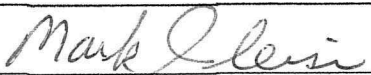
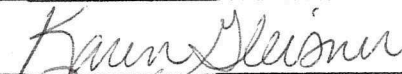
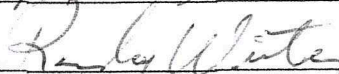
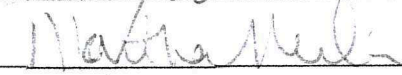
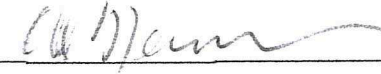
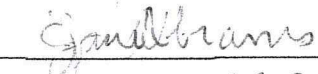
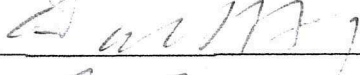


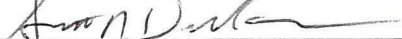


## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>	State (required) <b>WI</b> Zip code <b>54401</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>36</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. 	Mark Gleisner	150849 Lily Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <input type="checkbox"/> City	12-6-25
2. 	Karen Gleisner	150849 Lily Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <input type="checkbox"/> City	12-6-25
3. 	Randy Winter	151005 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>RIB Mtn</u> <input type="checkbox"/> City	12-6-25
4. 	Martha Miller	150840 Jonguill	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mtn</u> <input type="checkbox"/> City	12-6-25
5. 	AL NORMAN	151151 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib mnt</u> <input type="checkbox"/> City	12/6/25
6. 	Jane Abram	151235 Lily	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>RIB MNT</u> <input type="checkbox"/> City	12/6/25
7. 	ERIC KAMMEREIT	151351 Lily Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <input type="checkbox"/> City	12/6/25
8. 	Brian Joyce	151475 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib mnt</u> <input type="checkbox"/> City	12/6/25
9. 	Erqui Witzel	151601 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib mnt</u> <input type="checkbox"/> City	12/6/25
10. 	Scott Donaldson	151871 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib mnt</u> <input type="checkbox"/> City	12/6/25

I, SCOTT POOLE CERTIFICATION OF CIRCULATOR certify: I reside at 223141 BUCKTHORN CT, RIB MOUNTAIN  
(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).

12/6/2025 (Date)  (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>		State (required) <b>WI</b>	Zip code <b>54401</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>36</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.	Grace Donaldson	151871 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
2.	Amy A Donaldson	151871 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
3.	BILL BAPTIST	151917 LILY LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
4.	Carol J. Knapp	151960 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
5.	Todd Burrows	151916 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
6.	DON Buchberger	151878 Lily Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
7.	Jason Knies	151810 Lily Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
8.	Jason Fritsch	151782 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
9.	JEFF Kochan	151678 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	
10.	Julie Kochan	151678 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mt. <input type="checkbox"/> City	12/6/25	

I, SCOTT POOLE (Name of circulator) CERTIFICATION OF CIRCULATOR certify: I reside at 223141 BUCKTHORN CT RIB MOUNTAIN (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).

12/6/2025 (Date) (Signature of circulator)

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>		State (required) <b>WI</b>	Zip code <b>54401</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>36</b> <input type="checkbox"/> Seat		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>		

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**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
	Levi Slaughter	151198 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>RIB MTN</b> <input type="checkbox"/> City	12/6/25
	Zucc Lockeman	151100 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>RIB MTN</b> <input type="checkbox"/> City	12/6/25
	Mary Jo Onopa	151077 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn</b> <input type="checkbox"/> City	12/6/25
	Emily Schluze	151042 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib mt</b> <input type="checkbox"/> City	12/6/25
	Clayton Peterson	151020 Lily Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn.</b> <input type="checkbox"/> City	12/6/25
	Ann McDonald	145 Fern Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>RIB MTN</b> <input type="checkbox"/> City	12/20/25
	Jen Carl	150901 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>RIB MTN</b> <input type="checkbox"/> City	12/20/25
	Dave P Klug	150985 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib MTN.</b> <input type="checkbox"/> City	12/20/25
	Robert J Creepe	131001 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn</b> <input type="checkbox"/> City	12/20/25
	Cindy Wanserski	151051 " "	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>"</b> <input type="checkbox"/> City	"

**SCOTT POOLE**  
(Name of circulator)

**CERTIFICATION OF CIRCULATOR**

certify: I reside at

**223141 BUCKTHORN CT, RIB MOUNTAIN**  
(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).

**12/20/2025**  
(Date)

(Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>	State (required) <b>WI</b>	Zip code <b>54401</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>36</b> <input type="checkbox"/> Seat	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special
		Election date (required) <i>Do not use primary date.</i> <b>April 7, 2026</b>
		Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</b>

