RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Pearl Schatz	Pearl Schatz	500 W Bradley Rd A 211 Fox Point 53217	☐ Town ☒ Village ☐ City Fox Point Wis 53217	3/15/'11	Email Phone
2.	Debra Jubeliner	Debra Jubeliner	2470 W. Good Hope Rd. #369	☐ Town ☐ Village ☒ City Glendale, WI 53209	3/15/'11	Email Phone
3.	EDITH KOHLER	Edith Kohler	500 W. Bradley Rd A 223	☐ Town ☒ Village ☐ City Fox Point, WI 53217	3/15/'11	Email Phone
4.	JERI SIEGEL	Jeri Siegel	500 W Bradley Rd 53217 A 214	☐ Town ☒ Village ☐ City FOX PT. 53217	3/16/'11	Email Phone
5.	HOLTZMAN JEANNETTE	Jeannette P Holtzman	500 W. Bradley Rd A 323	☐ Town ☒ Village ☐ City Fox Pt. WI. 53217	3/16/'11	Email Phone
6.	EVELYN SLATEMAN	Evelyn Slateman	500 W. Bradley Rd. A-320	☐ Town ☒ Village ☐ City Fox Point	3/16/'11	Email Phone
7.	DAVID WOLKENSTEIN	David Wolkenstein	500 W Bradley Rd A108	☐ Town ☒ Village ☐ City Fox Pt	3/16/'11	Email Phone
8.	Dolores Cohen	D Cohen	500 W Bradley Rd A 20 250 W Bergen Ct	☐ Town ☒ Village ☐ City Fox Pt	3/16/'11	Email Phone
9.	SHELDON BURCHMAN	Sheldon L. Burchman	Fox Pt 500 W Bradley Rd	☐ Town ☒ Village ☐ City Fox Point	3/16/'11	Email Phone
10.	Dorothy Nyhoff	Dorothy Nyhoff	204B Fox Point			

Certification of Circulator

I, Dorothy S Rotter (name of circulator), (certify):

I reside at 2115 W Norfolk Ct Mequon, WI. 53092 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Dorothy S Rotter (signature of circulator)

Page No. #4651

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Harriet R. Smith	Harriet R. Smith	2105 W. Norfolk Ct. Mequon, WI 53092	☐ Town ☐ Village ☒ City Mequon	3 / 11 / '11	Email Phone
2.	BARBARA J. BOLD	Barbara J. Bold	7414 W. MEQUON SQ DR MEQUON, WI. 53092	☐ Town ☐ Village ☒ City MEQUON	3 / 11 / '11	Email Phone
3.	Merton N. Rotter	Merton N Rotter	2115 W. Norfolk Ct Mequon, WI 53092	☐ Town ☐ Village ☒ City Mequon	3 / 12 / '11	Email Phone
4.	Rosilyn Koritzinsky	Rosilyn Koritzinsky	10104 N. Gettysburg Ct. Mequon, WI 53092	☐ Town ☐ Village ☒ City MEQUON	3 / 13 / '11	Email Phone
5.	HAROLD A. NONKEN	Harold A Nonken	2117 W. NORFOLK Ct MEQUON, WI 53092	☐ Town ☐ Village ☒ City MEQUON	3 13 / / '11	Email Phone
6.	PAMELA P. NONKEN	Pamela P. Nonken	2117 WEST NORFOLK CT. MEQUON WI 53092	☐ Town ☐ Village ☒ City MEQUON	3/13/ / / '11	Email Phone
7.	BARBARA SHAFTON	Barbara Shafton	2113 W. Norfolk Ct. Mequon, WI. 53092	☐ Town ☐ Village ☒ City Mequon	3/14/11 / / '11	Email Phone
8.	MURIEL TAFFEL	Muriel Taffel	210 E. Charning Cross Mequon, WI 53092	☐ Town ☐ Village ☒ City Mequon	3 19 / / '11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Dorothy S Rotter (name of circulator), (certify):

I reside at 2115 W Norfolk Ct Mequon WI 53092 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4/9/2011 (date) 2011

Dorothy S Rotter (signature of circulator)

Page No. #4052

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. JOANNE M. STEVENS	J M Stevens	1400 W. Custer Ave Glendale 53209	☐ Town ☐ Village ☒ City Glendale	3/17/'11	Email Phone
2. HARRIET BERN	Harriet Bern	500 W. Bradley apt 213A	☐ Town ☐ Village ☐ City Fox Point	3/18/'11	Email Phone
3. Phyllis Bensman	Phyllis Bensman	2300 W. Good Hope Rd A 141	☐ Town ☐ Village ☐ City Glendale, Wi	3/18/'11	Email Phone
4. SYLVAN JUBELIRER	[signature]	500 W. BRADLEY RD A 234A	☐ Town ☒ Village ☐ City Fox Point	3/19/'11	Email Phone
5. MIRRIAM JUBELIRER	Mirriam Jubelirer	500 W. BRADLEY RD. APT 234A	☐ Town ☒ Village ☐ City FOX POINT	3/19/'11	Email Phone
6. MARSHALL FELD	Marshall Feld	500 W. BRADLEY RD APT. 235	☐ Town ☐ Village ☐ City Fox Point	/ /'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phon
10.					

Certification of Circulator

I, Dorothy S Rotter (name of circulator), (certify):

I reside at 2115 W Norfolk Ct Mequon Wi 53092 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

[illegible] 2011 Dorothy S Rotter (signature of circulator)

Page No. # 4653

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Geraldine Fowlkes	Geraldine Fowlkes	11217 No. Shorecliff Ln.	☐ Town ☐ Village ☒ City Mequon	4/20/'11	Email / Phone
2.	Peter Gentile	Peter Gentile	1220-W. Fairfield Ct	☐ Town ☐ Village ☐ City Glendale	4/20/'11	Email / Phone
3.	Beverly Rattner	Beverly Rattner	8909-N-Maitland Rd.	☐ Town ☐ Village ☐ City Bayside	4/20/'11	Email / Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone

Certification of Circulator

I, DAVID CROWLEY (name of circulator), (certify):

I reside at 2406 W. BURLEIGH ST. MILWAUKEE (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 26 / 2011 (date)

(signature of circulator)

Page No. #4654

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. AL Fred McCormick	[signature]	7007 N. 40th St. Mi	☐ Town ☐ Village ☑ City Milwaukee Wi.	4 / 9 / '11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Terri Froiland (name of circulator), (certify):

I reside at 3944 N. Stowell Ave. Shorewood WI (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 9 / 2011 (date) Terri Froiland (signature of circulator)

Page No. #4655

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Carole J. Pollack	Carole J Pollack	1956 W. Windsor Cir Glendale, WI 53209	☐ Town ☐ Village ☑ City Glendale	4/20/'11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, DAVID CROWLE (name of circulator), (certify):

I reside at 2406 W. BURLEIGH ST., MILWAUKEE (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 20 / 2011 (date) _____ (signature of circulator)

