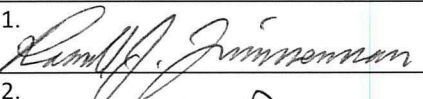
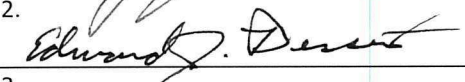

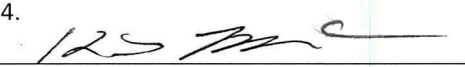
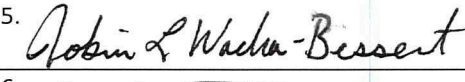
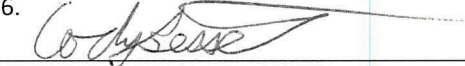



NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. BEVERLY KREJCI		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 240661 NOLAN ROAD ANIWA			Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) WI	Zip code 54408	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special		Election date (required) <i>Do not use primary date.</i> <small>Mo/Day/Year</small> 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 <input type="checkbox"/> Seat 13		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 <small>Mo/Day/Year</small>
	Ronald J. Zimmerman	240661 Nolan Rd., Aniwa, WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
	Edward J. Bessert	240480 Nolan Rd Aniwa WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
	Debra K. Bessert	240480 Nolan Rd Aniwa WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
	Kevin Bessert	" "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
	Robin L. Wachu-Bessert	240480 Nolan Rd Aniwa WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
	Cody L Bessert	240480 NOLAN RD ANIWA WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/11/25
	Richard Bessert	240480 Nolan Rd "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/11/25
8.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	
9.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	
10.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	

CERTIFICATION OF CIRCULATOR

I, BEVERLY KREJCI (Name of circulator) certify: I reside at 240661 Nolan Road Aniwa WI 54408 (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).

12/30/25
(Date)

Beverly Krejci
(Signature of circulator)

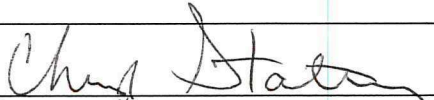

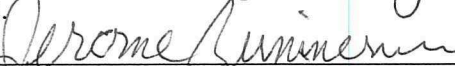


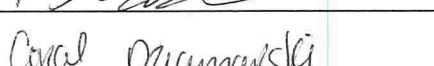
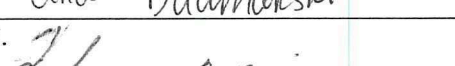

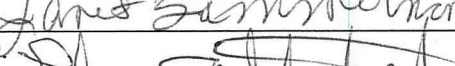

Page No. 1

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. BEVERLY KREJCI	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 240661 NOLAN ROAD ANIWA	Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town HARRISON <input type="checkbox"/> Village <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)	State (required) WI	Zip code 54408	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 13 <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. 	Cheryl Statelyny	242526 City Rd HH Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
2. 	Donald Statelyny	242526 City Rd HH Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
3. 	Jerome Zimmerman	240978 City Rd. HH Aniwa, WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
4. 	Debbie Zimmerman	" " "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/3/2025
5. 	Alex Dziomarski	184700 Bear Lake Rd Aniwa, WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12-3-25
6. 	Coral Dziomarski	" "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	12/03/25
7. 	THOMAS J Zimmerman	184660 BEAR LAKE RD ANIWA WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/03/25
8. 	Janet Zimmerman	" " "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/03/25
9. 	DALE ZATLOUKAL	181705 STRADALE LN ANIWA WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	12/5/25
10. 	DALE ZATLOUKAL	181705 STRADALE LN ANIWA WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	12/5/25

CERTIFICATION OF CIRCULATOR

I, BEVERLY KREJCI (Name of circulator) certify: I reside at 240661 NOLAN ROAD ANIWA WI 54408 (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).

