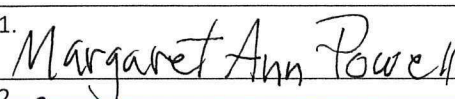

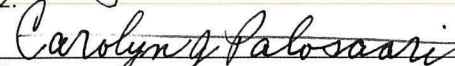
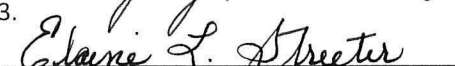
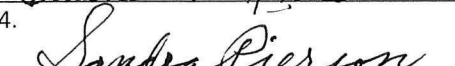
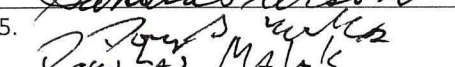
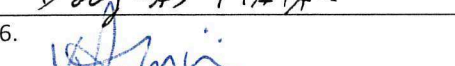
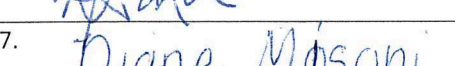
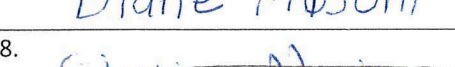

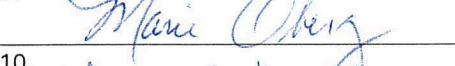


**NOMINATION PAPER FOR NONPARTISAN OFFICE**

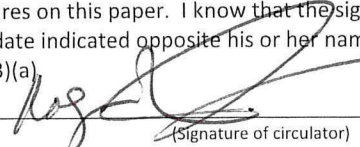
Candidate's name (required); no titles may be used. <b>Kody Hart</b>		Candidate's residential address (required) <i>No P.O. box addresses</i> Street, fire, or rural route number; box number (if rural route); and name of street or road <b>624 McClellan St, Apt B</b>		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code <b>54403</b>	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 <b>April 7, 2026</b>
Title of office (required) <b>County Board Supervisor</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>	

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	
		400 River Dr #240 Wausau, WI 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25	
	Carolyn Palosaari	460 River Dr Apt 396	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25	
	ELAINE L. STREETER	400 RIVER DR. APT 112	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25	
	SANDRA PIERSON	460 RIVER DR, Apt 261	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25	
	DOUGLAS MALES	400 River Dr Apt 316	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12-16-25	
	DON MISONI	705 WERTZ AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12-16-25	
	Diane MISONI	705 Wertz Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	12/16/25	
	Olivia Mootz	613 54th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25	
	Marie Oberg	618 S. 4th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25	
	NOOR HASSAN	626 S 4th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25	

I, Kody Hart (Name of circulator) certify: I reside at 624 McClellan St, Apt B Wausau, WI 54403 (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).

12/16/2025 (Date)  (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Kody Hart</b>		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 <b>624 McClellan St, Apt B</b>		Candidate's municipality for <u>voting</u> purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code <b>54403</b>	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	
				Election date (required) <i>Do not use primary date.</i> <u>Mo/Day/Year</u> <b>April 7, 2026</b>	
Title of office (required) <b>County Board Supervisor</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>	

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
	PATRICIA A MARKS	400 RIVER DRIVE Apt 262	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>WAUSAU</b>	12-16-25
	Diane Malak	400 River Drive	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Wausau</b>	12-16-25
	Sandra K. Fox	400 River Dr Apt 382	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>WAUSAU</b>	12-16-25
	TERRY E. FREEMAN	400 RIVER DR. # 398	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>WAUSAU</b>	12-16-25
	SCOTT LATZIG	400 RIVER DR #120	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>WAUSAU</b>	12-16-25
	K Fandre	620 S. 5 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Wausau</b>	12/16/25
	Cally O'Leary	6311 S 5 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Wausau</b>	12/16/25
	Michael L. O'Connor	702 S. 5 <sup>th</sup> Av.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Wausau</b>	12/16/2025
	CHARLES LUEDTKE	710 S 5 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Wausau</b>	12-16-25
	Klausen L Goebel	715 S. 5 <sup>th</sup> Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Wausau</b>	12-16-25

### CERTIFICATION OF CIRCULATOR

I, Kody Hart certify: I reside at 624 McClellan St, Apt B Wausau, WI 54403.  
(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).

