RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Kim M. Willman	Kim M. Willman	1451 Wheat Fieldway Oshkosh WI 54904	☐ Town ☐ Village ☒ City Oshkosh	3 / 17 / '11	Email Phone
2.	Elizabeth A. Boettcher	Elizabeth A. Boettcher	813 Knapp St Oshkosh WI 54902	☐ Town ☐ Village ☒ City Oshkosh	3 / 17 / '11	Email elizabe Phone 920
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, Donna Jane Shirley (name of circulator), (certify):

I reside at 225 Omro Ave ~~Donna Jane Shirley~~ Omro WI 54963
(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 / 19 / 2011
(date)

Donna J. Shirley
(signature of circulator)

Page No. #2451

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Robert M. Kumbier	Robert M. Kumbier	4119 Cottonwood Oshkosh, WI. 54904	☐ Town ☐ Village ☐ City Nekimi	3 / 28 / '11	Email Phone
2.	Daniel A. Richter	Daniel A. Richter	410 W 20th. Ave Oshkosh, Wi. 54902	☐ Town ☐ Village ☑ City Oshkosh	3 / 28 / '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, Kim Kuster (name of circulator) (certify):

I reside at 4991 Lansing High Pt. Oshkosh (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 / 29 / 2011 (date)

Kim Kuster (signature of circulator)

Page No. #2452

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Brad Dunn	Bradley T Dunn	911 Greenwood Ave #8	☐ Town ☐ Village ☒ City Oshkosh	03/19/'11	Email Phone
2. Rachel Jackson	Rachel Jackson	911 Greenwood #5	☐ Town ☐ Village ☒ City Oshkosh	3/19/'11	Email Phone
3. Damon Bisping		911 Greenwood #5	☐ Town ☐ Village ☒ City Oshkosh	3/19/'11	Email Phone
4. Cosette Posorski		911 Greenwood ct. Apt. 8	☐ Town ☐ Village ☒ City Oshkosh	3/19/'11	Email Cosett 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, Joshua T. Dunn (name of circulator), (certify):

I reside at 530 N. Main St., Oshkosh (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 contents 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 / 29 / 2011 (date)

(signature of circulator)

Page No. # 2453

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Carla Mueller	Carla Mueller	136 C High Ave Oshkosh, WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/7/'11	Email Phone (920
2. Amanda Swaw-Wyer	Amanda Swaw-Wyer	1044 Mt Vernon Oshkosh WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/4/'11	Email Phone 92
3. Christopher Swaw Wyer	Christopher Swaw Wyer	1044 Mt Vernon Oshkosh, WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/8/'11	Email Phone 92
4. Audrey Karls	Audrey Karls	N9281 Cty U Malone, Wi 53049	☒ Town ☒ Village ☐ City Taycheedah	3/15/'11	Email Phone 920
5. Glen Karls	Glen Karls	140 chapleau St North Fonddulac, WI 54937	☐ Town ☒ Village ☐ City North Fonddulac	3 15 /'11	Email Phone 920
6. Elizabeth A. Kraft	Elizabeth A. Kraft	140 Chapleau St North Fond du Lac Wi 54937	☐ Town ☒ Village ☐ City North Fond du Lac	3/25/'11	Email Phone 92
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, Richard Norenberg (name of circulator), (certify):

I reside at 524 Oak ct Oshkosh, wi 54901 (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.

3/29/2011 (date) Richard Norenberg (signature of circulator)

Page No. #245A

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Diane Colwin	Diane Colwin	N8385 Park Ridge dr Fond du lac Wis	☒ Town ☐ Village ☐ City Taycheedah	3 /20/ '11	Email Phone
2.	Marsha Brunner	Marsha Brunner	W3748 Cody Rd Fond du Lac WI	☒ Town ☐ Village ☐ City Taycheedah	3 /21/ '11	Email Phone
3.	Dawnie Arnold	Dawnie Arnold	N5293 Cty RD UU Fdl Wisconsin 54937	☒ Town ☐ Village ☐ City Taycheedah	/ /'11	Email Phone
4.	Jim Colwin	Jim Colwin	N8385 Park Ridge Dr Fond du Lac, WI	☒ Town ☐ Village ☒ City Taycheedah	3 /21/ '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, Christine Koehler (name of circulator), (certify):

I reside at 439 Sunnybrook Drive, Oshkosh, 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.

March / 29 / 2011 (date)

Christine Koehler (signature of circulator)

Page No. # 2455

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Kyle Halter	Kyle Halter	1618 S. Westhaven Dr	☐ Town ☐ Village ☑ City Oshkosh	03/15/'11	Email Phone (9
2.	Michael Cuevas	Michael Cuevas	~~712 M~~ 424 Steward 712 Lincoln Dr	☐ Town ☐ Village ☑ City Oshkosh	3/15/'11	Email Phone
3.	Brittany Wall	~~Brittany~~ Wall	621 W Irving St. Oshkosh WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Phone
4.	Kayla Roth	Kayla Roth	1191 High Ave Apt A30 Oshkosh, WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Phone
5.	Verenice Cervantes	Verenice Cervantes	712 Elmwood Ave	☐ Town ☐ Village ☑ City Oshkosh	3/15/'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, Chris Zazueta (name of circulator), (certify):

I reside at 4408 Murietta Ave #1 Sherman Oaks, CA 91423 (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 / 29 / 2011 (date)

Chris D. Zazueta (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Brett Unger	Brett Unger	719 Woodland Ave	☑ Town ☐ Village ☑ City Oshkosh	3/15/'11	Email Unc Phone
2.	Danielle Kasten	Danielle Kasten	712 Elmwood Ave	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Phone
3.	Brooke Evenstad	Brooke Evenstad	712 Elmwood Ave	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Eve Phone
4.	Danielle Schmitting	Danielle Schmitting	780 High Ave Room 111	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Sc Phone
5.	Dale Feinauer	Dale Feinauer	5901 State Rd 91	☒ Town ☐ Village ☐ City Utica	3/15/'11	Email Phone
6.	Brian Frank	Brian Frank	457 Church Ave	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Phone
7.	Keaoha White	Keaoha White	208 Oscoola st	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email W Phone
8.	Carly Johnson	Carly Johnson	625 Algoma Blvd N. Scott Hall Rm 5??	☐ Town ☐ Village ☒ City Oshkosh	3/15/'11	Email Phone
9.				☐ Town ☐ Village ☐ City	/'11	Email Phone
10.				☐ Town ☐ Village ☐ City	/'11	Email Phone

