

January 10, 2024

TO THE STATE OF WISCONSIN
ELECTIONS COMMISSION
COMPLAINT FORM

Name: Jo Ann Egelkrout
Address: 529 Porter Street, Wausau, WI, USA 54401
Telephone Number: (715) 722-9433
Email: jaekrout@gmail.com

The Complaint of Jo Ann Egelkrout.

Jo Ann Egelkrout ("Complainant") against the Marathon County Clerk, Kim Trueblood and Kody Hart (both Kim Trueblood and Kody Hart "Respondents"), incumbent County Supervisor of District 3. Respondent Trueblood's address is 500 Forest Street – Wausau, WI 54403. Respondent Hart's email address is kodyjamesallenhart@gmail.com and postal address is 624 McClellan St. Apt. B, Wausau, WI 54403.

This complaint is an appeal of the findings of Respondent Trueblood's decisions regarding certain valid elector signatures on my Nomination Papers for NonPartisan Office for Marathon County Board Supervisor in District 3. It is also an appeal of the challenges Respondent Hart made to my Nomination Papers and Respondent Trueblood's decision to uphold those challenges. A copy of my Nomination Papers as reviewed and struck by Respondent Trueblood is attached. Also attached is Respondent Trueblood's letter to Respondent Hart's challenge to my petition papers dated January 8, 2024. I allege as follows:

1. I submitted 62 signatures on time. The requirement for running for County Board Supervisor in Marathon County is a minimum of 50. Respondent Trueblood struck 12 signatures as not valid. Respondent Hart, an election official himself (Deputy City Clerk at the City of Wausau), who is the incumbent in this race, challenged an additional 2 signatures. Thus, I have been excluded from the ballot by only one vote. But, I believe that FIVE signatures have been incorrectly determined to be invalid and should be counted. These would give me 54 valid signatures required by law.
2. Next, Respondent Hart is REQUIRED by EL 2.07(1) to have filed a verified complaint concerning the sufficiency of my nomination petitions. Respondent Hart's challenge to my nomination forms was in the form of an email. This email of Respondent Hart was forwarded to me by Respondent Trueblood. This email was NOT VERIFIED as required. A copy of Respondent Trueblood's email of 1/4/2024 is also attached. A verified complaint means a "written complaint signed under oath or affirmation by the complainant attesting to the truth of the factual allegations in the complaint." <https://www.lawinsider.com/dictionary/verified-complaint>. I was required to submit a sworn affidavit to defend my signatures which I did. Therefore, Respondent Hart's entire complaint must be dismissed and disregarded. Any decision by Respondent Trueblood on his complaint is invalid and without any effect.

3. Alternatively, even if the Commission were to overlook the essential due process element of the verified complaint, Elections Commissions regulations at EL 2.05(4) also provides any information which appears on a nomination paper is entitled to a presumption of validity. NOTWITHSTANDING ANY OTHER PROVISION OF THIS CHAPTER, ERRORS IN INFORMATION CONTAINED IN A NOMINATION PAPER, COMMITTED BY EITHER A SIGNER OR A CIRCULATOR, MAY BE CORRECTED BY AN AFFIDAVIT OF THE CIRCULATOR, AN AFFIDAVIT OF THE CANDIDATE, OR AN AFFIDAVIT OF A PERSON WHO SIGNED THE NOMINATION PAPER. I did provide this Affidavit to Respondent Trueblood on January 5, 2024. A copy of that is also attached to this complaint. Please also consider all of the information in my Affidavit as part of my Complaint, particular with respect to Respondent Trueblood's striking of the signatures on page 7, Lines 3 and 4 in order that I do not have to repeat those arguments here.
4. Looking at Respondent Trueblood's 1/8/24 letter it says that on Page 2, Line 2 Respondent Hart challenged the signature of "James Chang" because there was not a legible printed name or valid address. I am not an expert at this in anyway. But I Googled and found on the Wisconsin Election Commission website a document that is called "Wisconsin Elections Commission: Nomination Paper Review Guidelines" which you have out there instructing clerks as to how to review petitions. Regarding the printed name of James Chang, I determined Mr. Chang's name personally by running his name and address through Google Maps. The name and address match perfectly. Also, his address is clearly understandable as S. 1st Avenue. He lives in my district and the circulator was at his house for his signature. Contrary to Respondent Trueblood's claims that the address is not verifiable since Wausau has both Streets and Avenues and "there is nothing else on the page that would assist in determining the actual address", it is clear from the surrounding elector signatures on the page that the first 3 signatories all lived on S. 1st Avenue. It would be inexplicable to think that the circulator went from S. 1st Avenue, to S. 1st Street and then back again to S. 1st Avenue, a distance of at least two miles, which would have required her to get in her car and travel across the river. I believe it is also clear that he abbreviated South as "ST." and it was not intended for a designation of Street.
5. Respondent Trueblood's red strike of the signature on Page 7, line 1, underlines the date of 1/2/23 presumably that being her complaint for finding the signature disqualified. However, the date of the signature is not missing or incomplete, and can be determined by the information of the other elector signatures surrounding that signature on Page 7, line 1. EL 2.05(15)(a)-(b). The presumption of validity of EL 2.05(4) would also indicate this signature must be presumed valid. Clearly having been the second day of the New Year, it is commonly recognized that people will often commit a scrivener's error with the year until they become used to the change into the new year.