Page No. #4056

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	[illegible]	[illegible]		☐ Town ☐ Village ☐ City	/ / '11	Email Phone
2.	Margo Martynski	Margo Martynski	3621 N. Morris Blvd Shorewood, WI 53211	☐ Town ☒ Village of Shorewood ☐ City	3 / 14 / '11	Email mar Phone 914-
3.	Raquel Oxford	Raquel Oxford	11320 N. Meadowbrook Dr Meguon, WI 53097	☐ Town ☐ Village ☒ City Meguon	3 / 14 / '11	Email rmoxf Phone 262
4.	BEV RICHEY	B.M. Richey	~~8675~~ N. POINT DRIVE FOX POINT	☐ Town ☒ Village ☐ City FOX POINT	3 / 14 / '11	Email bevri Phone
5.	Diane Keyes	D. Keyes	3534 N Hackett 53211 Shorewood	☐ Town ☐ Village ☐ City Shorewood	/ / '11 3 16	Email Phone
6.	Bruce Keyes	B K	3534 N Hackett Ave Shorewood 53211	☐ Town ☒ Village ☐ City Shorewood	3 / 16 / '11	Email Bruc Phone
7.	Jeff JACK E. KEYES	Jack Keyes	2051 E Olivo Shorewood	☐ Town ☒ Village ☐ City Shorewood	3 16 '11	Email Keye Phone 41
8.	AUDREY B. KEYES	Audrey B. Keyes	2501 E Olive Shorewood	☐ Town ☒ Village ☐ City SHOREWOOD	3 / 16 / '11	Email Audr Phone 414-9
9.	John A. Shutkin	John A. Shutkin	7800 N. River Road River Hills, WI 53217	☐ Town ☒ Village of River Hills ☐ City	3 / 19 / '11	Email jas- Phone
10.	SEEMA GORENS	Seema Gorens	210 W. Blackhawk Rd. Fox Point, WI 53217	☐ Town ☒ Village ☐ City of Fox Point	3/22/11	Email Phone

Certification of Circulator

I, Lois Malawsky (name of circulator), (certify):

I reside at 7409 N. Crossway Rd. Fox Point, WI 53217 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

04 / 20 / 2011 (date)

Lois Malawsky (signature of circulator)

Page No. #4651

RECALL PETITION

TO: To the Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 8th State Senate District of Wisconsin,
(jurisdiction or district of officeholder)

petition for the recall of State Senator Alberta Darling from office pursuant
(name of officeholder to be recalled and office)

to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. ***No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)***

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	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	11831 N ORIOLE LANE	☐ Town ☐ Village ☐ City Mequon	3/10/2011
2. Stacy Camacho	5126 W. Goodrich Dr.	☐ Town ☑ Village ☐ City BROWN DEER	3/10/11
3.	5126 W Goodrich Ln	☐ Town ☑ Village ☐ City Brown Deer	3/10/11
4. Cynthia D Schwister	11831 N Oriole Lane	☐ Town ☐ Village ☑ City Mequon	3/10/11
5. Rachel Schwister	11831 N. Oriole Ln.	☐ Town ☐ Village ☑ City Mequon	3-11-11
6. Paul Kemp	12446 N. Pilot Dr	☐ Town ☐ Village ☒ City MEQUON	3-13-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Michael Schwister, certify:
(name of circulator)

I reside at 11831 N. ORIOLE LANE, MEQUON WI 53092.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/15/2011 (date)

(signature of circulator)

RECALL PETITION

TO: THE WISCONSIN GOVERNMENT ACCOUNTABILITY BOARD
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 8TH STATE SENATE DISTRICT OF WISCONSIN,
(jurisdiction or district of officeholder)

petition for the recall of STATE SENATOR ALBERTA DARLING from office pursuant
(name of officeholder to be recalled and office)

to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. ***No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)***

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol L. Heim	W174 N9397 Devonwood Rd.	☐ Town ☐ Village ☐ City Menomonee Falls	3/20/11
2. Herbert Curran	W174 N9396 Devonwood Rd	☐ Town ☒ Village ☐ City Menomonee Falls	3/20/11
3. Patricia Curran	W174 N9396 Devonwood Rd	☐ Town ☒ Village ☐ City Menomonee Falls	3/20/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, FRED J. HEIM III, certify:
(name of circulator)

I reside at W174 N9397 DEVONWOOD RD., MENOMONEE FALLS.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-17-11
(date)

Fred J. Heim III
(signature of circulator)

RECALL PETITION

...Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling ...ice pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Esther Weiss	Esther Weiss	2321 Lagoon Ct. Mequon WI 53092	☐ Town ☐ Village ☒ City Mequon 53092	3 26 / '11	Email Phone
2. Clay Anton	Clay Anton	313 Vernon Ave Thiensville 53092	☐ Town ☒ Village ☐ City 53092 Thiensville	3 / 26 / '11	Email CA Phone
3. MARK HANSEN	Mark Hansen	7315 W. DONGES BAY RD MEQUON WI 53092	☐ Town ☐ Village ☒ City MEQUON 53092	3 / 31 / '11	Email mh Phone
4. Robert Hansen	[signature] Hansen	7315 W. Donges Bay RD Mequon Wi 53092	☐ Town ☐ Village ☒ City Mequon 53092	3 / 31 / '11	Email bob Phone
5. Alyce Drea	Alyce Drea	9301 N. 76th St. Milwaukee, Wi 53225	☐ Town ☐ Village ☒ City Milwaukee	4 / 3 / '11	Email Phone
6. Andrew Hansen	[signature]	7315 W. Donges Bay RD Mequon WI 53092	☐ Town ☐ Village ☒ City Mequon	4 / 5 / '11	Email Phone
7. JOEL HONIGMAN [signature]	[signature]	8914 N. REGENT RD. MILWAUKEE WI 53217	☐ Town ☒ Village ☐ City BAYSIDE	4 / 17 / '11	Email SCH Phone
8. J MARVIN A. ZETHEY	[signature]	Fox Pt WI 53217	☐ Town ☐ Village ☐ City Fox PT.	4 / 20 / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, SAMUEL DENNY (name of circulator), (certify):

I reside at 2520 W WENDING DRIVE, GLENDALE, WI (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date)

[signature] (signature of circulator)

Page No. # 4660

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Tim Kinsey	Tim Kinsey	6932 N 37th #3	☐ Town ☐ Village ☒ City Milwaukee	4 / 9 / '11	Email Phone
2. Alecia Rucker	Alecia Rucker	6908 N. 37th #2	☐ Town ☐ Village ☒ City Milwaukee	4 / 9 / '11	Email Phone
3. Yovantis Wright	[illegible]	3809 W Cheyenne #1	☐ Town ☐ Village ☐ City Milwaukee	4 / 9 / '11	Email Phone
4. [illegible]	[illegible]	3806 Greentree Rd #1	☐ Town ☐ Village ☒ City Milwaukee	4 / 9 / '11	Email Phone
5. [illegible]			☐ Town ☐ Village ☐ City	/ / '11 4 9	Email Phone
6. Jamen Aldridge	[illegible]	3768 Green Tree #4	☐ Town ☐ Village ☒ City MILWAUKEE	/ / '11	Email Phone
7. Shaparis Doyle	Shaparis [illegible]	6303 W Carmen Ave Apt #4	☐ Town ☐ Village ☐ City Milwaukee	4 / 9 / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Joe Bockhorst (name of circulator), (certify):