Certification of Circulator

I, Chris Zazueta (name of circulator), (certify):

I reside at 4408 Murietta Ave #1 Sherman Oaks, CA 91423 (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 / 29 / 2011 (date)

Chris D. Zazueta (signature of circulator)

Page No. #2457

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. KATHLEEN DILLON	Kathleen Dillon	1020 N Westfield St Oshkosh,	☐ Town ☐ Village ☒ City Oshkosh	3 /26/'11	Email Phone
2. Angie Hilturen	Angie Hilturen	2855 Cty Rd K Omro WI 54963	☒ Town ☐ Village ☐ City Rushford	3 /26/'11	Email Phone 68
3. Donald Ehrhardt	Donald Ehrhardt	N6275 Curtis Rd Rosendale WI 54974	☒ Town ☐ Village ☐ City Springvale	3 /26/'11	Email Phone 420
4. Celeste McCarthy	Celeste G. McCarthy	912 Vine Ave Oshkosh, WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3 /26/'11	Email Cele Phone 920
5. Sean McCarthy	Sean McCarthy	912 Vine Ave Oshkosh, WI 54901	☐ Town ☐ Village ☒ City Oshkosh	/ /'11 3 26	Email Mc Phone 9
6. Susan G. Goodrich	Susan G. Goodrich	1745 S. Westhaven Dr. Oshkosh, WI 54904	☐ Town ☐ Village ☒ City Oshkosh	3 /26/'11	Email Susana Phone 920
7. BRIAN G Goodrich	Brian G Goodrich	1745 S WESTHAVEN DR OSHKOSH WI 54904	☐ Town ☐ Village ☒ City OSHKOSH	3 /26/'11	Email b gc Phone 4 2
8. Allen D. Knurr	Allen D. Knurr	1668 Harrison Ave Omro, WI 54963	☒ Town ☐ Village ☐ City Omro	3 /26/'11	Email Phone 9
9. Judith S. Knurr	Judith S. Knurr	1668 Harrison Ave Omro, WI 54963	☒ Town ☐ Village ☐ City Omro	3 /26/'11	Email Phone 92
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, ROBERT A WACHTER (name of circulator), (certify):

I reside at 445 Hawthorne DR. OMRO, WI 54963 (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)

Robert A Wachter (signature of circulator)

Page No. # 2458

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Jesse R. Martinez		449 W 9th AVE Oshkosh	☐ Town ☐ Village ☒ City Oshkosh	3 / 29 / '11	Email Phone
2. Michelle L. Michalski		339 S. Lark St. Oshkosh, WI 54902	☐ Town ☐ Village ☒ City Oshkosh	3 / 29 / '11	Email Phone
3. Michael G. Bond		339 South Lark St. Oshkosh, WI 54902	☐ Town ☐ Village ☒ City Oshkosh	3 / 29 / '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, Eleanor Zdeletch (name of circulator), (certify):

I reside at 543 Oak St. Oshkosh
(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 / 29 / 2011
(date)

Eleanor Zdeletch
(signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. EMIL HARMSEN	Emil H	333 WILLSHER DR FOND DU LAC, WI 54935	☐ Town ☐ Village ☑ City FOND DU LAC	3 /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, Christina R. Anderson (name of circulator), (certify):

I reside at 507 S. Baldwin St, Madison, WI 53703 (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 / 27 / 2011
(date)

(signature of circulator)

Page No. #2400

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	~~Jmeanne Schramm~~	~~[illegible]~~	N6057 Hillcrest Drive	☐ Town ☐ Village ☐ City Greenbush	03/27/'11	Email Phone
2.	~~Amanda Seifert~~	~~Amanda Seifert~~	675 Dartmouth Drive	☐ Town ☐ Village ☐ City Sheb.	03/27/'11	Email Phone
3.	Lori Vogds	Lori Vogds	78 Easterlies Ct	☐ Town ☐ Village ☒ City FDL	3/27/'11	Email Phone
4.	Dave Vogds	Dave Vogds	78 Easterlies Ct	☐ Town ☐ Village ☒ City F.D.L.	3/27/'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 Malott (name of circulator), (certify):

I reside at 222 S. Carroll St. #109, Madison, WI 53703 (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. #2Ael

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	David DuBois	David DuBois	650 S. Park Ave	☐ Town ☐ Village ☒ City FDL	3/27/'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, Stanley Gruszynski (name of circulator), (certify):

I reside at 1181 Hansen Rd 38 Green Bay WI 54304 (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 / 27 / 2011 (date)

Stanley J Gruszynski (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Lynn Fay	Lynn Fay	675 S Main St FDL	☐ Town ☐ Village ☐ City FDL	/ / '11	Email Phone
2.	Rick McQueen	Rick McQueen	951 Carriage Cir FDL	☐ Town ☐ Village ☒ City FDL	3 / 27 / '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, Steven Gruszynski (name *of* circulator), (certify):

I reside at 1181 Hansen Rd 3B Green Bay WI 54304 (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 / 27 / 2011 (date)

Steven J Gruszynski (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. MARY McQUEEN	Mary McQueen	451 CARRIAGE LN FOND DU LAC WI	☐ Town ☐ Village ☒ City FOND DU LAC	3 / 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, Steven Gruszynski (name *of* circulator), (certify):

I reside at 1181 Hansen Rd 3B Green Bay WI 54304 (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 / 27 / 2011 (date)

(signature of circulator)

Page No. #246A

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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 Zeder		175	☒ Town ☐ Village ☐ City	3/27/'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, Denny Caneff (name of circulator), (certify):

I reside at 5502 Barton Rd. Madison Wisconsin (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 contents 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 of circulator)

Page No. #2405

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Nathan Bender	Nathan Bender	341 S. Park Ave	☐ Town ☐ Village ☒ City	3/5/'11	Email nathan. Phone 92
2.	Herman Bender	Herman Bender	341 S. Park Ave	☐ Town ☐ Village ☒ City	3/11/'11	Email herman_b Phone 92
3.	Lorraine Bender	Lorraine Bender	193-8th ST	☐ Town ☐ Village ☒ City	3 12 11	Email Phone 920
4.	CAROLYN KEELER	Carolyn Keeler	N5570 CTY RD K FdL	☒ Town ☐ Village ☐ City	3/16/'11	Email 920 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, Herman E. Bender (name of circulator), (certify):

I reside at 341 S. Park Ave. Fond du Lac, 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.

