

# Official Election Complaint Form



**STEP 1**

## Complaint Type

Please select the statutory process that governs your complaint:

**Note:** you should choose only one statutory process per complaint; if you feel that your allegations fall under more than one statutory process, you should submit separate complaints under each process.

- 5.05 (Election Law Violation)
- 5.06 (Violations by Election Officials or Appeals of Decisions of Election Officials)
- 5.061 (Help America Vote Act Violation)

**STEP 2**

## Complainant Contact Information

Please provide the following information about yourself.

**Note:** Anyone filing this complaint with you can add their information on a separate page (see page 4).

<b>First Name</b> Susan	<b>Last Name</b> Nondorf
<b>Residential Address</b> 203 William Street	
<b>Mailing Address (if different)</b> 401 Wisconsin Street, Avoca, WI 53506	
<b>Telephone (optional)</b> 608-341-6013	<b>Email</b> 1nondorfsusan@gmail.com

**STEP 3**

## Respondent

Please provide the following information about the individual or individuals whom you allege violated or improperly administered election laws:

**Note:** For 5.06 complaints, each respondent must be an election official. If there are multiple respondents, you can add their information on a separate page (see page 5).

<b>Respondent Name</b> Elizabeth Wilkinson	<b>Respondent Title (5.06 complaints)</b> Village of Avoca Clerk
<b>Mailing Address</b> 401 Wisconsin Street, Avoca, WI 53506	
<b>Telephone (if available)</b> 608-532-6831	<b>Email (if available)</b> liz.wilkinson@villageofavoca.gov

**STEP 4**

**Applicable Statutes**

Please cite each statute within Chapters 5 to 10 and 12 of the Wisconsin Statutes, as well as any other laws relating to elections, other than laws relating to campaign financing, that you allege were violated or improperly administered.

**Note:** The Commission cannot accept a complaint that does not cite specific provisions, including the correct subsections, of election law.

12.13(3)(b)

**STEP 5**

**Allegations**

Set forth in detail the facts that establish probable cause to believe that a violation occurred. Be as specific as possible as it relates to dates, times, individuals, and actions involved. Use as many separate pages as needed and attach copies of any supporting documentation, evidence, or affidavits.

On Dec 4, 2024, I took out nomination papers for a Village of Avoca Trustee. Liz Wilksin, Village clerk, had me sign the documents, she ripped them off and sent me with just the signature papers. I collected my 30 signatures and returned the papers on Dec 10. Liz said ok I will look them over, I asked if there was anything I needed to do and she said no; I never heard another word. On Feb 1, 2025, I was informed by an elector that I was not on the ballot list. Liz had told another elector that I did not turn in my paperwork. Feb 3 I went to the office to inquire & it was closed. Feb 5, I went to the office and Suzie Ziebarth, Asst Clerk, told me I had not returned the rest of the packet. I told her that Liz had torn those pages off and kept them & she said she did not know why she would have done that & she would call Liz. On Feb 6 I went to the office & and Liz said she was sorry she had misplaced them and that I could run as a write-in candidate. She was going to call the WEC & get back to me on Feb 7; I never heard from her again. On Feb 11 I went to get a copy of my packet & said I was going to file this complaint. Liz just kept saying she was sorry & I could be a write-in. Liz W needs to be held accountable for not ensuring a fair and transparent election. I completed the necessary paperwork to be on the ballot & now my only option is to hope that electors will write my name in. Had my paperwork been taken care of appropriately there would have been a primary for trustees. There are additional incidents with others regarding this contentious election. How can an I'm sorry correct this injustice.

STEP 6

**Sign**

Each complainant must complete **either** step 6a, "Unsworn Statement," or Step 6b "Sworn Statement." For either option, you may enter your digital signature by clicking the box and following the instructions, or you may print the form and sign it.

STEP 6a

**Unsworn Statement**

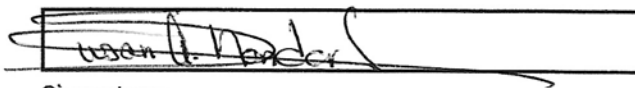
I declare under penalty of false swearing under the law of Wisconsin that

the foregoing is true and correct. Signed on the  day of ,

at

(city or other location and state or country).