12/10/25
(Date)

Beverly Krejci
(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. BEVERLY KREJCI		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 240661 Nolan Road Aniwa		Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) 240661 Nolan Road		State (required) WI	Zip code 54408	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 <small>Mo/Day/Year</small>
Title of office (required) County Board Supervisor		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <input type="checkbox"/> Seat 13		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 <small>Mo/Day/Year</small>
<i>Larry Keen</i>	<i>Larry Keen</i>	<i>239240 Nolan Rd Aniwa WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>11-5-25</i>
<i>Art King</i>	ART KING	<i>243205 Tobias Rd Antigo, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-5-25</i>
<i>Sheri King</i>	<i>Sheri King</i>	<i>243205 Tobias Rd Antigo, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-5-25</i>
<i>Kathy Chrudimsky</i>	KATHY CHRUDIMSKY	<i>184133 Bear Lake Rd Aniwa, WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-05-25</i>
<i>George J. Chrudimsky</i>	<i>George J. Chrudimsky</i>	<i>184133 Bear Lake Rd Aniwa WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-05-25</i>
<i>Kayla Nikolai</i>	<i>Kayla Nikolai</i>	<i>184250 Bear Lake Rd Aniwa WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-06-25</i>
<i>Zachary Nikolai</i>	ZACHARY NIKOLAI	<i>184250 Bear Lake Rd Aniwa, WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-06-25</i>
<i>Jerome Keen</i>	<i>Jerome Keen</i>	<i>184482 Bear Lake Rd Aniwa WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-6-25</i>
<i>Jane Keen</i>	<i>Jane Keen</i>	<i>184482 Bear Lake Rd Aniwa, WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12-6-25</i>
<i>Delores Zimmerman</i>	<i>Delores Zimmerman</i>	<i>185171 Brookside Road Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	<i>12/07/2025</i>

CERTIFICATION OF CIRCULATOR

I, **BEVERLY KREJCI** (Name of circulator) certify: I reside at **240661 Nolan Road Aniwa WI 54408** (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).

12/10/25 (Date) *Beverly Krejci* (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <p align="center" style="font-size: 1.2em;">BEVERLY KREJCI</p>	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 <p align="center" style="font-size: 1.1em;">240661 NOLAN ROAD, ANIWA</p>	Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <p align="center" style="font-size: 1.2em;">HARRISON</p> (name of municipality)		
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)	State (required) <p align="center" style="font-size: 1.5em;">WI</p>	Zip code <p align="center" style="font-size: 1.5em;">54408</p>	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 <p align="center" style="font-size: 1.1em;">April 7, 2026</p>
Title of office (required) <p align="center" style="font-size: 1.5em;">County Board Supervisor</p>	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <input type="checkbox"/> Seat <p align="center" style="font-size: 1.5em;">13</p>	Name of jurisdiction or district in which candidate seeks office (required) <p align="center" style="font-size: 1.5em;">Marathon County</p>		

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
	Jack Zimmerman	246801 County Rd Y Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12-6-2025
	Pam Zimmerman	" " " "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/06/2025
	Mary Pomasi	184800 Springbrook Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/06/2025
	Chris Pomasi	" " " "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12-6-25
	Brenda Malweg	243320 Cty Rd. H H Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/7/25
	Marc Malweg	" " " "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/7/25
	Thomas Sutte	184522 Bear Lake Rd. Antigo, WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/9/25
	Janel Sutte	184522 Bear Lake rd Aniwa WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/9/25
	Toby Cartledge	230050 Eau Claire River Rd Aniwa WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EASTON	12/11/25
	Laci Thorson	240661 Nolan Rd Aniwa WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12/23/25

CERTIFICATION OF CIRCULATOR

I, BEVERLY KREJCI certify: I reside at 240661 NOLAN ROAD ANIWA WI 54408.
(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).