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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
1. <i>Abb Parker</i>	Abb Parker	151892 Fern Ln Wausau WI 54401	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
2. <i>Orville Crochiere</i>	Orville Crochiere	151726 Fern Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12-20-25
3. <i>Jacob Meyer</i>	Jacob Meyer	151740 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12-20-25
4. <i>Bermie Stankowski</i>	Bermie Stankowski	151773 Songul Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
5. <i>Kim Schwartz</i>	Kim Schwartz	151955 Jonquil Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
6. <i>Heather Vesely</i>	Heather Vesely	151950 Jonquil Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
7. <i>Stacy Randall</i>	Stacy Randall	151884 Jonquil Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
8. <i>Robert Folte</i>	Robert Folte	151534 Jonquil Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
9. <i>Martin Zinkler</i>	Martin Zinkler	151308 Jonquil Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12/20/25
10. <i>Tim Marcellie</i>	Tim Marcellie	151343 Jonquil Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rib Mtn <input type="checkbox"/> City	12-20-25

I, SCOTT POOLE certify: I reside at 223141 BUCKTHORN CT, RIB MOUNTAIN.  
(Name of circulator) (Circulator's residential address - include number, street, and municipality.)

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SR Poole  
(Signature of circulator)

12/20/2025  
(Date)

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>	Candidate's municipality for <u>voting</u> purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>	State (required) <b>WI</b> Zip code <b>54401</b>	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>36</b> <input type="checkbox"/> Seat	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special 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.

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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
1.	M.J. CUTTELLE	151155 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
2.	Marla Kelbeck	151209 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
3.	Scott Newcomer	151255 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
4.	Ollis Nantuo	151566 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
5.	Richard Riemer	151605 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
6.	Kristi W. Wenzel	151611 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
7.	Sharon Stankowski	151717 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
8.	Sarah Olmsted	151831 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
9.	Tim Gestner	151947 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25
10.	Wayne Pagy	151924 Fern Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/20/25

**CERTIFICATION OF CIRCULATOR**  
I, SCOTT POOLE certify: I reside at 223141 BUCKTHORN CT, RIB MOUNTAIN  
(Name of circulator) (Circulator's residential address - include number, street, and municipality.)

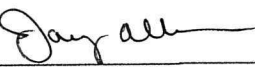
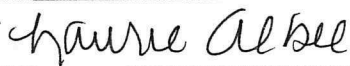

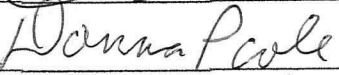


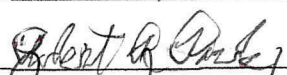
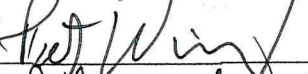


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\_\_\_\_\_  
(Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mountain</b> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>		State (required) <b>WI</b>	Zip code <b>54401</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>36</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. 	Jay Albee	151405 Jonquil Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mnt</b> <input type="checkbox"/> City	12-20-25
2. 	Laurie Albee	151405 Jonquil Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn</b> <input type="checkbox"/> City	12-20-25
3. 	GREGORY POOLE	225909 BAYVIEW DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>R. B mntn</b> <input type="checkbox"/> City	12-25-25
4. 	Donna Poole	151704 Wisteria Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn</b> <input type="checkbox"/> City	12-25-25
5. 	MARIANNA POOLE	223141 Buckthorn Ct.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mt.</b> <input type="checkbox"/> City	12-25-25
6. 	Rob Poole	151704 Wisteria Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mt</b> <input type="checkbox"/> City	12-25-25
7. 	Robert R Poole	223141 BUCKTHORN CT	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn</b> <input type="checkbox"/> City	12-25-25
8. 	FAT WIERZBA	151160 JONQUIL LN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mtn</b> <input type="checkbox"/> City	12-27-25
9. 	Anne L. Wierzba	151160 Jonquil Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mt.</b> <input type="checkbox"/> City	12-27-25
10. 	Brandy Thorne	151122 Jonquil Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Rib Mt.</b> <input type="checkbox"/> City	12-27-25

I, SCOTT POOLE (Name of circulator) certify: I reside at 223141 BUCKTHORN CT, RIB MOUNTAIN. (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).

12/27/2025  
(Date)

  
(Signature of circulator)

**NOMINATION PAPER FOR NONPARTISAN OFFICE**

Candidate's name (required); no titles may be used. **Scott Poole**

Candidate's mailing address, including municipality (required) if different than residential address or voting municipality) **223141 Buckthorn Ct Wausau, WI 54401**

State (required) **WI** Zip code **54401**

Type of election (required)  special  spring

Election date (required) Do not use primary date. **April 7, 2026**

Title of office (required) **County Board Supervisor**

Branch, district or seat number (required if applicable)  Branch  District **36**  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.