And, Respondent Trueblood does not even address this item which I raised in my affidavit, ignoring it and I would argue, conceding that my argument is correct. This would mean this signature should also be counted.

I respectfully request that you declare the above 5 signatures be declared valid and Respondent Trueblood's decisions with respect to these be overturned and Respondent Hart's challenges with respect with 2 of those 5 signatures be disregarded as his challenge did not meet regulatory and sworn statement requirements.

Date: 01/10/2024

Jo Ann Egelkrou
Complainant's Signature

I, JoAnn Egelkrou, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Jo Ann Egelkrou
Complainant's Signature

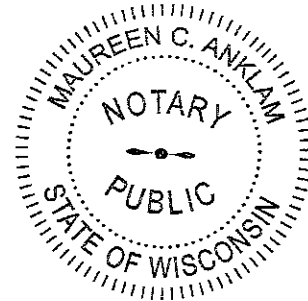
STATE OF WISCONSIN

County of Marathon
(County of notarization)

Sworn to before me this 10 day of

Jan., 2024.

Maureen C. Anklam
Signature of person authorized to administer oaths



My commission expires Jan 4, 2027 or is permanent.

Notary Public or Notary Public
(official title if not notary)

Mailed to : Wisconsin Elections Commission

P.O.Box 7984

Madison, WI 53707-7984

Faxed to: (608) 267-0500

Emailed to: elections@wi.gov



FW: [EXTERNAL] Nomination Form Discrepancies

1 message

Kim Trueblood <Kim.Trueblood@co.marathon.wi.us>
To: jaekrout@gmail.com <jaekrout@gmail.com>
Cc: Michael Puerner <Michael.Puerner@co.marathon.wi.us>

Thu, Jan 4, 2024 at 2:32 PM

Hi Jo Ann,

Please see the below that I received as a challenge to your nomination papers. Per state statute, you have 3 calendar days to respond, which is Sunday, January 7, by 2:35 p.m.

After I receive your response, I will make a ruling on the challenge.

Thank you!

Kim Trueblood

Marathon County Clerk

kim.trueblood@co.marathon.wi.us

715-261-1501



From: Kody Hart <kodyjamesalanhart@gmail.com>
Sent: Thursday, January 4, 2024 1:03 PM
To: Kim Trueblood <Kim.Trueblood@co.marathon.wi.us>
Subject: [EXTERNAL] Nomination Form Discrepancies

Hello Clerk Trueblood,

I have reviewed the nomination forms for JoAnn Egelkrou (running for Marathon County Board of Supervisors District 3) and found some discrepancies that may result in not obtaining enough signatures for ballot access. The first is a duplicative signature which brings the total number of valid signatures to 49. The other is a challenge to a signature line for which a determination of validity needs to be made. Please see below for the details on each.

- On the nomination forms of JoAnn Egelkrou, page 4 #6, the signatory had signed my nomination form for the same office on page 5 #1. The name of the signatory is Faustina Mahner. This signatory signed my nomination form on 12/22/2023 and JoAnne Egelkrou's nomination form on 1/1/2024 which according to Wis. Stat. §8.04 makes my signature valid and the signature for JoAnne Egelkrou not valid as mine was attained earlier.