03 / 25 / 2011 (date)

Herman E. Bender (signature of circulator)

Page No. # 24

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Timothy F. Cross	Timothy F. Cross	613 Cochrane St Waupun WI 53963	☒ Town ☐ Village ☐ City Waupun	03/12/'11	Email tfc Phone (9
2. Rachel L. Bierter	Rachel L. Bierter	354 E. 1st St Fond du Lac, WI 54935	☐ Town ☐ Village ☒ City Fond du Lac	03/12/'11	Email bi Phone (92
3. Michelle M Bong	Michelle M Bong	[redacted] 98 N Berger PKWY Apt m10 Fond du Lac, WI 54935	☐ Town ☐ Village ☒ City Fond du Lac	03/14/'11	Email bono Phone (92
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, Michael E. Pink (name of circulator), (certify):

I reside at 6525 Canterbury Dr. Fond du Lac 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.

03 / 25 / 2011 (date)

Michael E Pink (signature of circulator)

Page No. #2467

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	SHARON LANGE	Sharon Lange	939 Holly Tree Ln.	☐ Town ☐ Village ☒ City Fond du Lac	03/08/'11	Email Phone 920-4
2.	Chad Lange	Chad R Lange	939 Holly Tree Ln	☐ Town ☐ Village ☒ City FONDDU LAC	03/09/'11	Email Phone 920-51
3.	GARY D. BURNS	Gary D Burns	N5404 DONDOR DR. FOND DU LAC WI 54937	☒ Town ☐ Village ☐ City EMPIRE	03/11/'11	Email Phone (920)
4.	Cari Lange	Cari Lange	290 4th Street	☐ Town ☐ Village ☒ City Fonddulac	03/11/'11	Email Phone
5.	John Kiefer	John Kiefer	1061 Holly Tree Fond du lac, WI	☐ Town ☐ Village ☒ City Fond du Lac	/'11 3-12-11	Email Phone 9
6.	Karen Kiefer	Karen Kiefer	1061 HollyTree Ln Fonddulac WI	☐ Town ☐ Village ☒ City Fonddulac	/'11 3 12-11	Email Phone 9
7.	Stacy Gluell	Stacy Gluell	290 4th St FDL, WI 54935	☐ Town ☐ Village ☒ City Fond Du Lac	3/18/'11	Email Phone 920
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, Herman Bender (name of circulator), (certify):

I reside at 341 S. Park Ave. Fonddulac, 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.

03 / 25 / 2011 (date) Herman Bender (signature of circulator)

Page No. #2468

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Mitzi Hagerman	Mitzi Hagerman	N5351 de Neveu Ln. Fond du Lac, WI	☒ Town of Empire ☐ Village ☐ City	3 / 22 / '11	Email Phone
2.	Linda Wachholz	Linda Wachholz	Box 35 Van Dyne	☐ Town ☒ Village ☐ City Van Dyne	3 / 22 / '11	Email Phone
3.	Kathleen M Fleury	Kathleen M Fleury	278 N Main St #8 Fond du Lac Wi 54935	☐ Town ☐ Village ☒ City Fond du Lac	3 / 22 / '11	Email Phone
4.	Patricia Berlowski	Patricia Berlowski	W4786 Maple Dr.	☐ Town ☒ Village ☐ City Oakfield	3 / 22 / '11	Email Phone
5.	Jaime Muhlhauser	Jmuhlhauser	345 N. Main St.	☐ Town ☐ Village ☒ City fonddulac	3 22 / / '11	Email W Phone
6.	Donna J Hansen	Donna J Hansen	W8878 Cty Tc Waupun	☒ Town ☐ Village ☐ City Fond Du Lac	3 22 / / '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, Cecilia Prickett (name of circulator), (certify):

I reside at 281 Taft St Fond du lac 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.

3 / 22 / 2011 (date)

Cecilia A Prickett (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Karen Williams	Karen Williams	3775 Paulcatuk Lane Oshkosh 54902	☒ Town ☐ Village ☐ City Black Wolf	3/27/'11	Email Phone
2. Carol Christianson	Carol Christianson	1787 Alexandra Ct Oshkosh Wi 54902	☐ Town ☐ Village ☒ City Oshkosh	3/27/'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, Joseph Fencick (name of circulator), (certify):

I reside at 538 Taft St Fond du Lac (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)

Joseph Fencick (signature of circulator)

Page No. #2-10

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Jamie Hilkbarg	Jamie Hilkbarg	6076 Lake Rd. Oshkosh, WI 54902	☒ Town ☐ Village ☐ City Oshkosh	3/27/'11	Email Phone
2.	Marie Davis	Marie Davis	1338 Cooper ST OSHKOSH WI 54901	☐ Town ☐ Village ☒ City OSHKOSH	3 27 /'11	Email Phone
3.	ANN Davis	Ann Davis	1338 Cooper Ave Oshkosh WI 5490	☐ Town ☐ Village ☒ City Oshkosh	3/27 /'11	Email Phone
4.	Leah LeClair	Leah LeClair	1243 wheatfield Way Oshkosh, WI 54904	☐ Town ☐ Village ☒ City oshkosh	3/27 /'11	Email Phone
5.	DAN POLIAK	Daniel S Poliak	1330 W 5th Ave Oshkosh, WI	☐ Town ☐ Village ☒ City OSHKOSH	3/27 /'11	Email Phone
6.	Barbara Rohlf	Barbara Rohlf	861 Eckardt Ct	☐ Town ☐ Village ☒ City Oshkosh	3/27 /'11	Email Phone
7.	Marilyn Borski	Marilyn Borski	1037 Taft Ave	☐ Town ☐ Village ☒ City Oshkosh	3/27 /'11	Email Phone
8.	William Borski	William S Borski	1037 Taft Ave	☐ Town ☐ Village ☒ City Oshkosh	3/27 /'11	Email Phone
9.	Gary Hass	Gary Hass	1646 Michigan St.	☐ Town ☐ Village ☒ City Oshkosh	3/27 /'11	Email Phone
10.	Renee Cahill	Renee Cahill	417 Knapp ST Oshkosh	☐ Town ☐ Village ☒ City Oshkosh	3/27 /'11	Email Phone