I reside at 1017 E Lake Bluff Shorewood WI
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date) [signature] (signature of circulator)

Page No. #4661

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Gordon Orourke		4978 N 125th St	☐ Town ☑ Village ☐ City Butler	4 / 18 / '11	Email Phone
2. Karen Steffen	Karen Steffen	12735 W Cameron	☐ Town ☒ Village ☐ City Butler	4 / 18 / '11	Email Phone
3. ANDREW STEFFEN	Andrew Steffen	12735 W CAMERON	☐ Town ☐ Village ☐ City BUTLER	4 / 19 / '11	Email Phone
4. INEZ LANG		12999 W. HAMPTON #206	☐ Town ☑ Village ☐ City Butler	4 / 19 / '11	Email Phone
5. Dorothy Schipper	Dorothy Schipper	12999 W Hampton #304	☐ Town ☒ Village ☐ City Butler	4 / 19 / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Tracey Corder (name *of* circulator), (certify):

I reside at 8403 North Granville Road #3, Milwaukee, WI 53224 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 20 / 2011 (date)

Tracey Corder (signature of circulator)

Page No. #4202

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. CHERYL A. SITZLER	[signature]	4012 North Stowell Ave Shorewood WI 53211	☐ Town ☒ Village ☐ City Shorewood	03/06/'11	Email Phone
2. BENJAMIN DOMER	[signature]	2147 W. DAPHNE	☐ Town ☐ Village ☒ City GLENDALE	3/6/'11	Email Phone
3. SEBASTIAN PALZUSKI	[signature]	1836 W BRANTWOOD CT	☐ Town ☐ Village ☒ City GLENDALE	3/15/'11	Email Phone
4. MacArthur Kirksey	[signature]	5377 W. Joleno Ln Brown Deer, WI 53223	☐ Town ☒ Village ☐ City Brown Deer	3/17/'11	Email Phone
5. Lucy Kirksey	[signature]	5377 W. Joleno Ln Brown Deer, WI 53223	☐ Town ☒ Village ☐ City Brown Deer	3/17/'11	Email Phone
6. Barbara Rector	[signature]	6911 N Longview Ave Glendale WI 53209	☐ Town ☐ Village ☒ City Glendale	3/29/'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, WILLIAM G DOMER, (certify):
(name of circulator)

I reside at 2147 WEST DAPHNE RD. GLENDALE WI 53209
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 20 / 2011
(date)

[signature]
(signature of circulator)

Page No. #46103

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Wendell A Butler	Wendell A Butler	1330 N. 29 ST M. W WI 53208	☐ Town ☐ Village ☒ City Milwaukee	4 / 5 / '11	Email alledn Phone
2. Lizzie Harrison	Lizzie Harrison	7901 W. Glen Brook Dr #141 Milw, WI 532	☐ Town ☐ Village ☒ City Milwaukee	4 / 5 / '11	Email Phone
3. Laverne Evans	Laverne Evans	9000 N. 86th St	☐ Town ☐ Village ☒ City Milwaukee	4 / 5 / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Robert Idom, (certify):
(name of circulator)

I reside at 9266 N. 20th street Milwaukee WI 53223
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 7 / 2011
(date)

[signature]
(signature of circulator)

Page No. #4604

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	CO
1.	~~ANNE C Bell~~			☐ Town ☐ Village ☐ City 9130 W	/ /'11	Email Phone
2.	RENNIE YORK	Rennie York	8911 F N. Swan Rd	☐ Town ☐ Village ☐ City Milwaukee	4/16/'11	Email Phone
3.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Kathleen C. Raynier (name of circulator), (certify):

I reside at 9276 N. 70 Street, Milwaukee (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 18 / 2011 (date) Kathleen C. Raynier (signature of circulator)

Page No. # 466

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or fire no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Easter Byrd	Easter Byrd	9040 N. 85th #12 Milwaukee, WI	☐ Town ☐ Village ☒ City Milwaukee	4/17/'11	Email [illegible] Phone 414-2
2. Anita Henry	Anita Henry	9040 N. 85th #7 Milw. WI	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email [illegible]henry Phone
3. Kimberly Williams	[illegible]	8975 N. 85th #201	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email 414-7 Phone [illegible]
4. Gloria Weston	Gloria Weston	9051 N. 85th #101	☐ Town ☐ Village ☒ City Milwaukee	4/17/'11	Email Phone
5. Anna Ortega	[illegible]	9051 N 85th #106	☐ Town ☐ Village ☐ City Milwaukee	4-17/'11	Email Phone
6. Adrienne Nashlde	Adrienne Nashlde	9051 N. 85th St. 203	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/'11	Email Phone

Certification of Circulator

I, Kathleen C. Raynier (name of circulator), (certify):

I reside at 9276 N. 70th Street, Milwaukee (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

4/18/2011 (date)

Kathleen C. Raynier (signature of circulator)

Page No. #4 of 6

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	CO
1. Toni Perry	Toni Perry	9075 N. 85th #104	☐ Town ☐ Village ☒ City Milwaukee	4/17/'11	Email Phone
2. Clay Gordon	[illegible]	9075 N 85th #206	☐ Town ☐ Village ☒ City Milwaukee	4/17/'11	Email Phone
3. British Gordon	[illegible]	9075 N 85th st Apt #206	☐ Town ☐ Village ☒ City Milwaukee	4/17/'11	Email Phone
4. Onea Williams	Onea Williams	9060 N. 86th St #1	☐ Town ☐ Village ☒ City Milwaukee	4/17/'11	Email Phone
5. Bettina Trull	Bettina Trull	9060 N 85th #7	☐ Town ☐ Village ☒ City Milwaukee	4-17/'11	Email Phone
6. Sarah Townsend	[illegible]	9060 N 85st apt 13	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email Phone
7. Lisa Bradford	Lisa Bradford	9050 N 85st APT 10	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email Phone
8. Carlton Singleton	Carlton Singleton	9050 N 85st apt #56	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email Phone 414
9. Sajrine Hicks	[illegible]	9050 N. 85th street Apt 5	☐ Town ☐ Village ☐ City Milwaukee	4/17/'11	Email Phone
10. Latea Lee	Latea Lee	9050 N 85th #2 Milw	☐ Town ☐ Village ☒ City Milw WI	4/17/'11	Email Phone

Certification of Circulator

I, Kathleen Raynier (name of circulator), (certify):

I reside at 9276 N. 70th Street, Milwaukee
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S 12.13(3)(a), Wis. Stats.

