

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. Laurie L. Masha		5142 LaCrosse Dr. Omro WI 54963	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
2. Jennifer L Kenas		2236 Sheridan St Oshkosh, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
3. Gary A. Regalia		116 W Irving Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
4. Gary A. Regalia		116 W Irving Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
5. Jessica R Piper		3376 Bradley Rd Omro WI 54963	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
6. Michael Piper		3376 Bradley Rd Omro WI 54963	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
7. Alejandra Becerra		225 W 18th Ave Oshkosh WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/8/11	Phone: (96) Email:
8. Stephanie Becerra		225 W 18th Ave Oshkosh, WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/8/11	Phone: (96) Email:
9. Jason D=1		2117 Plam. Her St Oshkosh WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/9/11	Phone: (96) Email:
10.		1316 Cedar St Oshkosh WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/9/11	Phone: (96) Email:

1. CAROL MASHA (name of circulator)
I reside at 5142 LaCrosse Dr Omro WI 54963 (circulator's residence - including number, street and municipality)

(certify):

Certification of Circulator

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.

03/10 (date) 2011

(signature of circulator)

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1. David E. Hennrich	<i>David E. Hennrich</i>	200 PRAIRIE COURT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	3/16/11	Email Phone
2. Devra D. Scott	<i>Devra D. Scott</i>	4577 MARY KEE DR. FOND DU LAC, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	3/16/11	Email Phone
3. John Bantel	<i>John Bantel</i>	415 THOMAS ST FOND DU LAC	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	3/11	Email Phone
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone

I, David E. Hennrich (name of circulator)
 I reside at 200 PRAIRIE COURT FOND DU LAC, WIS. (certify):
(circulator's residence - including number, street and municipality)

Certification of Circulator

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David E. Hennrich
(date) 30 MAR 2011
(signature of circulator)

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1. Tammy Clark	<i>Tammy Clark</i>	310 Superior St EDL, WI Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g1 Email
2. Amy Messiga	<i>Amy Messiga</i>	442 Ellis St, Fond du Lac, WI 53495	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g1 Email
3. Christina Pasa	<i>Christina Pasa</i>	Fond du Lac, WI 341 W Bank Fond du Lac WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g2 Email
4. James Frederick	<i>James Frederick</i>	59 1/2 N Fond du Lac WI Fond du Lac WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g1 Email
5. Melissa Develice	<i>Melissa Develice</i>	310 Fountain Circle Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g1 Email
6. Richard Schmittz	<i>Richard Schmittz</i>	477 Thorpe St Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g2 Email
7. Florence Schmitz	<i>Florence Schmitz</i>	477 Thorpe St Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g1 Email
8. Shirley Helen	<i>Shirley Helen</i>	305 Linden St Apt B Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City FOND DU LAC	3/16/11	Phone g1 Email
9. Bill D. Bradley	<i>Bill D. Bradley</i>	All Wilkins St Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g1 Email
10. Dana L Bradley	<i>Dana L Bradley</i>	All Wilkins St Fond du Lac	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/16/11	Phone g2 Email

Certification of Circulator

I, Dale Hande (name of circulator)
 I reside at 325 DOTY ST Fond du Lac WI 54935 (circulator's residence - including number, street and municipality)

(certify):
 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.

03/30 2011 (date)
Dale Hande (signature of circulator)

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1. MARIÉ A. KLICKA		1245 GREENFIELD TRL OSHKOSH WI 54904	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	30 th Feb/11	Email Phone
2. Jeff Lawrence		638 West 19th Avenue OSHKOSH, WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3 / 30 / 11	Email Phone
3. Ashley Procknow		105 Bowen St. OSHKOSH, WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3 / 30 / 11	Email Phone
4. Amy E. Werba		3800 Red Oak Ct. OSHKOSH, WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NEKINNI	3 / 30 / 11	Email Phone
5. Benjamin R. Vandeloop		1519 Ontario St. OSHKOSH, WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3 / 30 / 11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone

Certification of Circulator

I, Daniel Wison Heart Fire (certify):
(name of circulator)
 I reside at 1900 MARATHON AVE REC NEWMAN WI 54956
(circulator's residence - include number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.
30 / 1 / 2011
(date)

(signature of circulator)

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1. Brian Schmitz	<i>B. Schmitz</i>	2425 Plymouth St OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/8/11	Email Phone
2. Joan Musil	<i>Joan Musil</i>	990 Linden Oaks Dr Oshkosh WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Algona	3/8/11	Email Phone
3. Sherman Marshakal	<i>Sherman Marshakal</i>	916 Hwy E Ripon WI 54971	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Napewskan	3/11	Phone Email 920-7
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email

Certification of Circulator

I, Jaqueline Nossik (name of circulator) (city):
I reside at 9947 State St, Eureka Township of Rushford

