

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <span style="font-size: 1.5em; font-family: cursive;">Duane Gau</span>		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 <span style="font-size: 1.2em; font-family: cursive;">4304 Floriana Lane Weston, WI 54476</span>		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; font-family: cursive;">Weston</span> <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) <span style="font-size: 1.5em; font-weight: bold;">WI</span>	Zip code <span style="font-size: 1.5em; font-family: cursive;">54476</span>	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 <span style="font-size: 1.2em; font-family: cursive;">April 7, 2026</span>		Title of office (required) <span style="font-size: 1.5em; font-weight: bold;">County Board Supervisor</span>		Name of jurisdiction or district in which candidate seeks office (required) <span style="font-size: 1.5em; font-weight: bold;">Marathon County</span>	
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <input type="checkbox"/> Seat <span style="font-size: 1.5em; font-family: cursive;">22</span>					

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. <span style="font-size: 1.2em;">Carol J Gau</span>	CAROL J GAU	4304 Floriana Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	1-8-26
2. <span style="font-size: 1.2em;">JEN WILLIAMS</span>	JEN WILLIAMS	4308 FLORIANA LANE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	1-8-26
3. <span style="font-size: 1.2em;">Christine Williams</span>	Christine Williams	4308 Floriana Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	1-8-26
4. <span style="font-size: 1.2em;">David Grendzinski</span>	David Grendzinski	4310 Floriana Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	1-8-26
5. <span style="font-size: 1.2em;">Connie Grendzinski</span>	Connie Grendzinski	4310 Floriana Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	1-8-26
6. <span style="font-size: 1.2em;">Carol Drechsler</span>	CAROL DRECHSLER	4209 E. Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	1-8-26
7. <span style="font-size: 1.2em;">AL Drechsler</span>	AL Drechsler	4209 E Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	01/08/26
8. <span style="font-size: 1.2em;">Lee Drechsler</span>	Lee Drechsler	4209 E Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	01/08/26
9. <span style="font-size: 1.2em;">Paula Williams</span>	Paula M. Williams	4301 E. Raybelle Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	01/08/26
10. <span style="font-size: 1.2em;">Tim Plewak</span>	Tim Plewak	4303 E Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Weston <input type="checkbox"/> City	01/08/26

I, Duane Gau certify: I reside at 4304 Floriana Lane Weston WI 54476

(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).

1-8-26

(Date) (Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Deane Gau</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>4304 Floriana Lane</b>		Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <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)		State (required) <b>WI</b>	Zip code <b>54476</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>ZZ</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 <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. <b>Ray Diers</b>	Ray Diers	4306 E Raybelle Dr Weston WI 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
2. <b>Marge Diers</b>	marge Diers	4306 E Raybelle Dr. Weston, WI 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
3. <b>Karen Thurs</b>	Karen Thurs	4308 E Raybelle Dr 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
4. <b>Jim Thurs</b>	Jim Thurs	4308 E Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2024
5. <b>Aaron Auvé</b>	Aaron Auvé	4307 E Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
6. <b>Kathleen M Martino</b>	Kathleen M Martino	4403 E. Raybelle Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
7. <b>Esther Meadik</b>	Esther Meadik	4404 E Raybelle Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
8. <b>Calob Guillaume</b>	Calob Guillaume	4405 E Raybelle Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>weston</b> <input type="checkbox"/> City	1-8-2026
9. <b>Shawn Wilde</b>	Shawn Wilde	3602 Eau Claire Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-2026
10. <b>Heather Wilde</b>	Heather Wilde	3602 Eau Claire Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-2026

### CERTIFICATION OF CIRCULATOR

I, Deane Gau certify: I reside at 4304 Floriana Lane Weston, WI 54476.  
(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).

1-8-2026

(Date)

*Deane Gau*

(Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Duane Gau</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>4304 Floriana Lane Weston, WI 54476</b>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</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)	State (required) <b>WI</b>	Zip code <b>54476</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>22</b> <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office (required) <b>Marathon County</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>

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. <b>Justin Keller</b>	<b>Justin Keller</b>	<b>4412 W Raybelle Dr</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>
2. <b>Amber Keller</b>	<b>Amber Keller</b>	<b>4412 W. Raybelle Dr</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>
3. <b>Shirley Bielew</b>	<b>Shirley Bielew</b>	<b>4407 W. Raybelle Dr</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>
4. <b>Roger Bielew</b>	<b>Roger Bielew</b>	<b>4407 W Raybelle</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>
5. <b>Gary Lepak</b>	<b>Gary Lepak</b>	<b>4408 W. Raybelle</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/25</b>
6. <b>Peggy A Wilke</b>	<b>Peggy Wilke</b>	<b>4400 W. Raybelle Dr</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/25</b>
7. <b>Russell J Wilke</b>	<b>Russell J Wilke</b>	<b>4400 W. Raybelle Dr</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/25</b>
8. <b>Mary Bradford</b>	<b>Mary Bradford</b>	<b>4313 W. Raybelle Dr.</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>
9. <b>Dick Simko</b>	<b>Dick Simko</b>	<b>4406 W Raybelle</b>	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>
10. <b>Roberta Siegharter</b>	<b>Roberta Siegharter</b>	<b>4465 Deer St</b>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	<b>1/8/26</b>

I, **Duane Gau** (Name of circulator) certify: I reside at **4304 Floriana Lane Weston WI 54476**. (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).