4 / 18 / 2011 (date)

Kathleen Raynier (signature of circulator)

Page No. #4667

4/9 4/18

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	CO
1. SH'Teaka Reid	Shiteaka Reid	9227 W Joleno LN	☐ Town ☐ Village ☒ City Milwaukee	4/9/'11	Email Phone
2. Patrice Reid	[illegible]	9229 W. Joleno Ln	☐ Town ☐ Village ☒ City Milwaukee	4/9/'11	Email Phone
3. John C. Kleats	[illegible]	N110 W16867 Ashbury Cir Unit 6	☐ Town ☒ Village ☐ City Germantown	4/18/'11	Email Phone
4. Janet Verburgh	Janet Verburgh	N88 W18379 Duke ST	☐ Town ☒ Village ☐ City Menn. Falls. Wi	4/18/11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Robert C Pape, (certify):
(name of circulator)

I reside at _____
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_____ / _____ / 2011
(date)

_____
(signature of circulator)

Page No. #4668

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. JAMES R BARTZ	James R Bartz	W150N8177 Manhattan Dr	☐ Town ☐ Village ☐ City Menomonee Falls	4/10/'11	Email Phone
2.			☐ Town ☐ Village ☐ City Menomonee Falls	/'11	Email Phone
3. Raymond Remmel	Raymond Remmel	W150N8149 (RR2) Manhattan Dr.	☐ Town ☐ Village ☐ City Menomonee Falls	4/10/'11	Email Phone
4. CAROLE GEITRUNG	Carole Geitrung	N83W15270 Manhattan Dr.	☐ Town ☐ Village ☐ City Menomonee Falls	4/10/'11	Email Phone
5.			☐ Town ☐ Village ☐ City	/'11	Email Phone
6.			☐ Town ☐ Village ☐ City	/'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/'11	Email Phone

Certification of Circulator

I, Katherine E. Lewis (name of circulator), (certify):

I reside at N56W33223 Ivy Lane Nashotah, WI 53058 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

7 / 10 / 2011 (date)

Katherine E. Lewis (signature of circulator)

Page No. #1 of 1

RECALL PETITION

27

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Alfornia Steffes	[signature]	N88 W16761 Appleton Ave Menomonee Falls, WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3/27/11	Email Phone 41
2. Tamara Steffes	Tamara Steffes	N88 W16761 Appleton Avenue Menomonee Falls, WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3/27/11	Email Phone 414
3. Ebony Steffes	Ebony Steffes	N88 W16761 Appleton Avenue Menomonee Falls, WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3/27/11	Email 9 Phone 41
4. Tanya Schlicht	Tanya Schlicht	4022 S 43RD Greenfield, WI 53220	☐ Town ☐ Village ☒ City Greenfield	3/27/11	Email Phone
5. K ~~Carl Lemminger~~			☐ Town ☐ Village ☐ City	/ /11	Email Phone
6. Carl A. Lemminger	Carl A. Lemminger	W174 N9322 Jupiter TA	☐ Town ☒ Village ☐ City Menomonee Falls	3/27/11	Email Phone
7. Judy Lemminger	Judy Lemminger	W174 N9322 Jupiter ~~[illegible]~~	☐ Town ☒ Village ☐ City Menomonee Falls	3/27/11	Email Phone
8. Siguano Bittner	[signature]	1562 Scenic Road Richfield	☐ Town ☒ Village ☐ City Richfield	03/27/11	Email Phone
9. Henry Bittner	[signature]	1562 Scenic Rd Richfield, WI	☐ Town ☒ Village ☐ City Richfield	3/27/11	Email Phone
10. ~~Dona Meyer~~ Dona Meyer	~~Dona Meyer~~	~~Meno Falls~~ N Main St	☐ Town ☒ Village ☐ City Menomonee Falls Meno Falls	3/27/11	Email Phone

Certification of Circulator

I, STEVEN KATONA (name of circulator), (certify):

I reside at W178 N8791 DUKEST MENOMONEE FALLS WI 53051
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

3 / 27 / 2011 (date) [signature] (signature of circulator)

Page No. #7670

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Eugene C. Bonnell	Eugene C Bonnell	W181N8905 Melanie LN	☐ Town ☑ Village ☐ City Menomonee Falls	4 / 19 '11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Robert C. PAPE (name of circulator), (certify):

I reside at N86 W17389 Joss Pl. Menomonee Falls Wisc. (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

20 / April / 2011 (date)

Robert C Pape (signature of circulator)

Page No. # 4071

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Evan Jones	Evan Jones	12219 N Lakeshore	☐ Town ☐ Village ☐ City Mequon	4 / 20 '11	Email Evan Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Peter Abbott (name of circulator), (certify):

I reside at 855 N. 60th St. Wauwatosa WI 53213 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date)

Peter Abbott (signature of circulator)

Page No. #472

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Alex VanSchoik	Alex VanSchoik	5570 N. Lake Drive Whitefish Bay WI 53217	☐ Town ☒ Village ☐ City Whitefish Bay	03/06/'11	Email Phone
2.	David Dropes	David Dropes	4445 N. Maryland Shorewood, WI	☐ Town ☒ Village ☐ City Shorewood	03/14/'11	Email Phone
3.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Margo Rennner (name of circulator), (certify):

I reside at 5570 N. Lake Dr. (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 5 / 2011 (date)

Margo J. Rennner (signature of circulator)

Page No. # 4073

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. John S Kesselman	John S Kesselman	1813 Co. Mequon Road	☐ Town ☐ Village ☒ City Mequon	4 / 1 / '11	Email Phone
2. Sandra R. Ruesink	Sandra R Ruesink	2425 W. Brantwood Ave	☐ Town ☐ Village ☒ City Glendale	4 / 1 / '11	Email S Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Eric Meyer (name *of* circulator), (certify):

I reside at _____ (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_____ / _____ / 2011 (date)

_____ (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Bonnie Marcus	Bonnie Marcus	1143 N. Parkview Mequon, WI 53092	☒ Town ☐ Village ☐ City Mequon,	4 / 3 / '11	Emai Phon
2.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
3.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
4.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
5.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
6.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
7.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
8.			☐ Town ☐ Village ☐ City	/ / '11	Emai Phon
9.			☐ Town ☐ Village ☐ City	/ / '11	Ema Phon
10.			☐ Town ☐ Village ☐ City	/ / '11	Ema Pho

Certification of Circulator

I, Christine Marshall (name of circulator), (certify):

I reside at 9641 N Valley Hill Drive (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 11 / 2011 (date)