Printed Name



Signature

STEP 6b

**Sworn Statement (to be completed in the presence of a notary)**

I, , 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.

Complainant's Signature

**Note:** Each complainant listed above in section 6b must have this form sworn before a notary or other official able to swear oaths.

**STATE OF WISCONSIN**

County of, , (county of notarization)

Sworn to before me this day of, .

(Signature of person authorized to administer oaths)

Stamp Here

My commission expires on , or is permanent.

Notary Public or  (official title if not notary)

# Declaration of Candidacy

(See instructions for preparation on back)

FOR OFFICE USE ONLY

Is this an amendment?

Yes (if you have already filed a DOC for this election)

No (if this is the first DOC you have filed for this election)

I, Susan A. Nendorf, being duly sworn, state that  
Candidate's name

I am a candidate for the office of Village Trustee of Auca  
Official name of office - Include district, branch or seat number

representing \_\_\_\_\_  
If partisan election, name of political party or statement of principle - five words or less (Candidates for nonpartisan office may leave blank.)

and I meet or will meet at the time I assume office the applicable age, citizenship, residency and voting qualification requirements, if any, prescribed by the constitutions and laws of the United States and the State of Wisconsin, and that I will otherwise qualify for office, if nominated and elected.

I have not been convicted of a felony in any court within the United States for which I have not been pardoned.<sup>1</sup>

**My present address, including my municipality of residence for voting purposes is:**

<u>203</u>	<u>William St</u>	<u>Auca WI</u>	<u>53506</u>	Town of <input type="checkbox"/>	<u>Auca</u>
House or fire no.	Street Name	Mailing Municipality and State	Zip code	Village of <input checked="" type="checkbox"/>	
				City of <input type="checkbox"/>	

**My name as I wish it to appear on the official ballot is as follows:**

Susan A. Nendorf  
(Any combination of first name, middle name or initials with surname. A nickname may replace a legal name.)

Susan A. Nendorf  
(Signature of candidate)

STATE OF WISCONSIN }  
County of Iowa } ss.  
(County where oath administered)

Subscribed and sworn to before me this 4 day of December, 2024.

[Signature]  
(Signature of person authorized to administer oaths)

NOTARY SEAL  
REQUIRED, IF OATH  
ADMINISTERED BY  
NOTARY PUBLIC

Notary Public or  other official \_\_\_\_\_  
(Official title, if not a notary)

If Notary Public: My commission expires 9/25/25 or  is permanent.

The information on this form is required by Wis. Stat. § 8.21, Art. XIII, Sec. 3, Wis. Const., and must be filed with the filing officer in order to have a candidate's name placed on the ballot. Wis. Stats. §§ 8.05 (1)(j), 8.10 (5), 8.15 (4)(b), 8.20 (6), 120.06 (6)(b), 887.04.

<sup>1</sup> A 1996 constitutional amendment bars any candidate convicted of a misdemeanor which violates the public trust from running for or holding a public office. However, the legislature has not defined which misdemeanors violate the public trust. A candidate convicted of any misdemeanor is not barred from running for or holding a public office until the legislature defines which misdemeanors apply.





**CAMPAIGN FINANCE REGISTRATION STATEMENT —  
LOCAL CANDIDATE COMMITTEE  
STATE OF WISCONSIN**

**\*CAUTION:** A personal telephone number that is identified as a confidential telephone number on page 3 of this form should not be entered on page 1 of this form. Do **not** enter any personal telephone numbers of the candidate, the candidate committee treasurer, and any other custodian of books and accounts on page 1 of this form.