(circulator's residence - including number, street and municipality)

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Jaqueline Nossik (date) 30 2011 Jaqueline Nossik (signature of circulator)

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			<small>Indicate Town, City, or Village</small>			
1. ROBERT L. SAZERE	<i>Robert L. Sazere</i>	707 W. 11th Ave OSHKOSH, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	OSHKOSH, WI	3/22/11	
2. ROSEMARIE KUIBERT	<i>Rosemarie Kubit</i>	1523 Madisonian St. Oshkosh, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	OSHKOSH, WI	3/22/11	
3. Betty Waters	<i>Betty Waters</i>	448 W 5th Ave Oshkosh WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	Oshkosh	3/24/11	
4. Ken Newhard	<i>Ken Newhard</i>	642 W 8th Ave Oshkosh WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	Oshkosh	3-24-11	
5. Michele K Harrell	<i>Michele K Harrell</i>	1311 Otter Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	Oshkosh	3/25	
6. Katie Bernat	<i>Katie Bernat</i>	927 W. 10th Ave. OSHKOSH, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	Oshkosh	3/25/11	
7. Michael Berndt	<i>Michael Berndt</i>	927 W. 10th Ave. OSHKOSH, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village	Oshkosh	3/25/11	
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		1/11	
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		1/11	
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		1/11	

Certification of Circulator

1. Deanna Beatrice Stearns (name of circulator) (certify):
I reside at: 901 W 6th Ave Oshkosh WI 54902

(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 §.12.13(3)(a), Wis. Stats.

3/8 / 2011 (date) Deanna Stearns (signature of circulator) Page No. 1556

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1. CARLA DUPREY	<i>Carla Duprey</i>	520 S. Westfield St Oshkosh, WI. 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3 / 30/11		
2. John Duprey	<i>John Duprey</i>	520 S. Westfield St Oshkosh, WI. 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3 / 30/11		
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 1/11		

Paul Behlke (name of circulator)
reside at 350 S. Westfield St. Oshkosh WI. 54902
(circulator's residence - including number, street and municipality)

(certify):

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 articulation is punishable under S.12.13(3)(a), Wis. Stats.

Paul Behlke (date) 2011 (signature of circulator)

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1. Frankleis Sutterey	<i>Frankleis Sutterey</i>	512 S. WESTFIELD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11
2. Jane Slattery	<i>Jane Slattery</i>	512 S. Westfield St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11
3. Kay Weber	<i>Kay M. Weber</i>	527 S. Westfield St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11
4. Melissa Hoxell	<i>Melissa Hoxell</i>	511 S. Westfield St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11
5. JERRY HOXELL	<i>Jerry Hoxell</i>	511 S. WESTFIELD ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11
6. Meredith A. DuPrey	<i>M. A. DuPrey</i>	2580 Lamplight Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11
7. P. Vivian DuPrey	<i>P. Vivian DuPrey</i>	2580 Lamplight Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11
8. CAROL A. FREDRICKSON	<i>Carol A. Fredrickson</i>	2575 LAMPLIGHT CT.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11
9. Michael J. Drexler	<i>Mike Drexler</i>	1617 Elmwood Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11
10. HAREN L. Drexler	<i>Haren L. Drexler</i>	1617 Elmwood Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11

Paul Behnke (name of circulator)
 reside at 350 S. WASHINGTON ST. OSHKOSH WI. 54902 (circulator's residence - including number, street and municipality)
 (certify):

Certification of Circulator

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3/20 2011 (date)

Paul Behnke (signature of circulator)

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1. AEDS W. TUSKEN	<i>Aeds W. Tusken</i>	925 Evans St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/18/11	Email 922 Phone
2. Chad Robertshaw	<i>Chad Robertshaw</i>	3190 White Tail Lane #E	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/19/11	Email Phone 920
3. Tanya Robertshaw	<i>Tanya Robertshaw</i>	340 White Tail Lane #E	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/19/11	Email Phone 920-2
4. Kinda Behling	<i>Kinda Behling</i>	1160 Heritage Tr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/19/11	Email Phone 920-2
5. Nick Behling	<i>Nick Behling</i>	1160 Heritage Tr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3-9-11	Email Phone 920
6. Pecky Rys	<i>Pecky Rys</i>	1120 East Main St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/10/11	Email Phone 920
7. Jennifer Porter	<i>Jennifer Porter</i>	1545 Arboratum Unit 314	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/12/11	Email 920 Phone
8. STEVEN J. BAWICKS	<i>Steven J. Bawicks</i>	1505 ARBORATUM DR #207	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rcvy Oshkosh	3/12/11	Email 920 Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone

CONRAD ROBERTSHAW

(name of circulator)
reside at 1545 ARBORATUM DR, #103 OSHKOSH, WI 54901
(circulator's residence - including number, street and municipality)

(certify):
Certification of Circulator

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.