- On the nomination forms of JoAnne Egelkrout, page 2 #2, the signatory did not print his or her name legibly enough to make a determination of validation. Furthermore, there is no valid address on the same line. I am challenging this nomination signature on those grounds and ask that you make a determination on its validity.

The duplicate signature already disqualifies JoAnne Egelkrout for ballot access with only 49 valid signatures when 50 are needed. I will look forward to your final determination on the other discrepancy which I am challenging.

Please confirm receipt and also let me know when you have made a determination on the challenged signature. Thank you for your work!

- **Kody Hart**

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Statement of Confidentiality

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed.

If you are not the intended recipient of this email, any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please notify the sender of this email of the error and delete the email.

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Response to Nomination Paper Challenges

1 message

Kim Trueblood <Kim.Trueblood@co.marathon.wi.us>
To: Kody Hart <kodyjamesalanhart@gmail.com>
Cc: Jo Ann Egelkrout <jaekrout@gmail.com>

Mon, Jan 8, 2024 at 5:01 PM

Hi Kody,

Attached is my response to your challenges of Jo Ann Egelkrout's nomination papers.

Please feel free to contact me should you have any questions.

Thank you. Have a good evening.

Kim Trueblood

Marathon County Clerk

kim.trueblood@co.marathon.wi.us

715-261-1501



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Statement of Confidentiality

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed.

If you are not the intended recipient of this email, any use, dissemination, forwarding, printing, or copying of this email is prohibited. Please notify the sender of this email of the error and delete the email.

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Kim Trueblood, Marathon County Clerk

Marathon County Courthouse - 500 Forest Street - Wausau, WI 54403

715.261.1500

715.261.1515 (Fax)

Kim.Trueblood@co.marathon.wi.us



January 8, 2024

Kody Hart

Via email

RE: Challenge to Nomination Papers of Jo Ann Egelkroun

Dear Kody,

As you are aware, I am in receipt of your challenge to the nomination papers of Jo Ann Egelkroun. On Friday, 1/5/24, Ms. Egelkroun filed a sworn affidavit in response to your challenges. That document is attached to this letter. Part of the response addresses signatures that I had previously struck. Since the challenges are somewhat all tied together and ultimately affect ballot access, I will address all the challenges to the nomination papers in this letter, including the signatures that I struck on 1/2/24.

After consultation with Marathon County Corporation Counsel, my findings related to your challenges and Ms. Egelkroun's responses are listed below in page order. I will not address the signatures that I struck due to the address being out of district, or the original signatures that I struck as duplicates, as those are self-explanatory.

Page 2, Line 2 – challenged by you based on the lack of a legible printed name and a valid address. Ms. Egelkroun's response to this challenge is that the printed name can be verified to be "James Chang" and an exception should be made since English is the signer's second language. I consulted with corporation counsel about this particular line before the response was received. It was his opinion that this line should be struck since the printed name is not legible as is required by the instructions on the back of the nomination paper, "Each signer must also legibly print their name." I agree with that, and even after knowing that the signer's name is "James Chang," I cannot see any of those letters in the markings that are on the line. In addition, the address written is not verifiable since the City of Wausau has both streets and avenues, and this address lists both. Per EL 2.05(12) a valid address is required and per EL 2.05(15)(c), there is nothing else on the page that would assist in determining the actual address. This signature is disqualified.

Page 4, Line 6 – challenged by you on the basis that the voter signed for you first. I have confirmed that Faustina Mahner signed your nomination papers on 12/22/2023 and signed papers for Jo Ann Egelkroun on 1/1/2024. According to Wis Stats 8.04, the signature will count for you. This signature is disqualified.

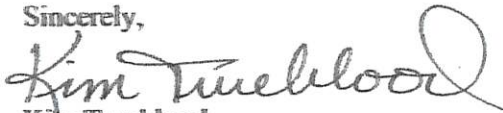
Page 7, Lines 3 & 4 – challenged / disqualified by me on the basis that there was no street address listed on the nomination paper, the address was only listed as “Wausau.” The affidavit provided by Ms. Egelkroun lists the addresses of both signers on lines 3 & 4 and uses EL 2.05(4) as a basis for her response. However, the affidavit does not state that she, the candidate, has personal knowledge of these addresses being the residences of the individuals in question. As well, the circulator did not submit an affidavit stating that these addresses do belong to the individuals who signed without an address. The law requires that the person submitting the affidavit have personal knowledge of the correcting information, and in consultation with corporation counsel, I do not find that the submitted affidavit meets that burden. Therefore, these two signatures are disqualified.

