

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <h1 style="margin: 0;">Jennifer Aarrestad</h1>	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 <h2 style="margin: 0;">18 Winton Ave</h2>	Candidate's municipality for <u>voting</u> purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City _____ <small>(name of municipality)</small>		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <h2 style="margin: 0;">18 Winton AVE Rothschild</h2>	State (required) <h2 style="margin: 0;">WI</h2>	Zip code <h2 style="margin: 0;">54474</h2>	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 <h2 style="margin: 0;">April 7, 2026</h2>
Title of office (required) <h1 style="margin: 0;">County Board Supervisor</h1>	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <u>17</u> <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office (required) <h1 style="margin: 0;">Marathon County</h1>		

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 <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	Date of Signing Mo/Day/Year
1.	James D. Torstenson	416 Becker St Rothschild, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/23/25
2.	Anne L. Torstenson	416 Becker Street Rothschild, WI 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/23/25
3.	Angela M. Breske	825 1st St. Rothschild, WI 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/23/25
4.	Keith Vilter	827 1st St Rothschild WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/23/25
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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	

CERTIFICATION OF CIRCULATOR

I, Angela M. Breske (Name of circulator) certify: I reside at 825 1st St. Rothschild, WI 54474 (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).

12/23/25 (Date) Angela M. Breske (Signature of circulator)

Page No. 5

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton AVE Rothschild		State (required) WI	Zip code 54474	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> 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 17 <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
	Scott Ledesma	415 BECKER ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/28/25
	Twyla Ledesma	415 Becker St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/28/25
	TRITON LEDESMA	415 Becker St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/28/25
	Eric Sobasg	413 Becker St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/28/25
	Brian Haessly	414 Becker St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/29/25
	Bruce Walk	406 Becker St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/29/25
	JEFF KZKOWSKI	405 BECKER ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12-29-25
	ELROY ZEMKE	601 George St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12-29-25
	Bryan Kubler	611 George St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12-29-25
	BOB LAMPE	767C King	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12-29-25

I, Anne L Torstenson (Name of circulator) certify: I reside at 416 Becker Street, Rothschild, WI 54474 (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).

12/29/25
(Date)

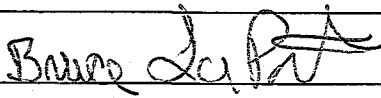
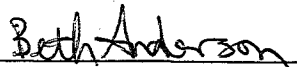
Anne L. Torstenson
(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton AVE Rothschild		State (required) WI	Zip code 54474	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special	
Election date (required) <i>Do not use primary date.</i> April 7, 2026		Title of office (required) County Board Supervisor		Name of jurisdiction or district in which candidate seeks office (required) Marathon County	
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District 17 <input type="checkbox"/> Seat					

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. 	Bruce Laborie	404 Military rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	6/29/25
2. 	Beth Anderson	837 Everest Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/29/25
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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	

CERTIFICATION OF CIRCULATOR

I, Anne L. Torstenson (Name of circulator) certify: I reside at 416 Becker Street Rothschild, WI 54474 (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).

12/29/25

(Date)

Anne L. Torstenson

(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton AVE Rothschild		State (required) WI	Zip code 54474	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		
Title of office (required) County Board Supervisor		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District 17 <input type="checkbox"/> Seat		Election date (required) <i>Do not use primary date.</i> Mo/Day/Year April 7, 2026		
			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. <i>Elsa C. Swenson</i>	ELSA C. SWENSON	117 WINTON AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/2025
2. <i>Debi Hinner</i>	Deborah Hinner	306 Wilson Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/2025
3. <i>John Hinner</i>	John Hinner	306 Wilson Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
4. <i>Hilary Hinner</i>	Hilary Hinner	306 Wilson Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
5. <i>Natalia Uzarska</i>	Natalia Uzarska	111 Wilson Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
6. <i>Julia Nowak</i>	Julia Nowak	201 S. Grand Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
7. <i>Jayson Nowak</i>	Jayson Nowak	201 S. Grand Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
8. <i>Mark Szitta</i>	Mark Szitta	116 Hewitt St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
9. <i>Jessica Szitta</i>	Jessica Szitta	116 Hewitt St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25
10. <i>Jennifer Aarrestad</i>	Jennifer Aarrestad	18 Winton AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u>	12/20/25

I, Jennifer Aarrestad (Name of circulator) CERTIFICATION OF CIRCULATOR certify: I reside at 18 Winton AVE Rothschild (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).