Christine Marshall (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Charles N Clewett III		6431 N Green Bay Rd Glendale, WI 53209	☐ Town ☐ Village ☒ City Glendale	3/26/'11	Email / Phone
2. Kris Jenson		1950 W. Windsor Circle Glendale, WI 53209	☐ Town ☐ Village ☒ City Glendale	3/26/'11	Email / Phone
3. Mary Hoffer	Mary Hoffer	6533 N. Green Bay Glendale WI 53209	☐ Town ☐ Village ☐ City Glendale	3/26/'11	Email / Phone
4. Thomas A. Hoffer	Thomas A. Hoffer	6533 N. GREEN BAY AVE GLENDALE, WI 53209	☐ Town ☐ Village ☒ City GLENDALE	3/26/'11	Email / Phone
5. ELISHA BEN YITZHAK		6555 N. GREEN BAY UNIT 203, GLEN.	☐ Town ☐ Village ☐ City GLENDALE	/'11 3/26/11	Email / Phone
6. MARGARET JOHNSON	Margaret Johnson	6555 N. Green Bay Glendale 53209 Ave	☐ Town ☐ Village ☐ City Glendale 53209	/'11 3/26/11	Email / Phone
7. Marge Gleason M. Gleason	Marge M. Gleason	6555 N Green Bay Ave	☐ Town ☐ Village ☒ City Glendale	3/26/'11	Email / Phone
8. MARY YAMAHIRO	Mary Yamahiro	6555 N GREEN BAY AVE #208 GLENDALE	☐ Town ☐ Village ☒ City GLENDALE	3/26/'11	Email / Phone
9. PAOLA PARODI	Paola Parodi	6555 N GREEN BAY AVE #202 GLENDALE	☐ Town ☐ Village ☒ City GLENDALE	3/26/'11	Email / Phone
10. HELENE NEUBAUER	Helene Neubauer	6555 N. Green Bay Road #213	☐ Town ☐ Village ☒ City Glendale	3/26/'11	Email / Phone

Certification of Circulator

I, Eric Gietzen (name of circulator), (certify):

I reside at 4434 N. Maryland (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

March / 26 / 2011 (date)

Eric J. Gietzen (signature of circulator)

Page No. #4676

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Irene Emmer	Irene Emmer	W159 N8311 Apple Valley Dr. Apt. 101 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3/11/'11	Email Phone
2. Leann Warren	Leann Warren	3418 Maple Dr Hubertus, WI 53033	☐ Town ☒ Village ☐ City Richfield	3/11/'11	Email Phone
3. Jenna Emmer	Jenna Emmer	N86W13688 Irene Dr. Menomonee Falls WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3/11/'11	Email Phone
4. BRIAN EMMER	Brian Emmer	N86 W13688 IRENE DR MENOMONEE FALLS, WI	☐ Town ☒ Village ☐ City MENOMONEE FALLS	3/11/'11	Email Phone
5. Gina Emmer	Gina Emmer	N86 W13688 Irene Dr. Menomonee Falls	☐ Town ☒ Village ☐ City Menomonee Falls	3/11/'11	Email Phone
6. ERIC M BARTELS	Eric M Bartels	W159 N8311 APPLE VALLEY APT (2-103) DRIVE MENOMONEE FALLS	☐ Town ☒ Village ☐ City	3/18/'11	Email Phone
7. Julie Emmer	Julie Emmer	N86W13688 Irene Dr.	☐ Town ☒ Village ☐ City Menomonee Falls	3/18/'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Irene Emmer (name of circulator), (certify):

I reside at W159 N8311 Apple Valley Dr. Apt. 101
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

03 / 18 / 2011
(date)

Irene Emmer
(signature of circulator)

Page No. # 4677

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Jas. Frelich	[signature]	2911 N. [illegible] Milwaukee	☐ Town ☐ Village ☒ City	3/26/'11	Email Phone
2. Jill Robertson	Jill Robertson	3106 N. Newhall St. Milwaukee, WI 53211	☐ Town ☐ Village ☒ City Milwaukee	3/26/'11	Email Phone
3. Marg J. McDonald	Marg J. McDonald	4354 N. Marlborough Dr Shorewood, WI 53211	☐ Town ☒ Village ☐ City Shorewood	3/26/'11	Email Phone (414)
4. John M. Mullaney	John M. Mullaney	544 E. Ogden Ave Milw WI	☐ Town ☐ Village ☒ City Milwaukee	3/26/'11	Email Phone
5. Omega Omega	Gregory Gregory	Milwaukee 4x5 E Kapp St	☐ Town ☐ Village ☒ City Milwaukee	3/26/'11	Email Phone
6. John Roth	John Roth	5075 N. Woodburn St Whitefish Bay	☐ Town ☒ Village ☐ City Whitefish Bay	3/26/'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Damon White (name of circulator), (certify):

I reside at 3274 N. Cambridge Avenue, Milwaukee, WI 53211 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

March / 26 / 2011 (date)

[signature] (signature of circulator)

Page No. #4678

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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. 3/31/11

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Jeffrey W Schmidt		W153N7832 Cornflower Menomonee Falls WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3 /31/ '11	Email Phone
2. Sherri Herbert	Sherri Herbert	N84 W15493 Menomonee Hefty Menomonee Falls, WI 53051	☐ Town ☐ Village ☐ City Menomonee Falls	3 /31/ '11	Email Phone
3. Jeannie Braun	Jeannie Braun	N81W22790 Katherine CT Sussex, WI 53089	☒ Town ☐ Village ☐ City Sussex WI	/ / '11 3 31	Email Phone
4. RICHARD ABBOTT		N85W14995 Knoll Terrace Menomonee Falls, WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3 /31 '11	Email Phone
5. Sharon Schmidbauer	Sharon L. Schmidbauer	N79 W15273 Goldenrod Dr. Menomonee Falls Meno Falls, WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls Meno. Falls	/ '11 3/31	Email Phone
6. Cynthia Repinski	Cynthia Repinski	N79W15273 Goldenrod Dr Menomonee Falls, WI 53051	☐ Town ☒ Village ☐ City Menomonee Falls	3 /31/ '11	Email Phone
7. Cailyn Wilke		N88W16597 main St #2 menomonee falls, wi 53051	☐ Town ☒ Village ☐ City menomonee Falls meno Falls	3 /31/ '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Sherri Morrill (name of circulator), (certify):

I reside at W130 N6115 River Drive (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_____ / 3/31/11 / 2011 (date) Sherri Morrill (signature of circulator)

Page No. #40

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. DIANE SOBEL	Diane Sobel	9263 N. Waverly	☐ Town ☐ ~~Village~~ ☐ City	3/19/'11	Ema Phon
2. GARY SOBEL	Dany Sobel	9263 N Waverly	☐ Town ☐ Village ☐ City	3/19/'11	Ema Pho
3. Leslie Usaw	Leslie Usaw	9617 N Old Bayn Rd Mequon	☐ Town ☐ Village ☐ City	3/25/'11	Em Ph
4. Barry H. Usaw	Barry H. Usaw	9647 N. Old Bayn Rd Mequon,	☐ Town ☐ Village ☐ City	3/25/'11	Em Ph
5.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
6.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
7.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
8.			☐ Town ☐ Village ☐ City	/ /'11	Em Pho
9.			☐ Town ☐ Village ☐ City	/ /'11	Em Pho
10.			☐ Town ☐ Village ☐ City	/ /'11	Em Pho