As a result of these findings, Jo Ann Egelkroun only submitted 49 valid signatures, and therefore did not meet the minimum threshold of 50 signatures to obtain ballot access.

Any party is entitled to appeal my decision to the Wisconsin Elections Commission through a written, sworn statement, or by using [EL 1100 Elections Complaint Form](#). The appeal must be filed no later than 10 days after the challenger knew, or should have known, about the violation of law or abuse of discretion by the filing officer. Wis. Stat. §5.06(3). For complaints about ballot access decisions, it is recommended that any such complaints be filed immediately, so that the appeal may be heard prior to ballot printing and distribution deadlines.

Please feel free to reach out to me if you should have any questions. Thank you for your involvement in this vital process.

Sincerely,

A handwritten signature in black ink that reads "Kim Trueblood". The signature is written in a cursive style with a large, looping initial "K".

Kim Trueblood
Marathon County Clerk

Enc

C: Jo Ann Egelkroun

Jo Ann Egelkraut 715-722-9433
529 Porter St jaekraut@gmail.com
Wausau, WI 54401

01/05/2024

RECEIVED
JAN 05 2024
MARATHON COUNTY
CLERKS OFFICE

I, Jo Ann Egelkraut, confirm in this affidavit that the elector(s) who signed these nomination papers live(s) at the

address(es) shown: Pursuant to WI Election Code #15c

Pg 7
Ln 3 Shawn Zastrow, 1402 Emter St. Wausau WI 54401

Pg 7
Ln 4 Gene Nelson, 1420 Emter St. Wausau, WI 54401

I also confirm that pursuant to Wisconsin Election Code #15 a the date on Pg 7 Ln 1 can be determined to be 1/2/24 by reference to the dates of the other signatures on the page.

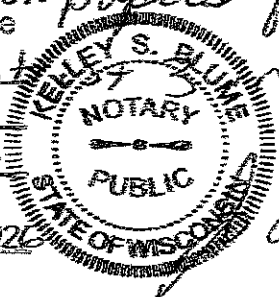
I also confirm that on pg 2 Ln 2 the printed name can be verified to be James Chang AND exception can be made due to English AS A Second language.

Under state statute WI Admin Code EL 2.05 (4)

These electors' signatures are valid signatures on my nomination papers for county board

Supervisor for District Marathon County

by Jo Ann Egelkraut
Kelley S. Blume
Notary Public, State of WI



My Commission expires: 6-12-2026

Jo Ann Egelkraut

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's residential address (required) No P.O. Box addresses
 street, fire, or rural-route number; box number (if rural route); and name of street or road
629 Porter St

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

Branch, district or seat number (required if applicable)
 Branch District Seat 3

Name of jurisdiction or district in which candidate seeks office (required)
 Spring Special
Marathon County District 3

Candidate's municipality for voting purposes (required)
 Town Village City
Wausau (Name of municipality)

Election date (required) Do not use primary date.
 Mo/Da/Year 04/02/2024

County Marathon Supervisor Supervisor

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) (Rural addresses must also include box or the no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Da/Year
<u>[Signature]</u>	<u>David Walker</u>	<u>701 S. Sixth Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Joseph Miller</u>	<u>607 Garden Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Thomas Fieck</u>	<u>607 W. Maple Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>David Falkner</u>	<u>701 S. Sixth Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Linda Hovum</u>	<u>701 S. Sixth Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Tom Oster</u>	<u>707 S. 5TH AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Robert Pitzer</u>	<u>710 S 5TH AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Charles Lucette</u>	<u>705 Maple Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>Dani Misco</u>	<u>725 S Maple Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>[Signature]</u>	<u>JoAnn Egelkrot</u>	<u>629 1/2 S 6th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>

CERTIFICATION OF CIRCULATOR
 I, JoAnn Egelkrot (Name of circulator)
 certify: I reside at 589 Porter St Wausau WI 54401
 (Circulator's residential address - include number, street, and municipality)
 if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally
 know that the signers are electors of the jurisdiction or district in which the candidate seeks to represent. I know
 that each person signed the certification is punishable under Wis. Stat. §12.13(3)(e).

