 	Donny Varsho	12319 County Road C Stratford, WI	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/6/25
4. 	Angela Varsho	123319 County Road C Stratford, WI	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/6/25
5. 	DANIEL Varsho	123453 CTY Rd c 97R STRATFORD WI	<input type="checkbox"/> Town Day <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12-7-25
6. 	Tiffany Lemmer	122567 County Rd C Stratford WI 54484	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-7-25
7. 	Travis Kraus	122567 County Rd C Stratford WI 54484	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-7-25
8. 	John Kraus Jr	122517 County Rd C Stratford WI 54484	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-7-25
9. 	Kendra Kraus	122517 County Rd C Stratford WI 54484	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-7-25
10. 	Carol Veers	123445 Cty Rd C Stratford, WI 54484	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-8-25

Tom Seubert (Name of circulator) CERTIFICATION OF CIRCULATOR
 certify: I reside at 206308 County Rd M Stratford DAY (Circulator's residential address / include number, street, and municipality.)

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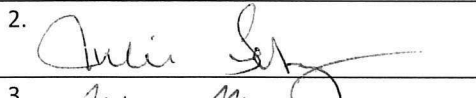
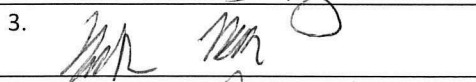
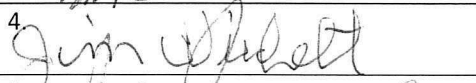
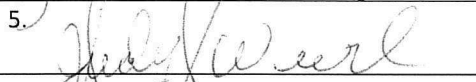
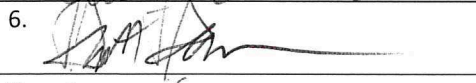
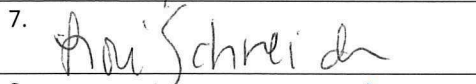



12-17-25 (Date) Tom Seubert (Signature of circulator)

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	Dean Foltz	202910 River ^{Run} Rd, Stratford	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Julie Foltz	202910 River Run Rd, Stratford	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Nick Herman	116170 Sawyer Creek RD	<input checked="" type="checkbox"/> Town McMillan <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Jim Weicheit	202165 River Rd	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Judy Wurt	206621 River Run Rd	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Scott Schreier	20704 1 Hwy 97	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Lori Schreier	Stratford, WI	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Russell Beining	122638 Stratford	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Linda Beining	122638 Stratford	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25
	Ann Seubert	206308 County Rd M Stratford	<input checked="" type="checkbox"/> Town DAY <input type="checkbox"/> Village <input type="checkbox"/> City	12-6-25

CERTIFICATION OF CIRCULATOR

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(Name of circulator) (Circulator's residential address - Include number, street, and municipality.)

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1. <i>Richard A Krueger</i>	Richard A Krueger	122449 Cty Rd C	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/8/2025
2. <i>June M. Krueger</i>	June M. Krueger	122449 Cty Rd C Stratford WI	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/8/2025
3. <i>Jeon Seubert</i>	Jeon Seubert	207275 Cty Rd M Stratford WI 54484	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/8/2025
4. <i>Roy Seubert</i>	Roy Seubert	207275 CITY RD M STRATFORD WI 54484	<input checked="" type="checkbox"/> Town DAY <input type="checkbox"/> Village <input type="checkbox"/> City	12/8/2025
5. <i>James E. Genett</i>	JAMES E GENETT	207270 CITY ROAD STRATFORD WIS 54484	<input checked="" type="checkbox"/> Town DAY <input type="checkbox"/> Village <input type="checkbox"/> City	12/8/2025
6. <i>Lyle L Carolfi</i>	Lyle L Carolfi	206308 County Rd M Stratford Stratford WI	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/9-2025
7. <i>Dennis R Redetzke</i>	Dennis R Redetzke	203300 State Hwy 97 Marshfield WI 54449	<input checked="" type="checkbox"/> Town McMillan <input type="checkbox"/> Village <input type="checkbox"/> City	12/10/2025
8. <i>Marjorie J. Redetzke</i>	Marjorie J. Redetzke	203300 State Hwy 97 Marshfield, WI 54449	<input checked="" type="checkbox"/> Town M. Millan <input type="checkbox"/> Village <input type="checkbox"/> City	12/10/2025
9. <i>Renee Guldan</i>	Renee Guldan	204027 Cty Hwy M Stratford, WI	<input checked="" type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/10/2025
10. <i>Chuck Kraus</i>	Chuck Kraus	206119 County Rd M Stratford WI 54484	<input type="checkbox"/> Town Day <input type="checkbox"/> Village <input type="checkbox"/> City	12/10/25

CERTIFICATION OF CIRCULATOR

I, Tom Seubert (Name of circulator) certify: I reside at 206308 county rd M Stratford DAY (Circulator's residential address - Include number, street, and 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).

12-17-25

(Date)

Tom Seubert

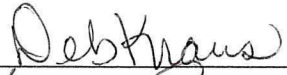

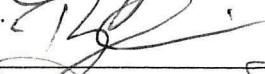

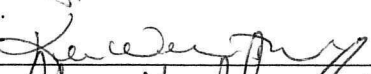


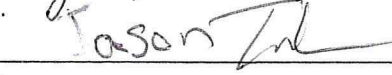
(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Tom Seubert	Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road 206308 County Rd M	Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day _____ <input type="checkbox"/> City _____ (name of municipality)		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) Stratford	State (required) WI	Zip code 54484	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) <i>Do not use primary date.</i> Mo/Day/Year April 7, 2026
Title of office (required) County Board Supervisor	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District 27 <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office (required) Marathon County		

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 so that voters will have the opportunity to vote for him or 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.

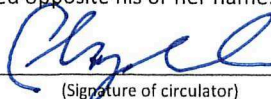
Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
1. 	Deb Kraus	206169 City Rd M Stratford WI 54484	<input type="checkbox"/> Town <input type="checkbox"/> Village DAY <input type="checkbox"/> City	12/10/25
2. 	Christina Zaleski	206241 Rusty Rd Stratford WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village DAY <input type="checkbox"/> City	12/14/25
3. 	Brian Zaleski	206241 Rusty Rd Stratford WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village DAY <input type="checkbox"/> City	12/14/25
4. 	Paullette Hadlock	206374 Rusty Rd Stratford WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12/14/25
5. 	Kelli Wehman-Tubbs	206318 Rusty Rd Stratford WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12/14/25
6. 	STEVE HADLOCK	206374 Rusty Rd. STRATFORD, WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village DAY <input type="checkbox"/> City	12/14/25
7. 	JOSEPH STUEBER	207520 DIZACK AVE STRATFORD WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village McMILLAN <input type="checkbox"/> City	12/14/25
8. 	Jason Tubbs	206318 Rusty Rd Stratford, WI 54484	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Day <input type="checkbox"/> City	12/15/25
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, Christina Zaleski (Name of circulator) certify: I reside at 206241 Rusty Road Stratford, WI Town of DAY (Circulator's residential address - Include number, street, and 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).

12/15/25
(Date)


(Signature of circulator)

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