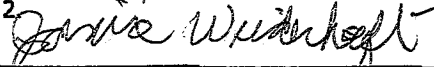

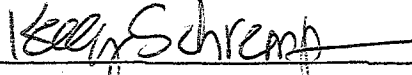
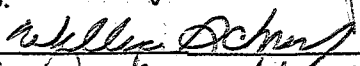



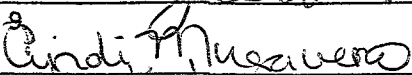

12/20/25 (Date) Jennifer Aarrestad (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton Ave Rothschild		State (required) WI	Zip code 54474	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 17 <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. 	LARRY D WIEDERHOEFT	307 S. WINE ROAD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
2. 	JANICE K WIEDERHOEFT	357 S. WINE ROAD	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
3. 	Debbie Flood	407 Military Road	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
4. 	Kelly Schremp	1002 Urban St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
5. 	William Schremp	1002 Urban St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
6. 	Debra Hubacek	227 Greenwood Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
7. 	RICK HUBACEK	227 GREENWOOD DR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
8. 	Henry Swenson	117 Winton Ave.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
9. 	Cindi Mugavero	108 Edgar Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25
10. 	MARK MUGAVERO	108 Edgar Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12/20/25

I, Jennifer Aarrestad **CERTIFICATION OF CIRCULATOR** certify: I reside at 18 Winton Ave Rothschild
(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).

12/20/25
(Date)


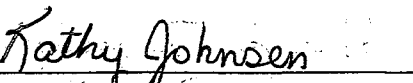
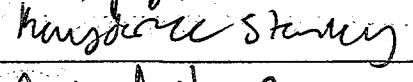
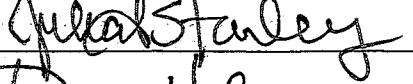
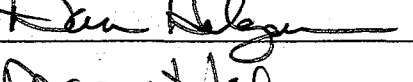
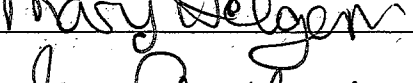
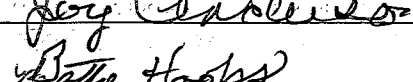
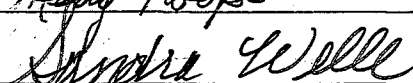
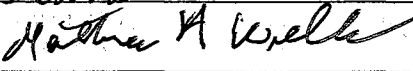


(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton AVE Rothschild		State (required) WI	Zip code 54474	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 17 <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. 	ALLAN J. JOHNSON	215 Leroy St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
2. 	Kathy M. Johnson	215 Leroy St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
3. 	Kungjore Stanley	201 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
4. 	Julia Stanley	701 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
5. 	DAN HELGESON	201 Peggy Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
6. 	MARY HELGESON	201 Peggy Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
7. 	Joy ANDERSON	112 Peggy Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
8. 	Betty Hoops	205 Peggy Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
9. 	Sandra Welle	609 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25
10. 	Mathias H. Welle	609 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</u> <input type="checkbox"/> City	12-21-25

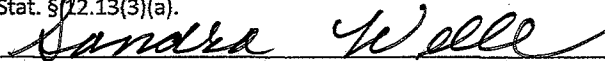
CERTIFICATION OF CIRCULATOR

I, Sandra Welle (Name of circulator) certify: I reside at 609 Pflieger St Rothschild WI (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. §2.13(3)(a).