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 in which the candidate seeks to represent. I know
 that each person signed the certification is punishable under Wis. Stat. §12.13(3)(e).
JoAnn Egelkrot (Signature of circulator)
12/31/2023

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required): no titles may be used.
Jo Ann Egelkrot

Candidate's residential address (required) No P.O. Box addresses
 Street, file, or rural route number, box number (if rural route) and name of street or road
529 Porter St

Candidate's municipality for mailing purposes (required if different than residential address or voting municipality)
Wausau

Title of office (required)
Marathon County Board Supervisor

Branch, district or seat number (required if applicable)
 Branch District Seat
WI 54401

Name of jurisdiction or district in which candidate seeks office (required)
District 3

Candidate's municipality for voting purposes (required)
 Town Village City Wausau

Election date (required) Do not use arbitrary date.
04/02/2024

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.

1.	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 file 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>James Ziese</i>	James Ziese	724 S 7th Ave Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	12/3/23
2.	<i>Cheryl Baker</i>	Cheryl Baker	814 ST 15th Ave Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	12/8/23
3.	<i>Mary Jane Taylor</i>	Mary Jane Taylor	820 S Lot Ave Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	12/3/23
4.	<i>Cheryl Baker</i>	Cheryl Baker	514 Westside St. Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/10/24
5.	<i>David M. Clendoe</i>	David M. Clendoe	624 M. Clendoe St Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/11/24
6.	<i>Justin Isabern</i>	Justin Isabern	624 M. Clendoe St Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/21/24
7.	<i>Justin Isabern</i>	Justin Isabern	624 M. Clendoe St Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/21/24
8.	<i>Jane Egerare</i>	Jane Egerare	628 Great St Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/1/24
9.	<i>Franklin Egerare</i>	Franklin Egerare	631 11th St Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/1/24
10.	<i>Jo Ann Egelkrot</i>	Jo Ann Egelkrot	529 Porter St Wausau WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <input checked="" type="checkbox"/> Wausau	1/1/24

CERTIFICATION OF CIRCULATOR

I certify: I reside at 1108 Porter Ave Wausau WI 54401

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 the 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).

Justin Isabern
 (Name of circulator)

Justin Isabern
 (Date)

NOMINATION PAPER FOR NONPARTISAN OFFICE

used: _____
 Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
111 Eaglekroft

Candidate's residential address (required) No P.O. Box addresses
 Street, No. or rural route number, box number (if rural route), and name of street or road
529 Porter St

State (required) WI Zip code 54401

Branch, district or seat number (required if applicable)
 Branch District Seat 3

Name of jurisdiction or district in which candidate seeks office. I have not signed the nomination
Marathon County District 3

Candidate's municipality for voting purposes (required)
 Town Village City Wausau
 (name of municipality)
 Election date (required) Do not use primary date.
 Mo/Da/Year 01/02/2024

Title of office (required)
Marathon County Board Supervisor

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) (Rural address must also include box or fire no.)	Type of election (required) <input type="checkbox"/> general <input checked="" type="checkbox"/> special	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<u>Maxwell Kiem</u>	<u>Maxwell Kiem</u>	<u>125 Kenosha Ave</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>Tom Reivicki</u>	<u>Tom Reivicki</u>	<u>714 Wroble Ave</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>12/31/23</u>
<u>RAONS PHARO</u>	<u>RAONS PHARO</u>	<u>323 Mendota Street</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>01-01-24</u>
<u>Aaron Fross</u>	<u>Aaron Fross</u>	<u>201 McIndoe St.</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>1-01-24</u>
<u>Carrie Wanta</u>	<u>Carrie Wanta</u>	<u>600 Franklin St</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>1-01-24</u>
<u>Scott Wipfel</u>	<u>Scott Wipfel</u>	<u>524 Franklin St</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>1-1-24</u>
<u>Pat Peterson</u>	<u>Pat Peterson</u>	<u>533 Franklin St</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>1-1-24</u>
<u>Christine Peterson</u>	<u>Christine Peterson</u>	<u>530 Franklin St</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>1-1-24</u>
<u>Carrie Steffen</u>	<u>Carrie Steffen</u>	<u>530 Franklin St</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>1-1-24</u>
<u>Mes Steffen</u>	<u>Mes Steffen</u>	<u>529 Porter St</u>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausau</u>	<u>01/02/2024</u>

Jo Ann Eaglekroft
 (Name of circulator)

CERTIFICATION OF CIRCULATOR
 I certify: I reside at 529 Porter St (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 of the jurisdiction where they reside. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