12/16/2025

(Date)

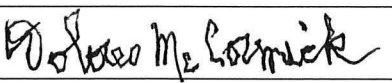
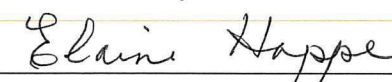
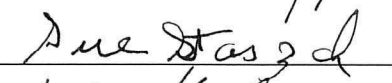
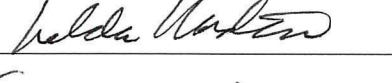



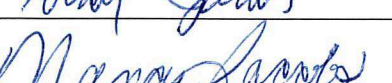

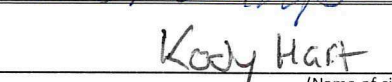
(Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Kody Hart</b>		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 <b>624 McClellan St, Apt B</b>			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code <b>54403</b>	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 <b>April 7, 2026</b>
Title of office (required) <b>County Board Supervisor</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>		

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. 	DOLORES MC CORMICK	400 River Drive Apt 279	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<del>12/16/25</del>
2. 	ELAINE HOPPE	400 RIVER DR. APT 278	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25
3. 	SUE STASZAK	400 RIVER DRIVE APT. 3100	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25
4. 	NELDA MADISON	400-RIVER DR. # 381	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12/16/25
5. 	SUSANN ANNOID	400 River Dr #276	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12/16/2025
6. 	Lori Prigge	637 S. 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/2025
7. 	ERICA KOZAROVIC	602 S 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/2025
8. 	ANDY JACOBS	612 S 5th AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25
9. 	NANCY JACOBS	612 South 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12-16-25
10. 	DIANE GRUPSTRA	6116 S. 5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25

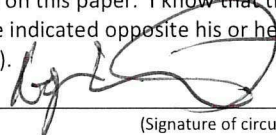
### CERTIFICATION OF CIRCULATOR

I, Kody Hart (Name of circulator) certify: I reside at 624 McClellan St, Apt B Wausau, WI 54403 (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).

12/16/2025

(Date)



(Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Kody Hart</b>		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 <b>624 McClellan St, Apt B</b>		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code <b>54403</b>	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	
Title of office (required) <b>County Board Supervisor</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat		Election date (required) <i>Do not use primary date.</i> Mo/Day/Year <b>April 7, 2026</b>	
		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>			

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.	Joann Ziebell	130 River St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12-21-25
2.	Chelsey Maans	122 River St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
3.	Larry Dassow	117 River St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
4.	Kate Herrick	119 River St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
5.	Keisha Anderson	131 River St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
6.	Willa Carlson	122 E. Chellis St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
7.	Joyce Schaeple	1423 Cleveland Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
8.	Faith Swidersti	1419 Cleveland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
9.	Lori S. Gajewski	1407 Cleveland Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
10.	CAROL GAJEWSKI	1407 Cleveland Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21-25

I, Kody Hart (Name of circulator) certify: I reside at 624 McClellan St, Apt B, Wausau, WI 54403 (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).

12/21/2025 (Date) (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Kody Hart</b>		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 <b>624 McClellan St, Apt B</b>			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code <b>54403</b>	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 <b>April 7, 2026</b>
Title of office (required) <b>County Board Supervisor</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>		

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.	Cheryl Bahr	514 Mc Andoe St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
2.	Tiana Ely	312 Fulton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
3.	MARY O'FLYNN	414 Franklin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
4.	Dennis O'Flynn	414 Franklin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12/21/25
5.	Christine Peterson	524 Franklin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
6.	Pat Peterson	524 Franklin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
7.	John Andrus	523 Franklin St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
8.	JAMES FORCE	515 Franklin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
9.	Barbara Ann Force	515 Franklin St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25
10.	Bryan Waring	631 Grant	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/21/25

I, Kody Hart certify: I reside at 624 McClellan St, Apt B, Wausau WI 54403  
(Name of circulator) (Circulator's residential address - Include number, street, and municipality.)