1. Is this an Amendment?  No  Yes

**SECTION A: GENERAL INFORMATION**

<b>A1. Committee Name</b> (Required for all Candidates - must be included in disclaimer on all communications) <u>Dusan A. Nondorf</u>				
<b>A2. Committee Email</b>		<b>A3. Committee Phone</b> (Do not enter a confidential phone number)		
<b>A4. Mailing Address</b> <u>203 William St.</u>		<b>A5. City</b> <u>Avoca</u>	<b>A6. State</b> <u>WI</u>	<b>A7. Zip</b> <u>53506</u>
<b>Depository Institution Information</b>				
<b>A8. Institution Name</b>	<b>A9. Street Address</b>	<b>A10. City</b>	<b>A11. State</b>	<b>A12. Zip</b>
<b>Treasurer/Administrator Information</b>				
<b>A13. Name</b>		<b>A14. Treasurer Email</b>	<b>A15. Treasurer Phone</b> (*See Caution)	
<b>A16. Mailing Address</b>		<b>A17. City</b>	<b>A18. State</b>	<b>A19. Zip</b>
<b>Other Officers (Optional)</b>				
<b>A20. Name</b>	<b>A21. Title</b>	<b>A22. Email</b>	<b>A23. Phone</b> (* See Caution above)	
<b>A24. Name</b>	<b>A25. Title</b>	<b>A26. Email</b>	<b>A27. Phone</b> (* See Caution above)	
<b>Filing Exemption</b> <i>Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.</i>			<b>A28. Exemption Affirmation</b> <input type="checkbox"/> Yes, this registrant is eligible for exemption. <input type="checkbox"/> No, this registrant is not eligible for exemption.	

**SECTION B: CANDIDATE INFORMATION**

<b>B1. Office Sought</b> (include District/Branch)		<b>B2. Political Party</b>	<b>B3. Election Date</b>	
<b>Candidate Information</b>				
<b>B4. Name</b>		<b>B5. Candidate Email</b>	<b>B6. Candidate Phone</b> (* See Caution)	
<b>B7. Mailing Address</b>		<b>B8. City</b>	<b>B9. State</b>	<b>B10. Zip</b>
<b>Second Candidate Committee</b> <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>			<b>B11. Is this your only registered candidate committee in Wisconsin?</b> <input checked="" type="checkbox"/> Yes, this is my only candidate committee in Wisconsin. <input type="checkbox"/> No, this is my second candidate committee in Wisconsin.	
<b>B12. Other Office Held or Sought</b> (include District/Branch) <i>Only complete B12 if you responded "No" to B11.</i>				

## SECTION C: CERTIFICATION

### Accurate Information

I certify that I am an authorized representative of the candidate committee and that to my knowledge all of the information contained within this registration is true, correct, and complete.

### Timely Amendments

I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, including any change to the candidate committee's eligibility for exemption from campaign finance reporting.

### Records Retention

I acknowledge the requirement to maintain the records of the candidate committee in an organized and legible manner for three years from the close of the most recent contribution limit period (June 30 following the April election, December 31 following the November election).

### Continuing Compliance

I acknowledge that I am required to continue to comply with all applicable requirements under Chapter 11 of the Wisconsin Statutes until this registration is terminated. I understand that I am not released from any liability simply because the election date has passed.

### Treasurer

C1. Printed Name

C2. Signature

C3. Date

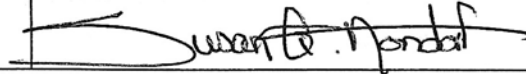
### Candidate

C4. Printed Name

C5. Signature

C6. Date

Susan A. Nendorf



4-dec-2024

## Form Instructions

Candidates must complete all sections A, B, and C.

**Item 1. Is this an amendment?** Have you registered with this local clerk to run for office in a prior election?

**Item A1: Committee Name.** All candidates are required to register a committee. It is not required that the name include the candidate's name, but it is recommended. This committee name is required to be part of the disclaimer on all communications with express advocacy: 'Paid for by ...'

**A28: Exemption.** Candidates claiming exemption may not have more than \$2,500 of activity, in the aggregate per year. In a calendar year, if you raise \$1,600 and spend \$1,000 you have \$2,600 of aggregate activity and are not eligible to claim exemption.