12-21-25

(Date)



(Signature of circulator)

Page No. 3

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton Ave Rothschild		State (required) WI	Zip code 54474	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 17 <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. <i>Vernon Vetterkiind</i>	Vernon Vetterkiind	511 Pflieger St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
2. <i>Robert Kort</i>	Robert Kort	505 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
3. <i>Jim Larson</i>	Jim Larson	504 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
4. <i>Tracey Larson</i>	Tracey Larson	504 Pflieger St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
5. <i>Mary Dettmering</i>	Mary Dettmering	512 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
6. <i>Gary Dettmering</i>	Gary Dettmering	512 Pflieger St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
7. <i>Donald Bischof</i>	Donald Bischof	214 Florence St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
8. <i>Mavis Barnett</i>	Mavis Barnett	206 Florence St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
9. <i>Jordan Wisnerich</i>	Jordan Wisnerich	212 Leroy St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25
10. <i>Stephanie Castillo</i>	Stephanie Castillo	210 Leroy St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/21/25

CERTIFICATION OF CIRCULATOR

I, Sandra Welle certify: I reside at 609 Pflieger St Rothschild WI
(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).

12-21-25
(Date)

Sandra Welle
(Signature of circulator)

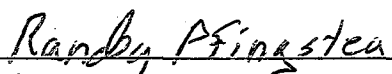
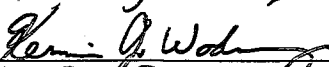

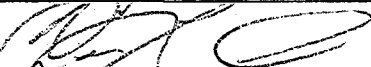
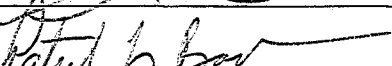
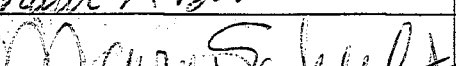
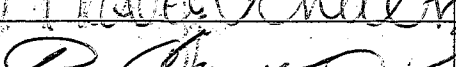

Page No. 4

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad		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 18 Winton Ave			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton AVE Rothschild		State (required) WI	Zip code 54474	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> 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 17 <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
	Randy Pfingsten	15 Winton Ave Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12-20-25
	Kevin J. Woolsey	514 Schmidt Avenue Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/2025
	Shawn Kendra	19 Winton Ave Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/25
	Austin Levine	27 Winton Ave, Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/25
	Patrick L Borchardt	31 Winton Ave, Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/25
	Mary Schultz	20 Winton Ave Roth	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/25
	Ted Aarrestad	18 Winton Ave Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/25
	Ann R Johnson	201 Wilson Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/22/25
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, Ted Aarrestad (Name of circulator) certify: I reside at 18 Winton Ave Rothschild, WI (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).

12/22/2025

(Date)



(Signature of circulator)

Page No. 6

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad	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 18 Winton Ave	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton Ave Rothschild	State (required) WI	Zip code 54474	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 17 <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 <small>(Rural address must also include box or fire no.)</small>	Municipality of Residence <small>Check the type and write the name of your municipality for voting purposes.</small>	Date of Signing Mo/Day/Year
1. <i>Electra Jutta-Fischer</i>	Electra Jutta-Fischer	116 Hewitt St. Rothschild WI, 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/20/23
2. <i>Sarah Lynn Westberg</i>	Sarah Lynn Westberg	105 Becker St Apt 100 Rothschild WI 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/22/25
3. <i>Ron Stange</i>	Ron Stange	1115 Alice Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/22/25
4. <i>Cathy Stange</i>	Cathy Stange	1115 Alice St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12-22-25
5. <i>April Wurz Woolsey</i>	April Wurz Woolsey	514 Schmidt Avenue Rothschild	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/22/2025
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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, Jennifer Aarrestad (Name of Circulator) CERTIFICATION OF CIRCULATOR certify: I reside at 18 Winton Ave Rothschild, WI 54474 (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).


12/22/25 (Date) Jennifer Aarrestad (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. Jennifer Aarrestad	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 18 Winton Ave	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rothschild</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) 18 Winton AVE Rothschild	State (required) WI	Zip code 54474	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 17 <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. 	Elyse Hubacek	227 Greenwood Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rothschild <input type="checkbox"/> City	12/26/25
2.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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	

CERTIFICATION OF CIRCULATOR

I, Debra Huback (Name of circulator) certify: I reside at 227 Greenwood Dr. Rothschild WI 54474 (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).

12/26/25

(Date)

Debra Huback

(Signature of circulator)

Page No. 8