Jo Ann Eaglekroft
 (Signature of circulator)
 1111 Eaglekroft

NOMINATION PAPER FOR NONPARTISAN OFFICE

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

Jo Ann Egelkroat

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)

Street, five- or nine-digit number, box number (if rural route), and name of street or road
529 Porter St

Candidate's municipality for voting purposes (required)
 Town Village City
Wausau

Title of office (required)

Marathon County Board Supervisor

Branch, district or seat number (required if applicable)
 Branch District Seat
WI

Name of jurisdiction or district in which candidate seeks office (required)
District 3

State (required) ZIP code
WI 54402

Type of election (required)
 Spring Special

Election date (required; do not use primary date)
04/02/2024

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) <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>
1. <i>Elyse McKinley</i>	Elyse McKinley	207 Callon Street Wausau, WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/31/2023
2. <i>Abigail Gieser</i>	Abigail Gieser	307 Callon Street Wausau, WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/31/2023
3. <i>Maile Mounjby</i>	Maile Mounjby	313 Callon Street Wausau, WI 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
4. <i>Mabel Toussaint</i>	Mabel Toussaint	108 So. 4th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
5. <i>Gangita Pomeroy</i>	Gangita Pomeroy	402 S. Elm St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
6. <i>Ernestina Malheur</i>	Ernestina Malheur	2310 Fulton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
7. <i>Teng Mova</i>	Teng Mova	404 Fulton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
8. <i>Lynnda Webber</i>	Lynnda Webber	410 Fulton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
9. <i>Bethany Kleinschmidt</i>	Bethany Kleinschmidt	410 Fulton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1/1/24
10. <i>Peter Neumann</i>	Peter Neumann	410 Fulton St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	1-1-24

CERTIFICATION OF CIRCULATOR

I, Jo Ann Egelkroat (Name of circulator) certify I reside at 529 Porter St Wausau WI 54401 (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. § 12.23(3)(a).

01/01/2024 (Date)

Jo Ann Egelkroat (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Name (required) not often may be used: Jo Ann Eckelrodt

Candidate's residential address (required) Not P.O. box addresses: 524 Porter St

Street, fire, or rural route number, box number (if rural route), and name of street or road

City: Wausau

State (required): WI

Zip code: 54401

Candidate's municipality for mailing purposes (required): Wausau

Branch, district or seat number (required if applicable): 3

Name of jurisdiction or district in which candidate seeks office (required): Marathon County District 3

Type of election (required): general special

SK DAY: 04/08/2024

Section date (required) Do not use primary date: 04/08/2024

Title of office (required): Marathon County Board Supervisor

Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality): Marathon County Board Supervisor

The undersigned, request that the candidates, whose names and residential addresses are listed above, be placed on the ballot at the election described above as a candidate for that office. I know the nomination 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 the no.)	Municipality of residence Check the type and write the name of your municipality for voting jurisdiction.	Date of Signing Mo/Day/Year
<i>Shirley Miller</i>	Guthrie Steffen	400 Franklin St. Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	01/01/2024
<i>Mike Miller</i>	Michael Martin	502 Fulton St. Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1/1/2024
<i>Bob DeLa</i>	Bob DeLa	570 FACTORY ST. Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-1-2024
<i>John DeLa</i>	Sean Swannum	515 FULTON ST Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-1-2024
<i>Stephanie Burrows</i>	Alexandra Burrows	524 West St. Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-2-2024
<i>Angela Jones</i>	Angela Jones	725 S. Oak Ave Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-2-2024
<i>James Jones</i>	James Jones	725 S. Oak Ave Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-2-24
<i>David Jones</i>	David Jones	725 S. Oak Ave Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-2-24
<i>Michelle Johnson</i>	Michelle Johnson	616 S. Oak Ave Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-2-24
<i>David Johnson</i>	David Johnson	616 S. Oak Ave Wausau	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausau	1-2-24

CERTIFICATION OF CIRCULATOR

Circulator's residential address - (include number, street, and municipality): 524 Porter St Wausau WI 54401

I certify: I reside at 524 Porter St Wausau WI 54401

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 above 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. § 9A.02(1)(b).