3/1/11 (date) *Conrad Robertshaw* (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 <small>Rural address must also include box or the no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Ronald Mueller	<i>Ronald Mueller</i>	385 Melvin	Wauveon <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/7/11
2. Billy Tyree	<i>Billy Tyree</i>	304 BRANDON ST	Wauveon <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/7/11
3. Brian Bushweiler	<i>Brian Bushweiler</i>	500 Lake Ave	Wauveon <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/7/11
4. Ricky S Socha	<i>Ricky S Socha</i>	601 Robin Road Apt. 10	Wauveon <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/10/11
5. Creighton Patterson	<i>Creighton Patterson</i>	1545 ARBORVIEW DR	OSHKOSH <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/18/11
6. CONRAD ROBERTSHAW	<i>Conrad Robertshaw</i>	1545 ARBORVIEW DR.	OSHKOSH <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/8-11
7. Mary Jo Robertshaw	<i>Mary Jo Robertshaw</i>	1345 Arkadee Trun Dr	OSHKOSH <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/18/11
8. Pamela Stecker	<i>Pamela Stecker</i>	1545 Arboretum Dr.	OSHKOSH <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/18/11
9. Wendy Straub-Nelson	<i>Wendy Straub-Nelson</i>	1545 ARBORVIEW DR	OSHKOSH <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/18/11
10. Spilly Tusken	<i>Billy Tusken</i>	925 Evans St.	OSHKOSH <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/18/11

Circulator (name of circulator) CONRAD ROBERTSHAW (certify):
 reside at 1545 ARBORVIEW DR # 103 OSHKOSH, WI 54901
(circulator's residence - including number, street and municipality)

Certification of Circulator

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.

30 2011 *Conrad Robertshaw*
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
1. Melissa Kometer	<i>Melissa Kometer</i>	1021 Jackson St. OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village City	03/27/11	Email Phone
2. Miranda Askins	<i>Miranda Askins</i>	1020 W 10th Ave OSHKOSH WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village City	03/27/11	Email Phone
3. Don Venne	<i>Don Venne</i>	1221 Jackson St Oshkosh WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village City	03/27/11	Email Phone
4. MaryBeth Newark	<i>MaryBeth Newark</i>	553 Maple St. OSHKOSH	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village City	3/27/11	Email Phone
5. Carrey Meeks	<i>Carrey Meeks</i>	706 Mellott Blvd OSHKOSH	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village City	3/27/11	Email Phone
6. Nicholas Nagler	<i>Nicholas Nagler</i>	902 Jackson OSHKOSH	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village City	3/27/11	Email Phone
7. Mary Beth Nagler	<i>Mary Beth Nagler</i>	902 JACKSON ST OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village City	3/27/11	Email Phone
8. Holly Selwitschka	<i>Holly Selwitschka</i>	1550 Wackerly OSHKOSH WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village City	3/29/11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village City	/ / '11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village City	/ / '11	Email Phone

Certification of Circulator

I, MARK FREUND (certify):
I reside at 210 CHERRY AVE OSHKOSH 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.

Mark Freund (signature of circulator)
2011 (date)

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 <small>Rural address must also include box or dir no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Phone Email
1. Ruth A. Dobson	<i>Ruth A. Dobson</i>	2075 Parkside Dr. Oshkosh, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oshkosh	3/10/11	Phone 1-920 Email
2. James W. Dobson	<i>James W. Dobson</i>	2075 Parkside Dr. Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oshkosh	3/10/11	Phone 1-920 Email
3. Patricia A. Neff	<i>Patricia A. Neff</i>	229E Hudson St Dundee WI 54923	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Dundee	3/11/11	Phone 1-920 Email
4. Daniel K. Colenso	<i>Daniel K. Colenso</i>	4009 Apple Lane Oshkosh WI 54903	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oshkosh	3/16/11	Phone 920 Email
5. Brian R. Linnel	<i>Brian R. Linnel</i>	119 Parkway Ct Ziondale, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Ziondale	3/19/11	Phone 920 Email
6. [Crossed out]	[Crossed out]	[Crossed out]	[Crossed out]	1/1/11	Phone Email
7. [Crossed out]	[Crossed out]	[Crossed out]	[Crossed out]	1/1/11	Phone Email
8. [Crossed out]	[Crossed out]	[Crossed out]	[Crossed out]	1/1/11	Phone Email
9. [Crossed out]	[Crossed out]	[Crossed out]	[Crossed out]	1/1/11	Phone Email
10. [Crossed out]	[Crossed out]	[Crossed out]	[Crossed out]	1/1/11	Phone Email

Certification of Circulator

I, CARRIS MUSHKA (name of circulator)
 I reside at 5142 LAKEOSSE DR (circulator's residence - including number, street and municipality)
OMRO, WI 54963 (city):

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

03 / 19 / 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.