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Printed Name of Electors	Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence
NICK HOOPS	151026 JONGAIL LN	RIB MTN
MARY HEYER	150982 JONGAIL LN	RIB MTN
Tom Belcher	150942 JONGAIL LN	RIB MTN
Karen Delhafer	150942 JONGAIL LN	RIB MTN
Tom Hoover	150888 JONGAIL LN	RIB MTN
Cathy Wahl	150971 JONGAIL LN	RIB MTN
Roger Marsh	150949 JONGAIL LN	RIB MTN
Robert Hrock	151051 JONGAIL LN	RIB MTN
Jennifer Towne	152342 FOXGLEN	RIB MTN
BARBARA M NENN	223939 BOSE AVE	RIB MTN

Signatures of Electors	Printed Name of Electors	Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence	Date of Signing
<i>Mark Hoops</i>	NICK HOOPS	151026 JONGAIL LN	RIB MTN	12-27-25
<i>Marie Hoops</i>	MARY HEYER	150982 JONGAIL LN	RIB MTN	12-27-25
<i>Tom Belcher</i>	Tom Belcher	150942 JONGAIL LN	RIB MTN	12-27-25
<i>Karen Delhafer</i>	Karen Delhafer	150942 JONGAIL LN	RIB MTN	12-27-25
<i>Tom Hoover</i>	Tom Hoover	150888 JONGAIL LN	RIB MTN	12-27-25
<i>Cathy Wahl</i>	Cathy Wahl	150971 JONGAIL LN	RIB MTN	12-27-25
<i>Roger Marsh</i>	Roger Marsh	150949 JONGAIL LN	RIB MTN	12-27-25
<i>Robert Hrock</i>	Robert Hrock	151051 JONGAIL LN	RIB MTN	12-27-25
<i>Jennifer Towne</i>	Jennifer Towne	152342 FOXGLEN	RIB MTN	12-27-25
<i>BARBARA M NENN</i>	BARBARA M NENN	223939 BOSE AVE	RIB MTN	12-27-25

**CERTIFICATION OF CIRCULATOR** **223141 BUCKTHORN CT, RIB MOUNTAIN**

certify: I reside at \_\_\_\_\_

(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).

(Date) **12/27/2025**

(Signature of circulator) *Scott Poole*

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>	State (required) <b>WI</b>	Zip code <b>54401</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>36</b> <input type="checkbox"/> Seat	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>
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.

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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
1. <i>Nancy Sobert</i>	Nancy Sobert	152381 Foxsedge Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
2. <i>David Osterman</i>	David Osterman	152487 Foxsedge Ln.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/27/25
3. <i>C. Rux</i>	Christopher Rux	152496 Foxsedge Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12/27/25
4. <i>Sabrina Rux</i>	Sabrina Rux	152496 Foxsedge Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib mtn.</u> <input type="checkbox"/> City	12/27/25
5. <i>Rick B. Beese</i>	Rick B. Beese	152447 Hollibush Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
6. <i>Kenneth C. Kline</i>	Kenneth C. Kline	152570 Hollibush Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
7. <i>Ashley M. Kline</i>	Ashley M. Kline	152570 Hollibush Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
8. <i>Pat Gunderman</i>	Patricia Gunderman	152024 Hollibush Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
9. <i>Cindy Richmond</i>	Cindy Richmond	152206 " "	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	" "
10. <i>Harlan Hebert</i>	HARLAN HEBERT	152346 S. M. Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	" "

### CERTIFICATION OF CIRCULATOR

I, Isabella Bibro certify: I reside at 49 N Mills St, Madison, WI 53715.  
(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).

12-27-25

(Date)

Isabella Bibro

(Signature of circulator)

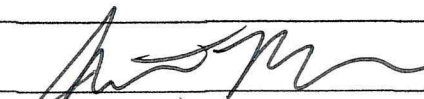

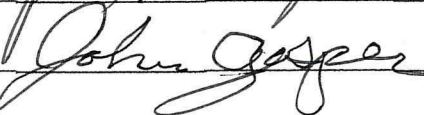
Page No. 8

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Scott Poole</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>223141 Buckthorn Ct</b>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mountain</u> <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) <b>223141 BUCKTHORN CT WAUSAU, WI 54401</b>	State (required) <b>WI</b>	Zip code <b>54401</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>36</b> <input type="checkbox"/> Seat	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special
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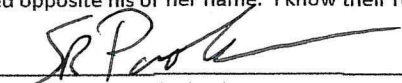
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Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Addresses) Street and Number or Rural Route (Rural address must also include box or fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
	Justin Mathe	152530 Holl. bush	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
	Linda Pipkorn	224008 Rose Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib MT</u> <input type="checkbox"/> City	12-27-25
	John Gasper	152192 Holl. bush	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rib Mt</u> <input type="checkbox"/> City	12-27-25
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, SCOTT POOLE (Name of circulator) CERTIFICATION OF CIRCULATOR certify: I reside at 223141 BUCKTHORN CT, RIB MOUNTAIN (Circulator's residential address - Include number, street, and municipality.)

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12/27/2025  
(Date)

  
(Signature of circulator)

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