NCRTAC Executive Council Current Members

| **Name** | **Affiliate** | **Term Exp** |
| --- | --- | --- |
| 1. Sara Steen | Aspirus Wausau Hospital | June 2024 |
| 1. Gina Brandl | Marshfield Medical Center | June 2024 |
| 1. Jennifer Roberts-Hagen, MD | Marshfield Medical Center | June 2024 |
| 1. Daniel Wall | Marshfield Clinic Health System | June 2024 |
| 1. Jason Keffeler | Aspirus Wausau Hospital | June 2025 |
| 1. Corey Smith | City of Antigo FD | June 2025 |
| 1. Delmond Horn | Greenwood EMS | June 2025 |
| 1. Michael Clark, MD | Aspirus MadEvac, multiple EMS | June 2025 |
| 1. Mark Schroeder | Aspirus MedEvac | June 2025 |
| 1. Chris Keller | Marshfield Medical Center – Neillsville | June 2025 |
| 1. Rachel Symons | Marshfield Medical Center | June 2025 |
| 1. ~~Liz Kracht~~ | ~~Marshfield Medical Center~~ | ~~June 2025~~ |
| 1. Linda Vollmar | City of Antigo FD | June 2026 |
| 1. Kenneth Marg | Neillsville Ambulance | June 2026 |
| 1. Amanda Tabin | Aspirus Wausau Hospital | June 2026 |
| 1. Jenny Blenker | Aspirus Stevens Point Hospital | June 2026 |
| 1. Cathy Connor | Aspirus Langlade Hospital | June 2026 |

**NCRTAC Executive Council**

**May 2024 Ballot**

|  |  |
| --- | --- |
| **Candidates for Executive Council**  (Vote for up to FIVE Executive Council Nominees) | **Write-in**  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scan and email your ballot to [Michael.fraley@NCRTAC-WI.org](mailto:Michael.fraley@NCRTAC-WI.org)  or mail it to:  NCRTAC  PO Box 23  Woodruff WI 54568 |
| 􀂅 Sara Steen  􀂅 Jennifer Roberts-Hagen, MD  􀂅 Daniel Wall  FLOOR NOMINATIONS  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  􀂅 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**If person casting ballot is NOT physically present (in person or online) the following information is needed from them:**

**Ballot cast by:**  (Print Name)

Organization (Print)

E-mail address: (Print)