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

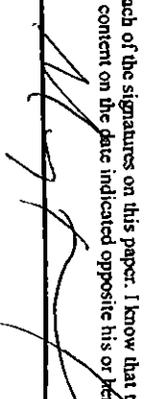
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or the no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
1. Patricia Granzow		2628 Food & Lard Rd Oshkosh, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/17/11	Email: 0705 Phone: 928
2. Sarah Hanney		200 W 5th Ave Oshkosh WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/14/11	Email: Selmon Phone: 414-21 922
3. Barbara Granzow		680 Oakst #315 Oshkosh Wis 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/18/11	Phone: 92
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email: Phone:

Certification of Circulator

1. Mary Brenzel (name of circulator)
I reside at 2628 Food & Lard Rd Oshkosh WI (circulator's residence - including number, street and municipality)

(certify): _____

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.

30 (date) 2011  (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.

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1. Sheila Frank		600 Golden Iris Dr. Oshkosh WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	03/26/11	Email
2. Greg Frank		600 Golden Iris Oshkosh WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/26/11	Phone
3. Colleen M Keough		145 W 23rd Ave Oshkosh WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11	Phone
4. Connie Amersberg		1229 Liberty Oshkosh WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11	Phone
5. Bruce Saccie		2141 Inverness Pt. Rd Oshkosh WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11	Phone
6. Tonya Munson		2332 Mt Vernon St Oshkosh WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-30-11	Phone
7. D. Budzik		1133 Telt Ave Oshkosh WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/30/11	Phone
8. Paul Baier		2064 Witzel Ave Oshkosh WI 54904	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/30/11	Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone

Certification of Circulator

I, James Pomzev (name of circulator)
reside at James Pomzev 3645 Harvest Ct. 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.

30 / 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.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE		DATE OF SIGNING
			Indicate Town, City, or Village		
1. Nathan Schwab	<i>Nathan Schwab</i>	2624 Shorewood Dr. Oshkosh, WI 54201	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	Oshkosh	3/6/11
2. Bill Knefel	<i>Bill Knefel</i>	2624 Shorewood Dr. Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
3. Chad Deussomb	<i>Chad Deussomb</i>	1621 Liberty St. Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
4. Laura Scherr	<i>Laura Scherr</i>	1852 Ashland St Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
5. Bob McWigand	<i>Bob McWigand</i>	1848 A. Ashland Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
6. Barbara Simpson	<i>Barbara Simpson</i>	1425 Liberty St Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
7. Susan Talleraud	<i>Susan Talleraud</i>	314 Paradise St Oshkosh, WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
8. Gary Bowman	<i>Gary Bowman</i>	303 220 West Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
9. Bennett Ph. Lips	<i>Bennett Ph. Lips</i>	1623 Liberty St Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11
10. Keith Deussomb	<i>Keith Deussomb</i>	1857 Harrison Oshkosh WI 54201	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Oshkosh	3/6/11

Certification of Circulator

1. Angela L. Chacon (name of circulator)
 I reside at 1302 Monroe Street Oshkosh (circulator's residence - including number, street and municipality)

(certify):
 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.

03/07 (date) Angela L. Chacon (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.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. Angie Chacon		1302 Monroe St. Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	Phone
2. Steve Wilson		1913 Jefferson St Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	Phone
3. George Jones		1419 Evans St OSHKOSH, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	Phone
4. Dan Diehl		1919 Sheridan St Oshkosh wis	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	Phone
5. Travis Taylor		404 Stanley Ave Oshkosh WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	Phone
6. Ty Zentky		800 Mercede ave Oshkosh WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone
7. Tim Krueger		24 E Greenway Oshkosh WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone
8. Wesley Noel		1737 MARICOP DR Apt D OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone
9. Shelly Quast		617 Wauger OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone
10. Douglas Quast		617 Wauger OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone

Certification of Circulator

I, Angela L. Chacon (name of circulator)
I reside at 1382 Monroe Street Oshkosh (circulator's residence - including number, street and municipality)

(certify):

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.