Certification of Circulator

I, Joseph Fenrick (name of circulator), (certify):

I reside at 538 Taft St. Fond du Lac (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)

Joseph Fenrick (signature of circulator)

Page No. #2471

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Travis Miller		1120 Harney Ave Oshkosh WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/10/'11	Email tm.l Phone 92
2. Christine Rennebohm		831 State Rd 26 Oshkosh WI 54904	☒ Town ☐ Village ☐ City Nekimi	3/10/'11	Email trer Phone 92
3. Nicole Peterson		2550 E Havenwood Dr Oshkosh WI 54904	☐ Town ☐ Village ☒ City Oshkosh	3/10/'11	Email nicole Phone 92
4. Christin LeClour		2581 W. Waukau Ave #5 Oshkosh WI 54904	☐ Town ☐ Village ☒ City Oshkosh	3/10/'11	Email Chris Phone 920-
5. Janelle Piddington		940 Butler Ave. Winnebago, Wi 54985	☒ Town ☐ Village ☐ City Oshkosh	3/11/'11	Email Phone
6. RICHARD H TYLER		968 BUTLER AVE WINNEBAGO, WI 54985	☐ Town ☐ Village ☒ City OSHKOSH	03/12/'11	Email TYLER Phone (920)
7. Jacqueline L Lundquist		1948 Timberline Dr. Oshkosh WI 54904	☒ Town ☐ Village ☐ City Algoma	03/13/'11	Email X cmon Phone 920-6
8. TIMOTHY C. LUNDQUIST		1948 TIMBERLINE DR OSHKOSH WI 54904	☒ Town ☐ Village ☐ City ALGOMA	03/13/'11	Email LUNKTC Phone 920
9.			☐ Town ☐ Village ☐ City	/'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/'11	Email Phone

Certification of Circulator

I, Jane Piddington (name of circulator), (certify):

I reside at 940 Butler Ave., Oshkosh, WI; Town of Oshkosh (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 / 14 / 2011 (date)

Jane Piddington (signature of circulator)

Page No. #2472

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Jane Piddington	Piddington	940 Butler Ave Oshkosh, WI	☒ Town ☐ Village ☐ City Oshkosh	03/04/'11	Email tow Phone 9
2. Theresa Rubin	Theresa Rubin	34 W Tennessee Oshkosh, WI 54901	☐ Town ☐ Village ☒ City Oshkosh	03/04/'11	Email Bo Phone 9
3. Alice Graf	Alice Graf	25301 Havenwood Dr Oshkosh, WI 54904	☐ Town ☐ Village ☒ City Oshkosh	3/4/'11	Email agraf Phone 92
4. Debra Kraemer	Debra Kraemer	1502 Ohio St. Oshkosh, WI 54902	☐ Town ☐ Village ☒ City Oshkosh	3/4/'11	Email DKr Phone 9
5. Melinda Anderson	Melinda Anderson	622 E Parkway Ave Oshkosh WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3/04/'11	Email sunshine Phone (920)
6. Marlene Leisses ~~Barbara Kresses~~	Marlene Leisses	575 Drury Place Fonddulac Wi 54935	☐ Town ☐ Village ☒ City Fonddulac	3/05/'11	Email Phone 920
7. Margaret Dewane	Margaret Dewane	248 Lake Pointe Dr Oshkosh, WI 54904	☐ Town ☐ Village ☒ City Oshkosh	3/5/'11	Email Phone 920
8. Kathy Fink	Kathy Fink	W3627 Johnsburg Rd Fond du Lac 54937	☒ Town ☐ Village ☐ City Fond du Lac	3/8/'11	Email Phone 920
9.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone
10.			☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Beth Helm (name of circulator), (certify):

I reside at 711 Ledgeview Lane Brownsville WI 53006
(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)

Beth Helm
(signature of circulator)

Page No. # 2473

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. THOMAS A. SWAYNI	[signature]	5040 ISLAND VIEW DR OSHKOSH WI 54901	☒ Town ☐ Village ☐ City OSHKOSH	3 / 15 / '11	Email SWAYNST Phone 92
2. Roger Brey	Roger Brey	5036 Island View Dr OSHKOSH, WI 54901	☒ Town ☐ Village ☐ City OSHKOSH	3 / 15 / '11	Email Phone 920
3. Kathleen Brey	[signature]	5036 Island View Dr Oshkosh, WI 54901	☒ Town ☐ Village ☐ City Oshkosh	3 / 15 / '11	Email Phone 92
4. Tyler Sellers	[signature]	5050 Island View Dr OSHKOSH, WI 54901	☒ Town ☐ Village ☐ City OSHKOSH	3 / 15 / '11	Email Phone 920
5. Ben Sellers	[signature]	5050 Island View Dr OSHKOSH WI 54901	☒ Town ☐ Village ☐ City OSHKOSH	3 / 19 / '11	Email Phone 92
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, Beth Helm (name of circulator), (certify):

I reside at 711 Ledgeview Lane Brownsville WI 53006 (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)

Beth Helm (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Ronald Wilson	Ronald L. Wilson	98 Amery St. Fond du Lac WI 54935	☐ Town ☐ Village ☒ City Fond du Lac	3 /26/ '11	Email r l w Phone 92
2. Ryan Smeester	Ryan St	81 5th St. Fond du Lac WI 54935	☐ Town ☐ Village ☒ City Fond du Lac	3 /27/ '11	Email Smeeste Phone 920
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, Albert Messner (name of circulator), (certify):

I reside at N3122 Oak Center Rd, Oakfield, WI 53065 (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)