**9-20-23**  
(Date)

**D Gau**  
(Signature of circulator)

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <b>Diane Gau</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>4304 Floriana Lane Weston, WI 54476</b>			Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <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)		State (required) <b>WI</b>	Zip code <b>54476</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>22</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 <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
	CHARLOTTE SIEGHARTER	4405 DEER ST WESTON WI 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
	RICHARD CRUMP	4307 DEER ST V	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/2026
	Michelle Miller	4303 DEER ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/26
	Sill Kees	4216 DEER ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1/8/26
	Amy Simpson	3206 RUDOLPH DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-26
	Pat Simpson	3206 RUDOLPH DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-26
	Randall Bleyoski	3203 RUDOLPH DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-26
	JEFF WILKE	3114 RUDOLPH DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-26
	JEFFREY BLACKBURN	3110 RUDOLPH	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-26
	JOSH HAFNER	3212 Eau Claire Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <b>Weston</b> <input type="checkbox"/> City	1-8-26

### CERTIFICATION OF CIRCULATOR

I, Diane Gau certify: I reside at 4304 Floriana Lane Weston WI 54476.  
(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).

1-8-2026

(Date)

(Signature of circulator)

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <span style="font-size: 1.5em; color: blue;">Diane GIAN</span>	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 <span style="font-size: 1.2em; color: blue;">4304 Floriana Lane</span>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <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)	State (required) <span style="font-size: 1.5em; color: blue;">WI</span>	Zip code <span style="font-size: 1.5em; color: blue;">54774</span>	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 <span style="font-size: 1.2em; color: blue;">April 7, 2026</span>
Title of office (required) <span style="font-size: 1.5em; color: black;">County Board Supervisor</span>	Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input checked="" type="checkbox"/> District <span style="font-size: 1.5em; color: blue;">22</span> <input type="checkbox"/> Seat	Name of jurisdiction or district in which candidate seeks office (required) <span style="font-size: 1.5em; color: black;">Marathon County</span>		

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
<span style="font-size: 1.2em; color: blue;">Mary Tarras</span>	Mary Tarras	4310 Fox Run Ln	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	01/08/2026
<span style="font-size: 1.2em; color: blue;">Paul Lertz</span>	Paul Lertz	4309 Fox Run Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/2026
<span style="font-size: 1.2em; color: blue;">Bradley Teige</span>	Bradley Teige	4301 Fox Run Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/2026
<span style="font-size: 1.2em; color: blue;">Jodi Teige</span>	Jodi Teige	4301 Fox Run Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/2026
<span style="font-size: 1.2em; color: blue;">Rolando Rodriguez</span>	Rolando Rodriguez	4409 W. Raybelle Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/2026
<span style="font-size: 1.2em; color: blue;">Jennifer Rodriguez</span>	Jennifer Rodriguez	4409 W Raybelle	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/26
<span style="font-size: 1.2em; color: blue;">Matthew Hall</span>	Matthew Hall	3410 Eau Claire	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/26
<span style="font-size: 1.2em; color: blue;">Cheryl Hall</span>	Cheryl Hall	3410 Eau Claire Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/8/26
<span style="font-size: 1.2em; color: blue;">Don Ehlsten</span>	DON EHLSTEN	3220 Eau Claire Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1-9-24
<span style="font-size: 1.2em; color: blue;">Patricia Galay</span>	Patricia Galay	3002 Eau Claire Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <span style="font-size: 1.2em; color: blue;">Weston</span> <input type="checkbox"/> City	1/9/26

### CERTIFICATION OF CIRCULATOR

I, Diane Gian certify: I reside at 4304 Floriana Lane Weston WI 54774.  
(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).

1-8-2026  
(Date)

Diane Gian  
(Signature of circulator)

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <u>Duane Gau</u>	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 <u>4304 Holana Lane</u>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Weston</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)	State (required) <b>WI</b>	Zip code <u>54476</u>
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 <u>22</u> <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>		Election date (required) <i>Do not use primary date.</i> Mo/Day/Year <u>April 7, 2026</u>

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.	1. Hui Yang	3212 Eau Claire Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Weston</u> <input type="checkbox"/> City	11/9/26
2.	2. Angi Kosmach	4406 Deer St <u>Weston</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Weston</u> <input type="checkbox"/> City	4/8/26
3.	3. Jeremiah Kosmach	4406 Deer St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Weston</u> <input type="checkbox"/> City	4/8/26
4.	4. Cheryl Clarkowski	3908 Random St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Weston</u> <input type="checkbox"/> City	1-9-26
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	

I, Duane Gau (Name of circulator) CERTIFICATION OF CIRCULATOR certify: I reside at 4304 Holana Lane Weston, WI 54476 (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).

1-8-2026 (Date) (Signature of circulator)