8/7 (date) Angela L. Chacon (signature of circulator)

RECALL PETITION

Recall Petition for the recall of State Senator Randy Hopper

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.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email	Phone
1. Victoria Chacon		1302 Monroe St Oshkosh, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	03/11/11		
2. Jesse Simmons		723 Scott Ave Oshkosh, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/13/11		
3. Susan M. Simmons		5165 TAMARACK TR Oshkosh, WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/13/11		
4. Jim Simmons		5765 TAMARACK TR OSHKOSH, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/14/11		
5. Victoris Hammar		331 State Rd 26 Oshkosh WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/14/11		
6. Tracy Honrad		N6076 Joseph Dr Fond du Lac WI 54937	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11		
7. Keith Hughes		3830 Western Dr Oshkosh, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11		
8. Annifer Johnson		1000 NEW YORK AVE OSHKOSH WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11		
9. David Russell		2850 Bowen St OSHKOSH, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11		
10. Josh Bowman		2250 Bowen St OSHKOSH, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11		

Certification of Circulator

I, Angela L Chacon (name of circulator)
 I reside at 1302 Monroe Street Oshkosh (circulator's residence - including number, street and municipality)

(certify):
 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)
Angela L Chacon (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.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. FREDERICK FARMER	<i>[Signature]</i>	1302 Monroe St. OSHKOSH WI. 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/5/11	
2. Jim Strachan	<i>[Signature]</i>	129-F B R U E N U M B I D OSHKOSH WI. 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
3. Pta Oakeson	<i>[Signature]</i>	900 Evans St Oshkosh 9096 Harrison Ave OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
4. Ed Strachan	<i>[Signature]</i>	3200 Harrison Ave 572 Bowen St. OSHKOSH, WI. 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
5. Ed Strachan	<i>[Signature]</i>	3200 Harrison Ave 3405 Hogan Ave #2 OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
6. Allison Strachan	<i>[Signature]</i>	4117 Quarty Rd. E OSHKOSH, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
7. Bob Strachan	<i>[Signature]</i>	841 Miller Lane OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
8. Johnny Clark	<i>[Signature]</i>	1100 Jackson St OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/5/11	
9. Wayne Moore	<i>[Signature]</i>				
10. Keith Thomas	<i>[Signature]</i>				

Certification of Circulator

I, Angela L. Chorn (name of circulator)
reside at 332 Monroe Street Oshkosh (circulator's residence - including number, street and municipality)

(certify):

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.

OS (date) 07 2011 Angela L. Chorn (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 <small>Rural address must also include box or the no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. DAVID SERRHEN	<i>[Signature]</i>	1848 ASHLAND ST OSHKOSH WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
2. ROYAL L. PONT	<i>[Signature]</i>	10 # A E GERVUWANDA OSHKOSH WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
3. ANGELA SERRHEN	<i>[Signature]</i>	181 W. 8th Ave OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
4. Ann-Marie Ashcraft	<i>[Signature]</i>	127 W. 8th Ave Oshkosh WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
5. NEPE REZEMDE	<i>[Signature]</i>	800 W. Wackerre AVE OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
6. Ruth Rodaks	<i>[Signature]</i>	1918 Jefferson OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
7. M J GROSSE	<i>[Signature]</i>	40 W SWELL RD OSHKOSH, WI, 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
8. DENNIS C. MASSE	<i>[Signature]</i>	1840 CLIFFHUR CT OSHKOSH, WI, 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
9. Tim E Hartmann	<i>[Signature]</i>	3302 Jefferson St OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email
10. RANDY SCHWITZ	<i>[Signature]</i>	2624 STOKELWOOD DR OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/6/11	Phone Email

Certification of Circulator

I, Angela L. Crocor (name of circulator)
reside at 1302 Wackerre Street Oshkosh (circulator's residence - including number, street and municipality)

(certify):

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 / 03 / 2011 (date) Angela L. Crocor (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.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. James A. Benson	<i>James A. Benson</i>	3120 Scenic Dr. OSHKOSH WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Algoma	3/19/11	js
2. Gary M Ostarog	<i>Gary M Ostarog</i>	317 W 15th Ave OSHKOSH WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
3. VIRGINIA CRANE	<i>Virginia Crane</i>	1506 County Rd. D OSHKOSH WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blair wisc	3/30/11	g
4. JAMES CLARK	<i>James Clark</i>	4444 CTY ROAD A TOWN OF OSHKOSH	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
5. William P Wykoff	<i>William P Wykoff</i>	3031 Eandulac Rd #13 OSHKOSH, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
6. Jeffrey V. Gehlke	<i>Jeffrey V. Gehlke</i>	855 W. South Park Ave OSHKOSH, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
7. Jennifer Beatty	<i>Jennifer Beatty</i>	1125 Greenfield Trl. OSHKOSH WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
8. Zach Beatty	<i>Zach Beatty</i>	1125 Greenfield Trl. OSHKOSH, WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
9. Ken Hark	<i>Ken Hark</i>	1115 CENTRAE ST OSHKOSH WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g
10. Thomas M. Rossiter	<i>Thm M. Rossiter</i>	1530 Adams Ave. OSHKOSH WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/30/11	g

Certification of Circulator

I, Ross Allen (name of circulator)
reside at 3489 Sheppard Dr Town of Algoma (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 (date) 1/30 2011 Ross Allen (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.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
1. Meghan Zeimet	<i>M. Zeimet</i>	2811 WINDHURST DR OSHKOSH	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	03/26/11	Email Phone
2. Andrew FISHER	<i>ASF</i>	828 BOWEN STREET OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/26/11	Email Phone
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone

Certification of Circulator

1. Miyoko Grine-Fisher (name of circulator)
 I reside at 828 Bowen St. Oshkosh WI 54901 (certify):
(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.