**Depository Institution Information.** All candidates must designate a depository institution. While it is recommended that all candidates have a designated campaign depository account, candidates who will serve as their own treasurer may designate a single personal account to serve as the committee depository account while claiming a filing exemption and may intermingle personal and campaign funds (Wis. STAT. § 11.0201(2)(b)).

**Treasurer Information.** Each committee must appoint a treasurer. Any adult may serve as a treasurer. A candidate may serve as his or her own treasurer. If you are serving as your own treasurer, please write "Self" or "Candidate". A candidate serving as their own treasurer does not need to provide their name, address and contact information here because that information will already be provided in section B. Do not leave this section blank.

## Section B: Candidate Information

**B1.** Be sure to include the name of the county, municipality, or school district. There are 72 counties with county supervisors, 100's of school boards, and 1000's of municipal boards.

**B2.** Party - "N/A" or "None" for nonpartisan offices (April). Democrat, Republican, Constitution, Green, Independent, or other ballot status party for partisan (fall) primary/election.

**Section C: Certification.** All candidates must complete section C. If the candidate is serving as their own treasurer, they would only need to sign once, as either the candidate or treasurer.



# CAMPAIGN FINANCE COMMITTEE/CONDUIT REGISTRATION STATEMENT

## STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

1. Is this an Amendment?  No  Yes If yes, please enter your committee number:

Committee Number

### SECTION A: GENERAL INFORMATION

A1. Committee/Conduit Name <i>Dusan A. Nordorf</i>		A2. Registrant Type (Choose One) <input checked="" type="radio"/> Candidate <input type="radio"/> Referendum <input type="radio"/> Recall <input type="radio"/> Conduit <input type="radio"/> Political Action (PAC) <input type="radio"/> Independent Expenditure (IEC) <input type="radio"/> Political Party <input type="radio"/> Legislative Campaign Committee		
A3. Email	A4. Phone <i>608 532 6543</i>			
A5. Mailing Address <i>203 William St</i>		A6. City <i>Auca</i>	A7. State <i>WI</i>	A8. Zip <i>53566</i>
Depository Institution Information				
A9. Institution Name	A10. Street Address	A11. City	A12. State	A13. Zip
Treasurer/Administrator Information				
A14. Name		A15. Email	A16. Phone	
A17. Mailing Address		A18. City	A19. State	A20. Zip
Other Officers (Optional) <i>Independent and local non-partisan candidates: Indicate by an asterisk (*) which officers are authorized to fill a vacancy in nomination due to death of candidate.</i>				
A21. Name	A22. Title	A23. Email	A24. Phone	
A25. Name	A26. Title	A27. Email	A28. Phone	
Filing Exemption <i>Registrants that will not accept contributions, make disbursements, or incur obligations in an aggregate amount of more than \$2,500 in a calendar year are eligible for exemption from filing campaign finance reports. For committees registering with the Commission, exempt status is effective only for the calendar year in which it is granted. Those committees registering with the Commission that want to remain exempt must renew each year. Local candidate committees that do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports at any time. This exemption applies until the local candidate committee exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.</i>			A29. Exemption Affirmation <input type="radio"/> Yes, this registrant is eligible for exemption. <input type="radio"/> No, this registrant is not eligible for exemption.	

### SECTION B: CANDIDATE COMMITTEES

B1. Office Sought (include District/Branch)		B2. Political Party	B3. Election Date	
Candidate Information				
B4. Name	B5. Email	B6. Phone		
B7. Mailing Address	B8. City	B9. State	B10. Zip	
Second Candidate Committee <i>An individual who holds a state or local elective office may establish a second candidate committee to pursue another state or local office.</i>		B11. Is this your only registered candidate committee in Wisconsin? <input type="radio"/> Yes, this is my only candidate committee in Wisconsin. <input type="radio"/> No, this is my second candidate committee in Wisconsin.		
B12. Other Office Held or Sought (include District/Branch) Only complete B12 if you responded "No" to B11.				



**CAMPAIGN FINANCE COMMITTEE/CONDUIT REGISTRATION STATEMENT**  
STATE OF WISCONSIN

Note: An amended registration statement must be filed within 10 days of any changes in information.