Certification of Circulator

I, Elizabeth M. Lewis (name of circulator), (certify):

I reside at 9430 N. Broadmoor Rd. 5321 Bayside WI (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 6 / 2011 (date)

Elizabeth M. Lewis (signature of circulator)

Page No. #4082

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	Arlene Devorkin	A. Devorkin	945 W. Heritage Ct Mequon, 53092	☐ Town ☐ Village ☐ City Mequon	3/26/'11
2.	Susan Koenigsberger	Susan Koenigsberger	10322 La Cresta Dr. mequon, WI 53092	☐ Town ☐ Village ☐ City Mequon	3/26/'11
3.	Phoebe Haase Gad	Phoebe Haase Gad	1545 W Cedar Lane River Hills 53217	☐ Town ☐ Village ☐ City River Hills	3-26-'11
4.	JAMES A. ROTHE	James A Rothe	310 W MEQUON RD MEQUON 53092	☐ Town ☐ Village ☐ City MEQUON	3-26-'11
5.	LORI JACOBSON	Lori Jacobson	1952 W Hidden Reserve Mequon WI 53092	☐ Town ☐ Village ☐ City Mequon	3/26/11 '11
6.	James W. Huerta	James W Huerta	4444 W Grace Ave Mequon WI 53092	☐ Town ☐ Village ☐ City Mequon	3/26/'11
7.	Michelle Huerta	Michelle Huerta	4444 W. Grace Ave Mequon WI 53092	☐ Town ☐ Village ☐ City Mequon	3/26/'11
8.	Glenda Kaufman	Glenda Kaufman	8530 N. Fielding Rd Milwaukee, WI 53217	☐ Town ☐ Village ☐ City Milwaukee	3/26/'11
9.	BETTY BRONSKI	Betty Bronski	5150 N. BERKELEY BLVD WHITEFISH BAY, WI 53217	☐ Town ☑ Village ☐ City WHITEFISH BAY	3/26/'11
10.	Evangeline McMillan-Adams	Evangeline McMillan-Adams	10935 N Port Washington Rd #4 Mequon, WI.	☐ Town ☐ Village ☐ City Mequon	3/26/'11

Certification of Circulator

I, JOHN LANE HALL (name of circulator), (certify):

I reside at 6877 UPPER PARKWAY NORTH (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

3 / 26 / 2011 (date) John Lane Hall (signature of circulator)

Page No. # 4681

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. ROSELYN GOLDMAN SCHOOLL-MAYTA	Roslyn Goldman Mayta School	4185 W. Schroeder Dr. 4185	☐ Town ☑ Village ☐ City Brown Deer	03/29/'11	Ema Pho
2.			☐ Town ☐ Village ☐ City	/ /'11	Ema Pho
3.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
4.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
5.			☐ Town ☐ Village ☐ City	/ /'11	E P
6.			☐ Town ☐ Village ☐ City	/ /'11	E P
7.			☐ Town ☐ Village ☐ City	/ /'11	E P
8.			☐ Town ☐ Village ☐ City	/ /'11	E Ph
9.			☐ Town ☐ Village ☐ City	/ /'11	Em Pho
10.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph

Certification of Circulator

I, _____, (certify):
(name *of* circulator)

I reside at _____
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_____ / _____ / 2011 _____
(date) (signature of circulator)

Page No. #1682

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	GRETA LONGREEN	Greta Longreen	500 W RIVERVIEW Glendale, WI	☐ Town ☐ Village ☑ City GLENDALE	3/27/'11	Ema Pho
2.	Sarah Willis	Sarah Willis	981 W Reservoir Glendale WI	☐ Town ☐ Village ☐ City Glendale	3/27/'11	Em Pho
3.				☐ Town ☐ Village ☐ City	/ /'11	Em Ph
4.				☐ Town ☐ Village ☐ City	/ /'11	Em Ph
5.				☐ Town ☐ Village ☐ City	/ /'11	E P
6.				☐ Town ☐ Village ☐ City	/ /'11	E P
7.				☐ Town ☐ Village ☐ City	/ /'11	E Ph
8.				☐ Town ☐ Village ☐ City	/ /'11	Em Ph
9.				☐ Town ☐ Village ☐ City	/ /'11	Em Pho
10.				☐ Town ☐ Village ☐ City	/ /'11	Em Pho

Certification of Circulator

I, Jim Loebl (JAMES), (certify):

I reside at 5350 NORTH KENT AVE, WHITEFISH BAY, WI
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 20 / 2011 James R. Loebl
(date) (signature of circulator)

Page No. #4683

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	HERBERT M CUP	Herbert M Cup	N102W16358 VENUS	☐ Town ☒ Village ☐ City GERMANTOWN	4/27/11	Email Phone
2.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
3.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Maureen Hammond (name of circulator), (certify):

I reside at 904 Buena Vista Ave, Waukesha (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 20 / 2011 (date)

Maureen Hammond (signature of circulator)

Page No. #4084

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. LORETTA J. CUP	Loretta J. Cup	N102 W15358 Vernon Dr.	☐ Town ☒ Village ☐ City Germantown	4/20/'11	Em Pho
2.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
3.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
4.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
5.			☐ Town ☐ Village ☐ City	/ /'11	E P
6.			☐ Town ☐ Village ☐ City	/ /'11	E P
7.			☐ Town ☐ Village ☐ City	/ /'11	E Ph
8.			☐ Town ☐ Village ☐ City	/ /'11	Em Ph
9.			☐ Town ☐ Village ☐ City	/ /'11	Em Pho
10.			☐ Town ☐ Village ☐ City	/ /'11	Em Pho

Certification of Circulator

I, Maureen Hammond (name *of* circulator), (certify):