Albert Messner (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Anthony R Wright	Anthony Wright	404 Weis Ave FDL WI 54935	☐ Town ☐ Village ☒ City Fond du Lac	3 27 '11	Email Phone 920
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, Melissa Malott (name of circulator), (certify):

I reside at 222 S. Carroll St, #109, Madison, WI 53703 (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 of circulator)

Page No # 2470

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	PAUL M BLEGEL	Paul M Blegel	356 WILSON AVE	☐ Town ☐ Village ☒ City FOND DU LAC	3 / 27 / '11	Email Phone 9[illegible]
2.	Lisa Knowles	Lisa Knowles	418 Wilson Ave	☐ Town ☐ Village ☐ City Fond du Lac	3 27 / / '11	Email Phone 9[illegible]
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 Malott (name of circulator), (certify):

I reside at 222 S. Carroll St., #109, Madison, WI 53703 (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)

Melissa Malott (signature of circulator)

Page No # 2477

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Susan M Baerwald	Susan M Baerwald	358 Wettstein Ave	☐ Town ☐ Village ☒ City Fond du Lac	3 27 '11	Email sbae Phone 920
2.	Linda Lowe	Linda Lowe	358 Wettstein Ave	☐ Town ☐ Village ☒ City Fond du Lac	3 27 '11	Email lowl Phone 92
3.	Ellen Ecker	Ellen Ecker	438 Wettstein	☐ Town ☐ Village ☒ City Fond du Lac	3 27 '11	Email Phone
4.	Trisha Krueger	Trisha Krueger	421 Taft St.	☐ Town ☐ Village ☒ City Fond du Lac	3 27 '11	Email Phone 9
5.	Verna Scola	Verna Scola	526 Wettstein	☐ Town ☐ Village ☐ City FOND DU LAC	/ / '11 3-27-	Email Phone
6.	Janet Tess	Janet Tess	554 Wettstein Ave	☐ Town ☐ Village ☐ City Fond du Lac	/ / '11 3/27/11	Email c Phone
7.	Tom Tess	Thomas Tess	554 Wettstein Ave FDL	☐ Town ☐ Village ☒ City Fond du Lac	/ / '11 3 7	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 Mabott (name of circulator), (certify):

I reside at 222 S. Carroll St. #109, Madison, WI 53703 (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 of circulator)

Page No. # 2478

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. CAROL MADER	Carol J Mader	505 Wettstein Ave	☐ Town ☐ Village ☑ City Fond du Lac	03/27/'11	Email cma Phone 92
2. Andra Mader	Andra M Mader	505 Wettstein Ave	☐ Town ☐ Village ☑ City Fond du Lac	3/27/'11	Email an Phone 9
3. Megan Richardson	Megan Richardson	407 Weis Ave	☐ Town ☐ Village ☑ City Fond du Lac	3/27/'11	Email c 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, (9) Denny Caneff (name of circulator), (certify):

I reside at 5502 Barton Rd Madison Wisconsin (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 of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Robert Henry	[signature]	374 Roosevelt St Fond du Lac WI 54935	☐ Town ☐ Village ☒ City Fond du Lac	3 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, Karen Tuerk (name of circulator), (certify):

I reside at 4233 BEVERLY RD, MADISON, WI 53711 (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)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	ANTHONY COOK	Anthony Cook	765 BRAGG ST.	☐ Town ☐ Village ☒ City FOND DU LAC	3/27/'11	Email Phone
2.	ROBERT M JUEDES	Robert M Juedes	801 BRAGG ST.	☐ Town ☐ Village ☒ City FOND DU LAC	3/27/'11	Email Phone
3.	Sandra Detert	Sandra Detert	773 Ruggles Street	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'11	Email Phone
4.				☐ Town ☐ Village ☐ City	/'11	Email Phone
5.			765 Western Ave	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'11	Email Phone
6.	KAREN JARVIS		749 McArthur St FDL	☐ Town ☐ Village ☐ City Fond du Lac	3/27/'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

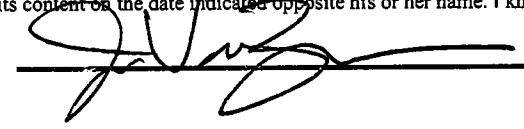
Certification of Circulator

I, Jake Vander Zanden (name of circulator), (certify):

I reside at 1805 Rutledge St. Madison WI 53704 (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 of circulator)

Page No. # 2481

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Glenn F. Redman		753 Brearly	☐ Town ☐ Village ☒ City	3 / 27 / '11	Email Gredm Phone 920
2. NANCY ZIMMERMAN		746 Ruskin	☐ Town ☐ Village ☒ City	3 / 27 / '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, Michael Tom Corrigan (name of circulator), (certify):

I reside at 226 Oak St, Madison, WI 53704 (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 of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. JOSEPH BREZINSKY	Joseph F. Brezinsky	82 S. ST. JOSEPH LN	☐ Town ☐ Village ☒ City FOND du LAC, Wi	3/27/'11	Email J Phone (C
2. SYLVIA BREZINSKY	Sylvia Brezinsky	82 S. ST. JOSEPH LN	☐ Town ☐ Village ☒ City FOND du LAC, Wi	3/27/'11	Email d Phone
3. Shirley Dux	Shirley Dux	726 Forest Ave	☐ Town ☐ Village ☒ City Fond du Lac, WI	/ /'11 3 27	Email SVd Phone
4. GARY MYERS	Gary Myers	672 W DIVISION ST. FDL	☐ Town ☐ Village ☒ City Fond du Lac, WI	/ /'11 3 27	Email Phone
5. Nancy Myers	Nancy Myers	672 W. Division St FDL	☐ Town ☐ Village ☒ City Fond du Lac, WI	/ /'11 3 27	Email Phone
6. Ines Kerch		730 W. Division St. FDL	☐ Town ☐ Village ☒ City FDL	/ /'11 3/27	Email Phone 92
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, Tim Chiney (name of circulator), (certify):