SECTION C: RECALL COMMITTEES		
C1. Name of Official Subject to Recall	C2. Office of Official Subject to Recall	C3. <input type="radio"/> Support <input type="radio"/> Oppose

SECTION D: PAC, IEC, AND CONDUITS			
D1. Sponsoring Organization	D2. Email	D3. Phone	
D4. Mailing Address	D5. City	D6. State	D7. Zip

SECTION E: POLITICAL PARTY & LEGISLATIVE CAMPAIGN COMMITTEES				
E1. Political Party or Legislative Campaign Committee			E2. Does the Party or Committee have a Segregated Fund? <input type="radio"/> No <input type="radio"/> Yes	
Segregated Fund Depository Institution Information (if applicable)				
E3. Institution Name	E4. Street Address	E5. City	E6. State	E7. Zip

SECTION F: REFERENDA COMMITTEES	
F1. Nature of Referendum (if applicable)	F2. <input type="radio"/> Support <input type="radio"/> Oppose

SECTION G: CERTIFICATION
<b>Accurate Information</b> <i>I certify that I am an authorized representative of the registrant and that to my knowledge all of the information contained within this registration is true, correct, and complete.</i>
<b>Timely Amendments</b> <i>I am aware of the requirement to amend this registration statement within 10 days of any change of information contained within, as well as the requirement to register within 10 days of meeting the requirements to register under Chapter 11 of Wisconsin Statutes.</i>
<b>Records Retention</b> <i>I acknowledge the duty to maintain records in an organized and legible manner for three years from the date of the most recent election in which this registrant participates. If registering a candidate committee, I acknowledge the duty to maintain records in an organized and legible manner for the three-year period prescribed in s.11.0201(4).</i>
<b>Ongoing Compliance</b> <i>This registrant shall continue to maintain its registration and comply with all applicable reporting requirements under Chapter 11 of Wisconsin Statutes.</i>

Treasurer/Administrator		
G1. Printed Name	G2. Signature	G3. Date
Candidate (if applicable)		
G4. Printed Name	G5. Signature	G6. Date
Susan A. Nordorf		4 Dec 2024

## NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <u>Dusan A Nordavf</u>	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 <u>203 William St Avoca WI</u>
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <u>203 William St Avoca</u>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u> (name of municipality)
Title of office (required) <u>Village Trustee</u>	Election date (required) Do not use primary date. Mo/Day/Year _____
Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat <u>WI</u>	Name of jurisdiction or district in which candidate seeks office (required) _____
Zip code <u>53506</u>	Type of election (required) <input checked="" type="checkbox"/> spring <input type="checkbox"/> special

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.

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
<u>Lauri A. Lins</u>	Lauri A. Lins	405 William St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/05/2024
<u>Linda Jones</u>	Linda Jones	101 Wisconsin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/05/2024
<u>Edward H Jones</u>	Edward H Jones	101 Wisconsin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/05/2024
<u>Judith Neckkash</u>	Judith Neckkash	107 S 1st St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/2024
<u>Robert S. Neckkash</u>	Robert S. Neckkash	107 S. First St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/2024
<u>Michaelen Everson</u>	Michaelen Everson	110 S 7th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/24
<u>Duane Meyer</u>	Duane Meyer	109 S. 6th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/24
<u>Brenda Steven</u>	Brenda Steven	109 S 6th St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/24
<u>Andrea Schaeck</u>	Andrea Schaeck	506 Market St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/24
<u>Randi Naggl</u>	Randi Naggl	210 N. 1st St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Avoca	12/15/24

### CERTIFICATION OF CIRCULATOR

I, \_\_\_\_\_ (Name of circulator) certify: I reside at \_\_\_\_\_ (Circulator's residential address - Include number, street, and municipality.)

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. §12.13(3)(a).