Miyoko Grine-Fisher (signature of circulator)
 3/30/2011 (date)

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.

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1. Mary Haugen	<i>M. Haugen</i>	237 1/2 Ledgersen Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/10/11		
2. Juliet Erickson	<i>Juliet Erickson</i>	104170 W Me Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/10/11		
3. Andrea Pannier	<i>Andrea Pannier</i>	29 Fountain Circle	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/10/11		
4. Jeannine Kameta	<i>Jeannine Kameta</i>	442 Forest Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		
5. MICHAEL NORDM	<i>Michael Nordm</i>	21 14th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		
6. THOMAS WARDEN	<i>Thomas Warden</i>	1010 Beppard Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		
7. Terry Hart	<i>Terry Hart</i>	833 4th St #109	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		
8. Tom Lewis	<i>Tom Lewis</i>	109 S. Power Pkwy	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		
9. Maria Annunzio	<i>Maria Annunzio</i>	18 N St. Joseph Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		
10. Patricia Hinder	<i>Patricia Hinder</i>	177 S. Murr St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/11/11		

Certification of Circulator

I, Thomas M. Kitzke (name of circulator),
 I reside at 140 E. McCall Ave, Fond du Lac WI (circulator's residence - including number, street and municipality) FR (certify):

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.

11 (date) March, 2011 [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.

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1. Steven P Kalmerton		685 Farmington Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	ste92
2. Dennis M Spadauer		1306 Congress AVE OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	92
3. Paul F. Brown		932 EASTMAN ST OSHKOSH WISC. 54900	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	92
4. Jay G Mung		570 Golden Iris Dr OSHKOSH WIS 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	92
5. Harold Farnand		1918 W. Lincoln Hwy OSHKOSH, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	92
6. STEVE BARTELS		7850 ISLAND AIRE ROAD RIPON WI 54971	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	92
7. Nick Simons		211 S. Westman Dr. Apt M #201 Oshkosh, WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	92
8. Adam Grund		145 N. Westman Dr. Apt B106 OSHKOSH WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	7
9. Patricia Wenders		4229 W 5th Ave OSHKOSH WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	0
10. Victoria Melum		0200 Oakbrook, WI 54901 100 COGN ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	3

Certification of Circulator

I, Wendy S. Steh (name of circulator) certify that the signatures of the electors named in this petition are those of the electors of the jurisdiction or district represented by the officeholder named in this petition.

I reside at 1116 Des Plaines Ave, Oshkosh (circulator's residence - including number, street and municipality)

I know that each person signed the paper with full knowledge of its content on the date indicated on this petition. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Wendy S. Steh (date) Wendy S. Steh (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.

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1. SCOTT HEISER		120 E 9TH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	1 / 11	Email Phone
2. BARBARA EUBERER		156-8-9TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3-19-11	Email Phone
3. JOE EPPERSON		256 15TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3 / 19 / 11	Email Phone
4. MARLYNE RAMIREZ		300 E. 9th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3 / 19 / 11	Email Phone
5. MARK RAMIREZ		300 E. 9th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3 / 19 / 11	Email Phone
6. EREN ROBADER		306 E 9th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3 / 19 / 11	Email Phone
7. ALEX DETERT		470 E 10th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3 / 19 / 11	Email Phone
8. WILLIE ROBADER		366 E. 9TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3 / 19 / 11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 11	Email Phone

Certification of Circulator

I, DAVID VELASCO (name of circulator)
 I reside at S38 MARY LEE DR (circulator's residence - including number, street and municipality) FOND DU LAC, WI
 (date) 3 / 19 / 2011

(certify):

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.