I reside at 1217 Spaight St Apt 1 Madison (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) Tim Chiney (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Gracie T. Mielke		474 E Johnson St	☐ Town ☐ Village ☑ City Fond Du Lac, Wi FDL Fond Du Lac	3/27/'11	Email Phone 92
2.	Carlos Manor	Carlos Manor	474 E. Johnson St	☐ Town ☐ Village ☐ City Fond Du Lac, Wi FDL. Fond Du Lac, WI	3/27/'11	Email rio Phone 9.
3.	Ellen King	Ellen King	322 E. Johnson	☐ Town ☐ Village ☐ City FDL, WI	3/27/'11	Email Phone
4.	Donald King	Donald King	322 E Johnson	☐ Town ☐ Village ☑ City FDL, WI	3/27/'11	Email Phone
5.	Annette Drew	Annette Drew	226 E Johnson FDL	☐ Town ☐ Village ☒ City	3/27/'11	Email Phone
6.	Katie Gehasky	Katie L. Gehasky	246 E. Merrill Ave. FDL.	☐ Town ☐ Village ☒ City	3/27/'11	Email Phone
7.	Jerry Daniel	Jerry Daniel	246 E Merrill Ave FDL	☐ 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, Anne Sayers (name of circulator), (certify):

I reside at 6546 Dorset Cir, Madison, WI 53719 (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 / 27 / 2011 (date)

Anne Sayers (signature of circulator)

Page No. # 2484

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Nicholas Priddy	Nicholas Priddy	229 Ledgeview Ave	☐ Town ☐ Village ☒ City Fond du Lac	3 /27/ '11	Email Phone
2.	Chris Nezaic	[illegible]	[illegible] Ledgeview Ave	☐ Town ☐ Village ☒ City FDL	3 /27/ '11	Email Phone
3.	Robert Blanck	[illegible]	305 Ledgeview Ave	☐ Town ☐ Village ☒ City FDL	3 /27/ '11	Email Bob Phone
4.	Tom Puckart	Thomas C Puckart	[illegible]	☐ Town ☐ Village FDL ☐ City	2-27-'11	Email Phone 42
5.	James Wetzel	James Wetzel	417 E Merrill Ave Fond du Lac, WI	☐ Town ☐ Village ☒ City Fond du Lac	3 /27 '11	Email Phone 92
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, Jennifer Giegerich (name of circulator), (certify):

I reside at 11 Sherman Terrace #4 Madison WI 53704 (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)

Jennifer Giegerich (signature of circulator)

Page No. #485

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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 Abrahamson	Gordon A. Abrahamson	327 Gertrude Ave.	☐ Town ☐ Village ☑ City Fond du Lac	3 / 27 / '11	Email Phone 92
2. Aleene Abrahamson	Aleene Abrahamson	327 Gertrude Ave	☐ Town ☐ Village ☑ City Fond du Lac	3 / 27 / '11	Email Phone 9
3. DAVID SENECAL	David Seneal	469 Marshall Ave	☐ Town ☐ Village ☑ City Fond du Lac	/ / '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, MATT DANNENBERG (name of circulator), (certify):

I reside at 62 LAKEWOOD GARDENS LN, MADISON, 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.

3 / 27 / 2011
(date)

(signature of circulator)

Page No. # 2486

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. DENNIS KELLEY	Dennis Kelley	~~3886~~ ERTRUDE AVE FdL	☐ Town ☐ Village ☒ City FDL	03 / 27 / '11	Email Phone
2. Joelene Broenniman	Joelene M Broenniman	214 Wilson Ave FdL	☐ Town ☐ Village ☒ City FDL	03 / 27 / '11	Email Phone
3. Candi Matteson	Candi Matteson	278 Wilson Ave FdL	☐ Town ☐ Village ☒ City FDL	03 / 27 / '11	Email canc Phone 9
4. Dennis L. Kuen	Dennis L. Kuen	220 Coffman Ave FdL	☐ Town ☐ Village ☒ City FDL	3 / 27 / '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, Staush Gruszynski (name of circulator), (certify):

I reside at 1181 Hansen Rd 3B, Green Bay WI 54304 (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 / 27 / 2011 (date)

(signature of circulator)

Page No. #2488

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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]	[signature]	546 5th St	☐ Town ☐ Village ☒ City Fond du Lac	3 / 27 / '11	Email Phone
2. George [illegible]	[signature]	546 8th Street Fdl	☐ Town ☐ Village ☒ City FONDDULAC	/ / '11 3-27-11	Email Phone 9:
3. KEVIN G. CROWLEY	[signature]	590 E 9TH ST	☐ Town ☐ Village ☒ City FOND DU LAC	3 / 27 / '11	Email /KEV Phone 9[illegible]
4. Rebecca Seubert	[signature]	522 E 9 St.	☐ Town ☐ Village ☐ City Fond du Lac	3 / 27 / '11	Email Phone 92[illegible]
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, Jan Anderson (name of circulator), (certify):

I reside at 507 S. Baldwin St. Madison 53703 (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)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Dave Burgess	Dave Burgess	629 8th St Fond du Lac	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'11	Email Phone
2.	Joan Burgess	Joan Burgess	629 8th St Fond du Lac WI 54935	☐ Town ☐ Village ☒ City	3/27/'11	Email Phone
3.	ELMER Sasada	Elmer Sasada Jr	597 E 9th	☐ Town ☐ Village ☒ City Fond du Lac	3-27/'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, _____ (name of circulator), (certify):

I reside at Christina R. Anderson - 507 S. Baldwin St, Madison, WI 53703
(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 / 27 / 2011
(date)