Jo Ann Eckelrodt (Signature of circulator)

1-2-2024 (Date)

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

Je Ann Eckkrout

Candidate's residential address (required) No P.O. box addresses. Street, fire, or rural route number, box number (if rural route), and name of street or road

529 Porter St
Wausau WI 54401

Title of office (required)

Matheson County Board Supervisor

Branch, district or seat number (required if applicable) Branch District Seat

Name of jurisdiction or district in which candidate seeks office (required)

Matheson County District 3

Signature date (required) Do not use initials, Mo/Da/Year

04/03/2024

Signature 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 must always be listed. Check the type and write the name of your municipality for voting purposes.

Date of Signing Mo/Da/Year

1.	Kyle De	Kathleen Fandre	620 S 5TH AVE	Wausau	1/2/2024
2.	Henry R. ...	Thomas R. ...	129 Alden St	Wausau	1/2/2024
3.	Andrew R. ...	Andrew R. ...	129 Alden St	Wausau	1/2/2024
4.	Tommy ...	Tommy ...	141 Adrian St	Wausau	1/2/2024
5.	James ...	James ...	141 Adrian St	Wausau	1/2/2024
6.	James ...	James ...	141 Adrian St	Wausau	1/2/2024
7.	James ...	James ...	141 Adrian St	Wausau	1/2/2024
8.	James ...	James ...	141 Adrian St	Wausau	1/2/2024
9.	James ...	James ...	141 Adrian St	Wausau	1/2/2024
10.	James ...	James ...	141 Adrian St	Wausau	1/2/2024

Je Ann Eckkrout

CERTIFICATION OF CIRCULATOR
I certify: I reside at 529 Porter St Wausau WI 54401

Signature of circulator: Je Ann Eckkrout
I personally 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 calculated 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).
I Rev. 2019-10 | Wisconsin Elections Commission, P.O. Box 7984, Madison, WI 53707-7984 | 608-261-2028 | web: elections.wis.gov | email: elections@wisconsin.gov

Candidate's name (required), no titles may be used
 Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
 Candidate's home (required), no titles may be used
 Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality)
 Candidate's home (required), no titles may be used

Jo Ann Egelkrot
 524 Porter St
 WI 54401
 Madison, WI 53707

Marathon County Board Supervisor
 District 3
 March, district or seat number (required if applicable)
 WI 54401
 Name of jurisdiction or district in which candidate seeks office (required)

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.

1.	Signatures of Electors	Printed Name of Electors	Residential Address (No P.O. Box Address) (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>Bob [Signature]</i>	Bob [Printed Name]	1100 [Address]	Marathon	1/21/24
2.	<i>[Signature]</i>	GEORGE KRUEGER	1100 [Address]	Marathon	1/21/24
3.	<i>[Signature]</i>	ASHLEY PATTERSON	1100 [Address]	Marathon	1/21/24
4.	<i>[Signature]</i>	DAVID NELSON	1100 [Address]	Marathon	1/21/24
5.					
6.					
7.					
8.					
9.					
10.					

CERTIFICATION OF CIRCULATOR
 I certify: I reside at 1103 Porter St (Circulator's residential address - include number, street, and municipality)
54401

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).

1-2-24 (Date)
[Signature] (Signature of circulator)

NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used: Jo Ann Eggelkraut

Candidate's residential address (required) (No P.O. Box addresses):
 Street, city, or town (include number) Zip number (if rural residency, and name of street for rural):
529 Porter St WI 54401

Candidate's municipality for voting purposes (required) (name of municipality):
Wausseau

Election date (required) (do not use primary date):
04/03/2024

Title of office (required):
Marathon County Board Supervisor

Branch, election or seat number (required if applicable):
 Branch District Seat 3

Name of jurisdiction or district in which candidate seeks office (required):
Marathon County District 3

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) (rural address must also include box or file no.)	Municipality of Residence (Check the type and write the name of your municipality for voting purposes.)	Date of Signing Mo/Day/Year
<i>[Signature]</i>	Edward Zewski	7051 S. 6th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1-2-24
<i>[Signature]</i>	Laura Zewski	7051 S. 6th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1-2-24

CERTIFICATION OF CIRCULATOR

I, Jo Ann Eggelkraut (Name of circulator) certify: I reside at 529 Porter St Wausseau WI 54401 (Circulator's residential address, including 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 the candidate. I am aware that falsifying this certification is punishable under Wis. Stat. § 12.13(3)(a).

1-2-24 (Date) Jo Ann Eggelkraut (Signature of circulator)