I reside at 904 Bella Vista Ave, Waukesha (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4/20/2011 (date) Maureen Hammond (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Rebecca Troeller	[signature]	8894 N Malibu Dr	☐ Town ☒ Village ☐ City Bayside	3/5/'11	Ema Phon
2. Alyson Kaiser	Alyson Kaiser	420 W. Ellsworth Ln	☐ Town ☒ Village ☐ City Bayside	3/5/'11	Ema Phon
3. Jennifer Sahin	Jennifer Sahin	1600 W. Fairy Chasm Rd.	☐ Town ☒ Village ☐ City River Hills	3/5/'11	Emai Phon
4. Jonathan Sahin	[signature]	1600 W. Fairy Chasm Rd	☐ Town ☒ Village ☐ City River Hills	3/5/'11	Emai Phon
5. Randal Kaiser	Randal Kaiser	420 W. Ellsworth Ln	☐ Town ☒ Village ☐ City Bayside	3/12/'11	Emai Phon
6. Mary Kay Waldman	[signature]	9251 N. Waverly	☐ Town ☒ Village ☐ City Bayside	3/12/'11	Emai Phon
7. Sharon Holz	Sharon Holz	230 W. Manor Circle	☐ Town ☒ Village ☐ City Bayside	3/15/'11	Emai Phon
8. Joel Guthmann	Joel Guth	3509 W MARSEILLES DR	☐ Town ☐ Village ☐ City MEQUON	3/29/'11	Emai Phon
9. Rose Hill	Rose Hill	8900 N. Malibu Dr	☐ Town ☒ Village ☐ City Bayside	3/31/'11	Emai Phone
10. EUGENE S. HILL	Eugene S. Hill	8900 N. MALIBU DR	☐ Town ☒ Village ☐ City BAYSIDE	3/31/'11	Email Phone

Certification of Circulator

I, Rebecca Troeller, (certify):
(name of circulator)

I reside at 8894 N Malibu Dr Bayside
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_____ / april 21 / 2011 (date)

[signature] (signature of circulator)

Page No. #4686

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Latrice Bynum	[signature]	7074 N 39th ST	☐ Town ☐ Village ☒ City Milwaukee	3/5/'11	Ema Pho
2. Thomas J Zall	[signature]	4135 N Stowell Ave	☐ Town ☒ Village ☐ City Shorewood	3/5/'11	Ema Pho
3. Leigh vanden Kieboom	L. vanden Kieboom	2519 E. Shorewood Blvd.	☐ Town ☒ Village ☐ City Shorewood	3/5/'11	Ema Pho
4. JAN VANDEN KIEBOOM	[signature]	2519 E. SHOREWOOD BLVD	☐ Town ☒ Village ☐ City SHOREWOOD	3/5/'11	Ema Pho
5. BEN WESSON	[signature]	7428 N. BELL RD.	☐ Town ☒ Village ☐ City FOX POINT	3/8/'11	Ema Pho
6. Gale Shelton	Gale Shelton	519 East Birch Avenue Whitefish Bay, WI	☐ Town ☒ Village ☐ City Whitefish Bay	3/9/'11	Ema Pho
7. Jason Ilstrup	[signature]	3441 N. Cramer St. Milwaukee, WI 53211	☐ Town ☐ Village ☒ City Milwaukee	3/10/'11	Ema Pho
8. Carol L. SCHOWALTER	Carol L. Schowalter	2423 E. Menlo Blvd. ~~Milwaukee~~	☐ Town ☒ Village ☐ City Shorewood	4/3/'11	Ema Pho
9. John C. Hay	JR C Hay	2423 E. MENLO BLVD.	☐ Town ☒ Village ☐ City Shorewood	4/3/'11	Ema Pho
10.			☐ Town ☐ Village ☐ City	/ /'11	Ema Pho

Certification of Circulator

I, Christopher A. Liegel (name of circulator), (certify):

I reside at 2501 E. Menlo Blvd., Shorewood (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date) [signature] (signature of circulator)

Page No. # 4687

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ellen Mann	Ellen Mann	8551 N Point Dr. Fox Point WI 53217	☐ Town ☒ Village ☐ City Fox Point	3/12/'11
2. David P. Cohn	David P. Cohn	3587 N. Point Dr. Fox Point, WI 53217	☐ Town ☒ Village ☐ City Fox Point	3/12/'11
3. Alyssa Lichty	Alyssa Lichty	1545 W. Cedar Lane River Hills, WI, 53217	☐ Town ☒ Village ☐ City River Hills	3/16/'11
4. Deborah Lever	Deborah Lever	9495 N. Fairway Circle Bayside, WI 53217	☐ Town ☒ Village ☐ City Bayside	3/18/'11
5. Eli Gecht	Eli Gecht	7461 N. Seneca Rd. Fox Point, WI 53217	☐ Town ☒ Village ☐ City Fox Point	3/18/'11
6. Allan A. Bernfeld	[signature]	4968 N. Eckhart Av Whitefish Bay, WI 53217	☐ Town ☒ Village ☐ City Whitefish Bay	4/2/'11
7. Rebecca Goldman	Rebecca Goldman	6228 N Bay Ridge Ave Whitefish Bay, WI 53217	☐ Town ☒ Village ☐ City Whitefish Bay	4/3/'11
8. NADEEN KOEPKE	Nadeen Koepke	12700 W. Lakeshore Dr MEQUON WI 53092	☐ Town ☐ Village ☐ City MEQUON	4/7/'11
9.			☐ Town ☐ Village ☐ City	/'11
10.			☐ Town ☐ Village ☐ City	/'11

Certification of Circulator

I, Andrea F. Waxman (name of circulator), (certify):

I reside at ~~Andrea F. Waxman~~ 5866 N. Lake Drive, Whitefish Bay, WI 53217 BRW (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 21 / 2011 (date)

Andrea F. Waxman (signature of circulator)

Page No. #4688

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Viktoriya Kushnir	Viktoriya Kushnir	2620 W. Michael Dr. Glendale, WI 53209	☐ Town ☐ Village ☐ City Glendale	4/21/'11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Colleen McGuigan, (certify):
(name of circulator)

I reside at 8152 N 50th St Brown Deer
(circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 21 / 2011
(date)

(signature of circulator)

Page No. #4089

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. MICHAEL J. POKLASNY	Michael J Poklasny	N69 W.23432 DONNA DR. SUSSEX, WI 53089	☐ Town ☒ Village ☐ City Sussex	4 / 19 / '11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Joe Martin (name of circulator), (certify):

I reside at 1911 Rail Road Richfield WI (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 21 / 2011 (date)

Joe Martin (signature of circulator)

Page No. 4690

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Steve Torn	Steven E. Torn	N99 W16639 Rustic LN	☐ Town ☒ Village ☐ City GERMANTOWN	04/06/'11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Linda Gould (name of circulator), (certify):

I reside at Linda Gould 16840 Ridgeview Dr, Brookfield, WI 53005 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Apr / 20 / 2011 (date) Linda Gould (signature of circulator)

Page No. 4841

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. JAMES A. KONRATH	James A. Konrath	415 Scenic Rd. Colgate WI 53017	☐ Town ☒ Village ☐ City Richfield	3 / 24 / '11	Email Phone
2. Brenda Hung-Konrath	Brenda Hung-Konrath	415 Scenic Rd Colgate WI 53017	☐ Town ☒ Village ☐ City Richfield	3 / 24 / '11	Email Phone
3. JEFF DURVAINE	Jeff Durvaine	N117 W21050 MARIETTE GERMANTOWN 53022	☐ Town ☒ Village ☐ City GERMANTOWN	4 / 9 / '11	Email Phone
4. VIVIAN J. HUGGLER	Vivian J. Huggler	W204N13415 Goldendale Rd Richfield WI 53076	☐ Town ☒ Village ☐ City GERMANTOWN	4 / 3 / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Robert H. Huggler (name of circulator), (certify):