_____
(signature of circulator)

Page No #2489

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Donald E Foote	Donald E Foote	111 Jefferson St N. Fond du Lac, WI	☐ Town ☒ Village ☐ City N. Fond du Lac	3 / 27 / 11	Email Phone
2. Greta K Foote	Greta K Foote	111 Jefferson St N. Fond du Lac WI	☐ Town ☐ Village ☐ City " "	3 / 27 / 11	Email Phone
3. Jan Boeckermann		423 Saratoga Ave N Fond du Lac WI	☐ Town ☒ Village ☐ City " "	3 / 27 / 11	Email Phone
4. EVA DOYLE		513 SARATOGA NFDL	☐ Town ☒ Village ☐ City " "	3 / 27 / 11	Email Phone
5. CINDY PFEIFFER	Cindy Pfeiffer	209 Dorchester Dr Fond du Lac, WI	☐ Town ☐ Village ☐ City City of Fond du Lac	3 / 27 / 11	Email Phone
6. Chelsey Goebel	Chelsey Goebel	433 Michigan NFDL WI	☐ Town ☒ Village ☐ City North Fond du Lac	3 / 27 / 11	Email Phone
7. Sue Roberts	Sue Roberts	519 ~~Oakwood~~ Dr Delaware N FDL, WI	☐ Town ☒ Village ☐ City North Fond du Lac	3 / 27 / 11	Email Phone
8. Bonnie Ferriol	Bonnie Ferriol	529 Delaware Ave N. FDL, WI	☐ Town ☒ Village ☐ City North Fond du Lac	3 / 27 / 11	Email Phone
9. Nina Krueger	Nina Krueger	618 Boyd St Fond du Lac, 54935	☐ Town ☐ Village ☒ City Fond du Lac	3 / 24 / 11	Email Phone
10. William Zuengler	William Zuengler	1207 A High Ave Oshkosh WI 54901	☐ Town ☐ Village ☒ City Oshkosh	3 / 27 / 11	Email Phone

Certification of Circulator

I, Sara Krueger Zuengler (name of circulator), (certify):

I reside at W3009 Cedar Rd Eden WI 53019 (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) Sara Krueger Zuengler (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. Robert Zuengler	Robert Zuengler	207 High Ave. 54901 Oshkosh, WI ~~53019~~	☐ Town ☐ Village ☒ City Oshkosh	3 / 27 / '11	Email Zuer Phone 920
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, Sara KruegerZuengler (name of circulator), (certify):

I reside at W3009 Cedar Rd Eden WI 5301 (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) Sara KruegerZuengler (signature of circulator)

Page No #2491

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Tina Enders	Tina Enders	61 S. Royal Ave FDL WI 54935	☐ Town ☐ Village ☒ City FDL	3 27 '11	Email Phone 92
2.	Theresa Meyer	Theresa Meyer	61 S Royal Ave FDL WI 54935	☐ Town ☐ Village ☒ City FDL	3 27 '11	Email Phone 92
3.	Katherine Krier	Katherine Krier	1115 Audubon Rd Howards Grove, WI 53083	☐ Town ☒ Village ☐ City	3 27 '11	Email Phone 92
4.	Chris Ingram		49 S. Royal Ave, WI	☐ Town ☐ Village ☒ City Fond Du Lac	3 27 '11	Email Phone 92
5.	ANTHONY SETH	Anthony Seth	171 S. ROYAL AVE APT 10	☐ Town ☐ Village ☒ City FDL	3 27 '11	Email Phone 92
6.	Luis Rodriguez	Luis Rodriguez	171 S. Royal Ave Apt 8	☐ Town ☐ Village ☒ City Fond du Lac	3 27 '11	Email Phone 9
7.	Sharon Ruppel	Sharon Ruppel	47 S. Reserve Ave	☐ Town ☐ Village ☒ City FDL	3 27 '11	Email Phone 920
8.	PATRICIA STREETER	Patricia Streeter	75 S. Reserve Ave	☐ Town ☐ Village ☒ City FDL	3/27 '11	Email Phone
9.				☐ Town ☐ Village ☐ City	/ '11	Email Phone
10.				☐ Town ☐ Village ☐ City	/ '11	Email Phone

Certification of Circulator

I, Susan L. Johnson (name of circulator), (certify):

I reside at 1916 Jefferson St. Madison WI 53711 (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 of circulator)

Page No. # 2492

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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. KEN HENDERSON	Ken Henderson	60 S. ROYAL AV	☐ Town ☐ Village ☑ City Fond du Lac	3 / 27 / '11	Email K HH Phone
2. #NR ENG (EUGENE WOHLFEIL)	[illegible]	245 Sollie	☐ Town ☐ Village ☒ City "	3 / 27 / '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, Susan L Johnson (name of circulator), (certify):

I reside at 1916 Jefferson St. Madison WI 53711 (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. #2493

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Pat Spranger	Pat Spranger	557 W. Division St Fond du Lac Wis	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'11	Email Phone
2.	Betty Stoppleworth	Betty Stoppleworth	608 Thomas St. F.D.L.	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'11	Email Phone
3.	Barb Qualmann	Barb Qualmann	560 Thomas St FDL	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'11	Email Phone
4.	Kathi Williams	Kathi Williams	578 N. Park Ave FDL	☐ Town ☐ Village ☒ City Fond du Lac	3/27/'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, Cecilia Prickett (name of circulator), (certify):

I reside at 281 Taft St Fond du Lac 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.

3 / 27 / 2011 (date)

Cecilia A Prickett (signature of circulator)

Page No. #249A

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	ERICH C. POLNOW		563 BRAGG ST. FOND DU LAC, WI	☐ Town ☐ Village ☒ City FOND DU LAC	3 /27/'11	Email Phone (9
2.	Justin Ortega		593 Bragg St Fond du Lac	☐ Town ☐ Village ☒ City Fond du Lac	3 /27/'11	Email Phone (92
3.	[illegible]	[illegible]	FDL 593 Ruggles St	☐ Town ☐ Village ☒ City FDL	3 /27/'11	Email Phone
4.	LINDA THORSBY	Linda Thorsby	587 Ruggles FDL	☐ Town ☐ Village ☒ City FDL	3 /27/'11	Email lnc Phone
5.	Alyssa Hernandez	Alyssa H	W4165 Line Rd	☐ Town ☒ Village ☐ City Eden	3/27/'11	Email h Phone
6.	Brent Giesi	B Gi	176 S. Seymour	☐ Town ☐ Village ☒ City Fond du Lac	3 /27/'11	Email Phone
7.	Cassandra Bode	C Bc	573 Emma	☐ Town ☐ Village ☒ City fond du Lac	3/27/'11	Email Phone
8.	DENNIS GIERKE	Dennis Gierke	579 FOREST AVE	☐ Town ☐ Village ☒ City FOND DU LAC	/ /'11 3 27	Email Phone
9.	Arthur Canady	Arthur Canady	611 Forest Ave	☐ Town ☐ Village ☒ City Fond du lac	3 /27/'11	Email Phone 9
10.				☐ Town ☐ Village ☐ City	/ /'11	Email Phone

Certification of Circulator

I, Marc Eichsteadt (name of circulator), (certify):

I reside at W8890 Middle Rd Watertown 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.