12/30/25 Beverly Krejci
(Date) (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. BEVERLY KREJCI		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 240661 NOLAN ROAD, ANIWA		Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town HARRISON <input type="checkbox"/> Village <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)		State (required) WI	Zip code 54408	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 13 <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
	Kelly Halbesteben	168270 County Road G, Wausau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12/9/25
	JILL ZEINERT	166272 County Road G Wausau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12/9/25
	CHARLES ZEINERT	166272 County Road G Wausau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12/9/25
	Charles Little	166392 TR Road Wausau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12-8-25
	Brent Leach	239910 Sunrise Rd Wausau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12-9-25
	Steve Seaws	140607 Birnamwood R Birnamwood	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12-9-25
	Jeffery Zahrt	238196 Co. Rd. Q, Aniwa	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EASTON	12-9-25
	Diane Zahrt	234590 Pleasant View Rd Ringle	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EASTON	12-9-25
	Jeff Leach	173110 St Hwy 52 Aniwa	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12-9-25
	Gabrielle Rojas	1168355 Cold. G. Aniwa	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hewitt	12.12.25

CERTIFICATION OF CIRCULATOR

I, BEVERLY KREJCI (Name of circulator) certify: I reside at 240661 NOLAN RD ANIWA WI 54408. (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).

12/30/25
(Date)

Beverly Krejci
(Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. BEVERLY KREJCI		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 240661 NOLAN ROAD, ANIWA		Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town HARRISON <input type="checkbox"/> Village <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)		State (required) WI	Zip code 54408	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 13 <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>Joe Gronski</i>	Joe Gronski	183154 Norrie Rd. Birnamwood, WI 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/10/25
2. <i>Bert Falstad</i>	BERT FALSTAD	182207 Falstad Rd ELAND WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORRIE	12/10/25
3. <i>Dale Falstad</i>	Dale Falstad	181981 Falstad Rd Eland WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/10/25
4. <i>Carol Falstad</i>	Carol Falstad	"	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/10/25
5. <i>Barbara Falstad</i>	Barbara Falstad	181481 FALSTAD RD ELAND WI 54427	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/10/25
6. <i>N Falstad</i>	N FALSTAD	"	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/10/25
7. <i>Judy Patterson</i>	Judy Patterson	178730 Apple Ln Hatley, WI 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie Hatley	12/10/25
8. <i>Taneal Sharsburger</i>	Taneal Sharsburger	179325 Apple Ln Hatley, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/10/25
9. <i>Helen C. Damask</i>	HELEN C. DAMASK	178641 Cty Rd. DD Hatley, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12-10-25
10. <i>Ralph E. Damask</i>	Ralph E. Damask	178641 Cty Rd. DD Hatley, WI 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12-10-25

CERTIFICATION OF CIRCULATOR

I, BEVERLY KREJCI (Name of circulator) certify: I reside at 240661 NOLAN ROAD ANIWA WI 54408 (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).

12/10/25 (Date) Beverly Krejci (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. BEVERLY KREJCI		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 240661 NOLAN ROAD, ANIWA		Candidate's municipality for voting purposes (required) <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON <small>(name of municipality)</small>	
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)		State (required) WI	Zip code 54408	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		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <input type="checkbox"/> Seat 13		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>Richard Wamboldt</i>	Richard Wamboldt	183026 Red Wolf Ln Elmer	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12-10-25
2. <i>Clay Ballschmieder</i>	Clay Ballschmieder	Birnamwood 231427 S Pole Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	12-10-25
3. <i>Barbara Meverden</i>	Barbara Meverden	238136 N. Pole Rd ^{ANIWA}	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	12-10-25
4. <i>Ralph Cartledge</i>	Ralph Cartledge	237624 Echo Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eston	12-12-25
5. <i>Scott Olsen</i>	SCOTT OLSEN	189666 ST Hwy 52	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12-27-25
6. <i>Even Skerlupus</i>	Even Skerlupus	182696 County Road G	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	12-30-25
7. <i>Romy Fleischman</i>	ROMY FLEISCHMAN	243310 TOBIAS RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	12-30-25
8.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, BEVERLY KREJCI (Name of circulator) certify: I reside at 240661 NOLAN ROAD ANIWA WI 54408 (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).

12/30/25 (Date) Beverly Krejci (Signature of circulator)