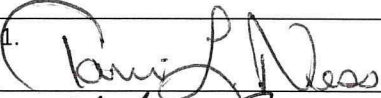

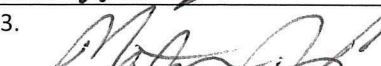
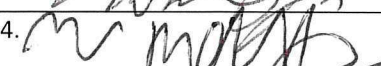
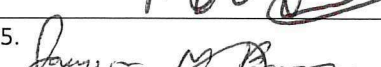

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this 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).

12/21/2025   
(Date) (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Kody Hart</b>	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 <b>624 McClellan St, Apt B</b>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City _____ (name of municipality)		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) <b>WI</b>	Zip code <b>54403</b>	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	Election date (required) <i>Do not use primary date.</i> <u>Mo/Day/Year</u> <b>April 7, 2026</b>
Title of office (required) <b>County Board Supervisor</b>	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>		

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. 	TAMI L. NESS	623 GRANT ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12-21-25
2. 	Kaylee Jensen	708 Washington St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3. 	Nathan Mallek	630 Kickbusch St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-21
4. 	Traci Mallek	630 Kickbusch St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-21-25
5. 	James M Bauer	400 RIVER DR, APT 111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12-21-25
6. 	Kody Hart	624 McClellan St, Apt B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/23/2025
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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	

I, Kody Hart (Name of circulator) certify: I reside at 624 McClellan St, Apt B Wausau WI 54403. (Circulator's residential address - Include number, street, and municipality.)

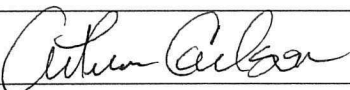
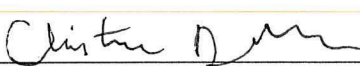

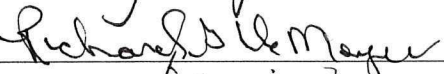
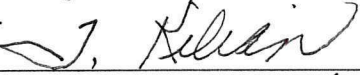

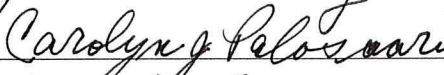


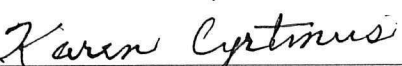
I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this 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).

12/23/2025 (Date)  (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Kody Hart</b>		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 <b>624 McClellan St, Apt B</b>			Candidate's municipality for <u>voting</u> purposes (required) <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Wausau</u> <input checked="" type="checkbox"/> City (name of municipality)	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) <b>WI</b>	Zip code <b>54403</b>	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		
				Election date (required) <i>Do not use primary date.</i> <u>Mo/Day/Year</u> <b>April 7, 2026</b>		
Title of office (required) <b>County Board Supervisor</b>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <b>3</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>		

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. 	ART CARLSON	400 RIVER DRIVE (384)	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WAUSAU</u>	12/16/25
2. 	Christine DeMeyer	400 River Dr <sup>348</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12-16-25
3. 	NANCY MEYER-EMERICK	400 River Drive Apt 244	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25
4. 	Richard G. DeMeyer	400 RIVER DRIVE (248)	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>WAUSAU</u>	12/16/25
5. 	<del>133 E. THOMAS ST.</del> Terry Killian	133 E. THOMAS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	12/16/25
6. 	JEAN BUEDDING	400 RIVER DRIVE 108	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	12-16-25
7. 	Carolyn J Palosaari	400 River Dr. Apt 396	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	12-16-25
8. 	KATHRYN A. FREEMAN	400 RIVER DR Apt 398	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WAUSAU</u>	12-16-25
9. 	Linda Lienard	400 River Dr #106	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	12/16/25
10. 	Karen Cyrtmus	400 River Dr. 3114 Apt.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	12/16/25

I, Kody Hart (Name of circulator) certify: I reside at 624 McClellan St, Apt B, Wausau, WI 54403 (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).

12/16/2025 (Date)  (Signature of circulator)