3 / 27 / 2011
(date)

M Eichsteadt
(signature of circulator)

Page No. #495

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINT — 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.	Betty Kovacs	Betty Kovacs	33 Heritage Ct	☐ Town ☐ Village ☒ City Fox	3 / 26 / '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, Jacqueline R. Burke (name of circulator), (certify):

I reside at 118 Winn Terrace, Beaver Dam, WI 53916 (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)

Jacqueline R Burke (signature of circulator)

Page No. # 2496

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Kevin Redeker	Kevin Redeker	1004 Wisconsin Ave N. Fond du Lac, Wi.	☐ Town ☒ Village ☐ City N. Fond du Lac	3/27/'11	Email Phone 92
2.	Ed Vande Kolk	Ed Vande Kolk	1002 Michigan n Fond du Lac	☐ Town ☒ Village ☐ City N. Fond du Lac	3/27/'11	Email Phone 9
3.	Ken Fero		1116 Michigan Ave N. Fond du Lac 54937	☐ Town ☐ Village ☐ City	3/27/'11	Email Phone 3
4.	DAVID CLAUS		1105 MINNESOTA AVE N. Fond du Lac	☐ Town ☒ Village ☐ City N. Fond du Lac	3/27/'11	Email Phone
5.	MATT CLAUS		NEAR 1105 MINNESOTA AVE	☐ Town ☒ Village ☐ City N. FOND DU LAC	3/27/'11	Email Phone
6.	George Gabay		1216 Main Ave N. Fond du Lac	☐ Town ☒ Village ☐ City N Fond du Lac	3/27/'11	Email Phone 9
7.	Kurt Frasier		146 Clinton N. Fond du Lac	☐ Town ☒ Village ☐ City N. Fond du Lac	3/27/'11	Email Phone
8.	DAWN FENK		94 Michael Ln FDL	☐ Town ☐ Village ☒ City FDL	3/27/'11	Email Phone
9.	Sue Fauske		877 Harrison Ave. Oshkosh	☐ Town ☐ Village ☒ City Oshkosh	3/27/'11	Email Phone
10.	Alicia Olesen		1227 Commonwealth Dr. Fort Atkinson	☐ Town ☐ Village ☒ City Fort Atkinson	3/27/'11	Email Phone

Certification of Circulator

I, MICHAEL D. Hochrein (name of circulator), (certify):

I reside at N8249 SUNSET DR, FOND DU LAC, WI 54937
(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 / 27 / 2011
(date)

Michael D Hochrein
(signature of circulator)

Page No. # 2497

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Cody Fero		74 Broadway St. North Fond du Lac	☐ Town ☒ Village ☐ City North fond du Lac	03/27/'11	Email Phone (92
2.	Janine Lamb	Janine M. Lamb	68 Broadway St. N. Fonddulac	☐ Town ☒ Village ☐ City North Fonddu lac	3/27/'11	Email Phone 9
3.	Cory Hilt	Cory Hilt	56 Broadway St.	☐ Town ☒ Village ☐ City N. fonddu lac	3/27/'11	Email 9 Phone
4.	Carrie Schulze	Carrie M Schulze	44 Broadway St N. Fond du lac WI	☐ Town ☒ Village ☐ City North Fond du Lac	3/27/'11	Email Phone 920 3
5.	Harold Heise		1112 Wis Ave N. Fonddulac	☐ Town ☒ Village ☐ City North Fonddulac	3-27-11	Email Phone 922-
6.	Betty Heise	Betty Heise	1112 Wis. Ave. N. Fonddulac, WI.	☐ Town ☒ Village ☐ City N. Fonddulac.	/ /'11 3 27 11	Email Phone 922
7.	FRANK Eimiller		1020 Wis Ave NFDL 54937	☐ Town ☒ Village ☐ City	/ /'11 3 27 11	Email Phone 266
8.	Joey Eimiller	Joey Eimiller	1020 Wisconsin Ave. NFDL 54937	☐ Town ☒ Village ☐ City NFDL	3/27/'11	Email Phone 26
9.	Brandon Ballwanz		1012 Wisconsin Ave N. Fond du Lac 54937	☐ Town ☒ Village ☐ City NFDL	3 27/'11	Email Phone 53
10.	Chris Redeker	Chris Redeker	1004 Wis Ave NFDL, WI 54937	☐ Town ☒ Village ☐ City NFDL	3/27/'11	Email Phone 920

Certification of Circulator

I, MICHAEL D. Hochrein (name of circulator), (certify):

I reside at N8749 Sunset DR, Fond du Lac, WI 54937 (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 / 27 / 2011 (date)

(signature of circulator)

Page No. # 2A98

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Gerald M Gawske	Gerald M Gawske	379 poplar St. Fonddulac Wi, 54935	☐ Town ☐ Village ☒ City FDL	03/27/'11	Email GenSu 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, MICHAEL D. Hochrein (name of circulator), (certify):

I reside at N8249 SUNSET DR, FOND DU LAC, WI 54937 (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 / 27 / 2011 (date)

Michael D Hochrein (signature of circulator)

Page No # 2499

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 18th State Senate District of Wisconsin petition for the recall of State Senator Randy Hopper 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.	Helen M. Wittkop	Helen M. Wittkop	102 J. P. Court Eden WI 53019	☐ Town ☑ Village Eden ☐ City	03 / 21 / '11	Email Phone
2.	Mitch Tagliapietra	Mitch Tagliapietra	856 King Court Fond du Lac, WI, 54935	☐ Town ☐ Village ☑ City Fond du Lac	3 / 27 '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, MICHAEL D. Hochrein (name of circulator), (certify):

I reside at N8249 SUNSET DRIVE, FOND DU LAC, WI 54937
(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 / 27 / 2011
(date)

Michael D Hochrein
(signature of circulator)

Page No. #1500