(date) 3 / 19 / 2011 (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.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or the no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	EMAIL
1. Melanie Steinbarth	<i>Melanie Steinbarth</i>	755 S. Pioneer Pkwy. Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	Steinbarth Phone: (920) 920-9200 Email: msteinbarth@fndulacwi.gov
2. Debby Bond-Lorenz	<i>Debby Bond-Lorenz</i>	104488 Deerpark Dr Fond du Lac, WI 54937	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	da Phone: 920-920-9200 Email: dbond@fndulacwi.gov
3. Gretchen Jones	<i>Gretchen Jones</i>	1368 Hunter Ave. Fond du Lac, WI 54937	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	Jones Phone: 920-920-9200 Email: gretchenjones@fndulacwi.gov
4. Eric Henry	<i>Eric Henry</i>	NS 633 2nd Rd K Fond du Lac, WI 54937	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	henry Phone: 920-920-9200 Email: eric@fndulacwi.gov
5. Shava Herr	<i>Shava Herr</i>	54 N. Boardman St Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	Shava Phone: 920-920-9200 Email: shava@fndulacwi.gov
6. Melissa Goodacre	<i>Melissa Goodacre</i>	61 Wakarusa Ave Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	me Phone: 920-920-9200 Email: melissa@fndulacwi.gov
7. Kari Baker	<i>Kari Baker</i>	551 Lee Court Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	kari Phone: 920-920-9200 Email: kari@fndulacwi.gov
8. Marvina Thao	<i>Marvina Thao</i>	1104 E. Tennessee Ave Oshkosh, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/3/11	Thao Phone: 920-920-9200 Email: marvina@fndulacwi.gov
9. Consuelo Hernandez	<i>Consuelo Hernandez</i>	58 N. Military Rd. Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	Consuelo Phone: 920-920-9200 Email: consuelo@fndulacwi.gov
10. Laura Herrera	<i>Laura Herrera</i>	87 18th Street Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Fond du Lac	3/3/11	laura Phone: 920-920-9200 Email: laura@fndulacwi.gov

Certification of Circulator

I, Laura Herrera (name of circulator)
 I reside at 87 18th Street (circulator's residence - including number, street and municipality)
Fond du Lac, WI 54935 (certify):

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.

3/8/2011 (date) Laura Herrera (signature of circulator)

RECALL PETITION

LTP N. Miller

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 XII, 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
1. STEVE DITMER	<i>Steve Dittmer</i>	1845 FAIRVIEW ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
2. Akriel Rogers	<i>Akriel Rogers</i>	1214 Grand	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
3. Susan Braatz	<i>Susan Braatz</i>	615 W. MURDOCK AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	Email Phone
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone

Certification of Circulator

I, Wendy Simmons (name of circulator)
 I reside at 819 N. Main St 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/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 / 15 / 2011 (date)
Wendy Simmons (signature of circulator)

MM

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 XII, 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. <i>Sarah Peterson</i>	<i>[Signature]</i>	2111 1st St OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/15/11	Phone
2. <i>Jessica Hampton</i>	<i>[Signature]</i>	2111 1st St OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/15/11	Phone
3. <i>Dustin Bennett</i>	<i>[Signature]</i>	1534 Delaware St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
4. <i>Ryan McKinley</i>	<i>[Signature]</i>	806 Am-Storage Ct #2 OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
5. <i>Johnnie</i>	<i>[Signature]</i>		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
6. <i>Ryan Paul Grant Laib</i>	<i>[Signature]</i>	579 N. Main OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
7. <i>Gary Sanders</i>	<i>[Signature]</i>	376 W. Main St OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
8. <i>David Patterson</i>	<i>[Signature]</i>	1707 Burkak St. OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
9. <i>Holly Paul</i>	<i>[Signature]</i>	1820 Springbrook Oma, WI 54903	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone
10. <i>Wendy Simmons</i>	<i>[Signature]</i>		<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone

Certification of Circulator

I, Wendy Simmons (name of circulator)
reside at 819 N. Main St 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.

Wendy Simmons (signature of circulator)
2011 (date)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
1. TOM KIRSLING	<i>Tom Kirsling</i>	2200 Parkside Dr Oshkosh, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/28/11	Email Phone
2. SUE KIRSLING	<i>Sue Kirsling</i>	2200 Parkside Dr Oshkosh, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/28/11	Email Phone
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Certification of Circulator

1. *Wendy Simmons* (name of circulator) (date): _____

I reside at *819 N. Main St 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.

Wendy Simmons (signature of circulator)

_____ (date)

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.

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1. Jeff Burke	<i>[Signature]</i>	2032 Shandon St. Oshkosh, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	9.
2. Don Quisenberry	<i>[Signature]</i>	525 DISCONE AVE OSHKOSH WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	Phone Email
3. Joyce Quisenberry	<i>[Signature]</i>	635-112.6th Ave Oshkosh, WI 54908	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	Phone Email
4. Don Quisenberry	<i>[Signature]</i>	635-112.6th Ave Oshkosh, WI 54908	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	Phone Email
5. Don Quisenberry	<i>[Signature]</i>	1681 S Oakwood Oshkosh WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/14/11	Phone Email
6. Kristy Short	<i>[Signature]</i>	1232 W 12th Ave Oshkosh WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/15/11	Phone Email
7. Mark Hawk	<i>[Signature]</i>	141 W Meadway Oshkosh WI 54903	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/19/11	Phone Email
8. Mary Bakus	<i>[Signature]</i>	105 Canterbury Dr Oshkosh, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/19/11	Phone Email
9. Debra Madrus	<i>[Signature]</i>	5885 Chennel View Dr. OSHKOSH, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/19/11	Phone Email
10. Sharon Roy	<i>[Signature]</i>	1730 24 OSHKOSH, WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/19/11	Phone Email