I reside at 413 Scenic Rd Colgate, Wis. 53017 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date) Robert H. Huggler (signature of circulator)

Page No. 4092

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Terry G. Kaebisch	Terry G. Kaebisch	559 Jordan Circle Colgate, WI 53017	☑ Town ☐ Village ☐ City Richfield	4 / 6 / '11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Linda Gould (name *of* circulator), (certify):

I reside at 16840 Ridgeview Dr., Brookfield, WI 53005 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date)

Linda Gould (signature of circulator)

Page No. #4693

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. JEANNE SEIDLER	Jeanne C. Seidler	N128W16779 Holy Hill Rd	☐ Town ☑ Village ☐ City GERMANTOWN	3/17/'11	Email Phone
2. CHRISTIAN JOHNSON	Christian Johnson	N128W16599 HOLY HILL ROAD	☐ Town ☑ Village ☐ City GERMANTOWN	3/23/'11	Email Phone
3. BARBARA HREN	Barbara Hren	N128 W16599 Holy Hill Rd	☐ Town ☑ Village ☐ City Germantown	3/23/'11	Email S Phone
4. Julie Hobgood	Julie Hobgood	N111W15655 Vienna CT #20	☐ Town ☑ Village ☐ City Germantown	3/23/'11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, NEAL SEIDLER (name of circulator), (certify):

I reside at N128 W16779 Holy Hill Rd germantown, WI 53022 (circulator's residence including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20th / 2011 (date)

N Seidler (signature of circulator)

Page No # 694

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Martha E. Hood	Martha E Hood	N65 W13210 West View Pr Cir.	☐ Town ☒ Village ☐ City Menomonee Falls	4/17/'11	Email Phone
2.	JUNE P. MEIER	June P Meier	N70 W15204 Amberleigh	☐ Town ☒ Village ☐ City MENOMONEE FALLS	4/20/'11	Email Phone
3.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Kathleen M Hood (name of circulator), (certify):

I reside at N70W15400 Amberleigh Circle, Menomonee Falls, WI 53051 (circulator's residence – including number, street and municipality),

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date)

Kathleen M Hood (signature of circulator)

Page No. #4095

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Robert Meyer		8227 N 37th St	☐ Town ☑ Village ☐ City Brown Deer	3/16/'11	Email / Phone
2.	Laura Hanson		3035 N. Stowell Ave	☐ Town ☐ Village ☑ City Milwaukee	3/16/'11	Email / Phone
3.	Paul Dix		4113 N. Larkin St	☐ Town ☑ Village ☐ City Shorewood	3/16/'11	Email / Phone
4.	Kathleen Graser		3238 N. Shepard	☐ Town ☐ Village ☑ City Milwaukee	3/16/'11	Email / Phone
5.	JONATHAN LOHMAN		3939 N. MURRAY #404	☐ Town ☑ Village ☐ City SHOREWOOD	4/4/'11	Email / Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email / Phone

Certification of Circulator

I, Daniel Shansky (name of circulator), (certify):

I reside at 3150 S New York Ave. Milwaukee, WI 53207 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

4 / 20 / 2011 (date)

(signature of circulator)

Page No. #4696

1-4

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	ROBERT D. KISEMAN	Robert D Eiseman	10103 N. Charter Mall	☐ Town ☐ Village ☒ City Mequon	3/26/'11	Email reis Phone 26
2.	PAUL S. ELIAS	Paul S. [redacted]	10134 N. Gettysburg Ct.	☐ Town ☐ Village ☒ City Mequon	3/26/'11	Email Phone
3.	Todd J Dicker	X [redacted]	206 Williamsburg Dr	☐ Town ☒ Village ☐ City Thiensville	3/30/'11	Email tod Phone 41
4.	Karen H. Friedlander	Karen H. Friedlander	10007 N Franklin Ct Mequon	☐ Town ☐ Village ☒ City Mequon	3/30/'11	Email Phone
5.	ANNA Belle Wasser	AnnaBelle Wasser	10031 N FRANKLIN Mequon	☐ Town ☐ Village ☒ City Mequon	3/30/'11	Email Phone
6.	Seymour Wasser	Seymour Wasser	10031 N. Frankln Mequon	☐ Town ☐ Village ☒ City Mequon	3/30/'11	Email Phone
7.	MERRILEE DOERR	Merrilee Doerr	10109 N. Charter Mall Mequon WI 53092	☐ Town ☐ Village ☒ City Mequon	3/30/'11	Email Phone
8.	Sherwin Schnoll	Sherwin Schnoll	10120 N. Charter Mall Mequon, WI 53092	☐ Town ☐ Village ☒ City Mequon	3/30/'11	Email Phone
9.	LINDA E. Schnoll	Linda E. Schnoll	10120 N. Charter Mall Mequon, WI 53092	☐ Town ☐ Village ☐ City Mequon	3/30/'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Eva B. Eiseman (name of circulator), (certify):

I reside at 10103 N. Charter Mall Mequon WI (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

April / 20 / 2011 (date)

Eva B. Eiseman (signature of circulator)

Page No. #4097

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Ruby Evans		4031 N Hopkins Mil, WI 53209	☐ Town ☐ Village ☐ City Mil	9/7 '11	Email Phone
2.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
3.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
4.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
5.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
6.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
7.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
8.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
9.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ / '11	Email Phone

Certification of Circulator

I, Sally Evans (name of circulator), (certify):

I reside at 3820 N. Frederick Shorewood, WI 53211 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

9 / 21 / 2011 (date)

(signature of circulator)

Page No. #1098

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Wendy Lemmo	Wendy Lemmo	8962 N. 97th m.lw, WS Apt. 101 53224	☐ Town ☐ Village ☒ City	3/13/'11	Email Phone
2.	GREG SCHOENUNG		N113 W15511 FRANCES DR #3 53022	☐ Town ☒ Village ☐ City GERMANTOWN	3/21/'11	Email Phone
3.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Melissa Tempel (name of circulator), (certify):

I reside at 2638 N. Bartlett St. Milwaukee (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

7 / 21 / 2011
(date)

(signature of circulator)

Page No. #1099

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 8th State Senate District of Wisconsin petition for the recall of State Senator Alberta Darling from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1.	Karen Rehbein	Karen Rehbein	W172 N13125 Division St. Germantown, WI	☐ Town ☐ Village ☒ City Germantown, WI	4/16/'11	Email Phone
2.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
3.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
5.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
6.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
7.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
8.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Lawrence Z. Sanders (name of circulator), (certify):

I reside at 12925 W. Colony Dr Mequon, WI. 53097 (circulator's residence – including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. 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 support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

4 / 16 / 2011 (date)

Lawrence Z Sanders (signature of circulator)

Page No. # 4700