10 December 2024 (Date)  
[Signature] (Signature of circulator)



# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required); no titles may be used. <u>Jessie A. Nordberg</u>	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) <u>203 William St</u>	State (required) <b>WI</b>	Zip code <u>53506</u>	Candidate's municipality for voting purposes (required) <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u> (name of municipality)
Candidate's mailing address, including municipality for mailing purposes (required if different than residential address or voting municipality) <u>203 William St Avoca</u>		Branch, district or seat number (required if applicable) <input type="checkbox"/> Branch <input type="checkbox"/> District <input type="checkbox"/> Seat		Election date (required) Do not use primary date. Mo/Day/Year <u>Mo/Day/Year</u>
Title of office (required) <u>Village Justice</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
<u>Jessie A. Nordberg</u>	<u>Jessie Nordberg</u>	<u>210 W. G. 4th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Pamela Jensen</u>	<u>Pamela Jensen</u>	<u>602 William St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Denise Ramsdon</u>	<u>Denise Ramsdon</u>	<u>502 Market St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Brenda Presford</u>	<u>Brenda Presford</u>	<u>612 N 7th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Rancho Presford</u>	<u>Rancho Presford</u>	<u>612 N 7th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Dale Peterson</u>	<u>Dale Peterson</u>	<u>610 N 7th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Richard N. Mortal</u>	<u>Richard N. Mortal</u>	<u>109 N 7th St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Donn Mocklosky</u>	<u>Donn Mocklosky</u>	<u>102 S 1st St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-5-24</u>
<u>Susan Sturdevant</u>	<u>Susan Sturdevant</u>	<u>309 William St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-6-24</u>
<u>JAN BARR</u>	<u>JAN BARR</u>	<u>109 S 8th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	<u>12-6-24</u>

**CERTIFICATION OF CIRCULATOR**  
I, \_\_\_\_\_ (Name of circulator) certify: I reside at \_\_\_\_\_ (Circulator's residential address - include number, street, and municipality).

I further certify I am either a qualified elector of Wisconsin, or a U.S. citizen, age 18 or older who, if I were a resident of this state, would not be disqualified from voting under Wis. Stat. §6.03. I personally circulated this nomination paper and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district the candidate seeks to represent. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I intend to support this candidate. I am aware that falsifying this certification is punishable under Wis. Stat. §12.13(4).

10 December 2024 (Date) Jessie A. Nordberg (Signature of circulator)

# NOMINATION PAPER FOR NONPARTISAN OFFICE

Candidate's name (required): no titles may be used. Debra A. Penderf

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  
203 William St Avoca

Candidate's municipality for voting purposes (required)  
 Town  Village  City Avoca (name of municipality)

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

Election date (required) Do not use primary date.  
 Mo/Da/Year 12/10/24

Title of office (required)  
 Branch  District  Seat

State (required) WI Zip code 53506

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

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

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 fire no.)	Municipality of Residence Check the type and write the name of your municipality for voting purposes.	Date of Signing Mo/Day/Year
<u>Thomas Mcintosh</u>	THOMAS McINTOSH	208 Larasboro PR	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/09/2024
<u>Requies Mcintosh</u>	Requies Mcintosh	208 Lake Shore Dr	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/07/2024
<u>Mary B Peterson</u>	Mary B Peterson	2053 1st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/09/2024
<u>Adam S Eins</u>	Adam S Eins	405 William	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/09/2024
<u>Elizabeth Volkinson</u>	Elizabeth Volkinson	110 N. First St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/10/2024
<u>Michele Bartels</u>	Michele Bartels	605 Front St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/10/2024
<u>Sherry Bartels</u>	Sherry Bartels	605 Front St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12-10-2024
<u>Benny Zinn</u>	R. Richard Ubriq	201 Wz. St,	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12-10-24
<u>Kay Steele</u>	Kay Stocks	407 William	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/10/24
<u>Morgan Paul-Krause</u>	Morgan Paul-Krause	607 Wisconsin St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Avoca</u>	12/10/24

### CERTIFICATION OF CIRCULATOR

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 \_\_\_\_\_ (Circulator's residential address - include number, street, and municipality.)

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Debra A. Penderf 10 December 2024

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