1. I reside at 1241 W 24th Ave (circulator's residence - including number, street and municipality)
Oshkosh WI, WI (certify):
Don's John Certification of Circulator

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) Don's John (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.
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1. April Schwantz	<i>April Schwantz</i>	305 E Arndt St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11	Phone 920-92 Email
2. John Barton	<i>John Barton</i>	7 Boyce Pl.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	1/11	Phone 92 Email
3. Kurt Meaully	<i>Kurt Meaully</i>	229 E. Cotton	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/19/11	Phone 92 Email
4. Nick LeRisset	<i>Nick LeRisset</i>	231 Melrose	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-19-11	Phone 92 Email
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email

Certification of Circulator

1. Anthony E. Piskant (Name of circulator)
I reside at 297 N. Park Ave. Fond du Lac, WI 54935 (city): of
(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 / 19 / 11 2011
Anthony E. Piskant (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.

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1. Becky Williams	<i>Becky Williams</i>	N7415 Meadowview Dr Fond du Lac WI 54935	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Taycheedah	3/7/11	Phone
2. Tina Gray	<i>Tina Gray</i>	111 N. Bell St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond Du Lac	3/7/11	Phone
3. Paul Enders	<i>Paul Enders</i>	115 E. Arndt St. R.326	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond Du Lac	3/7/11	Phone
4. Holly Stephanie	<i>Holly Stephanie</i>	130 Berger Pkwy Fond du Lac	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	3/10/11	Phone
5. Esther Diehrst	<i>Esther Diehrst</i>	220 B South Milwaukee Cir FDL WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	3/10/11	Phone
6. Mariyah Schneider	<i>Mariam Schneider</i>	374 E Park St FDL WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond du Lac	3/10/11	Phone
7. Robert E. Finkler	<i>Robert E. Finkler</i>	357 E. 2nd St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fond Du Lac	3/10/11	Phone
8. Sue A Pauk	<i>Sue A Pauk</i>	49 Reid Terrace Apt #14	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FDL	3/12/11	Phone
9. Soda Ceyress	<i>Soda Ceyress</i>	103129 City Rd W34 Madison, WI 53045	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FDL	3/12/11	Phone
10. Norm Birschbach	<i>Norm Birschbach</i>	10286 Martin Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FDL	3/12/11	Phone

Certification of Circulator

I, Anthony F. Piccart, (certify):

I reside at 297 N. Park Ave. Fond du Lac, WI 54935 ap
(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 official 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.
03/12/2011 *Anthony F. Piccart*
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email Phone
1. Jill Wagner	<i>Jill Wagner</i>	546 Wildlife Dr. Fond du Lac, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	iswag@swag921.com
2. Stephanie Wagner	<i>Stephanie Wagner</i>	546 Wildlife Dr. Fond du Lac, WI 54937	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	swag921@swag921.com
3. Denise Goetsch	<i>Denise Goetsch</i>	24 Cottage Ave Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	denise.g@swag921.com
4. Nickole Kaudeski	<i>Nickole Kaudeski</i>	517 Sheppard Ave #10 Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	nickole.k@swag921.com
5. CARA WELER	<i>Cara Weler</i>	W Traa Winnebago Dr Fond du Lac WI 54935	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-7-11	caraw@swag921.com
6. Kathy Hansen	<i>Kathy Hansen</i>	N 5526 DENEVEY LN Fond du Lac, WI 54937	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	kathy.h@swag921.com
7. GRAD Kovacs	<i>GRAD Kovacs</i>	881 Secours Dr DD 303 Fond du Lac	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	grad.k@swag921.com
8. Randy Hogg	<i>Randy Hogg</i>	405 Indian Ave NFDL	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	randy.h@swag921.com
9. Pam Krichberg	<i>Pam Krichberg</i>	203 E 2nd St, Fond du Lac	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	pam.k@swag921.com
10. SARA KOTMAN	<i>SARA KOTMAN</i>	N6570 City Rd W	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/12/11	sara.k@swag921.com

Certification of Circulator

I, Anthony F. Pickart (name of circulator),
reside at 297 N. Park Ave, Fond du Lac, WI 54935 (address),
(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.

03/12/2011 (date)
Anthony F. Pickart (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 13th 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 <small>Rural address must also include box or box no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	
1. JACK TISINEI		1980 Springbrook Duro WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Duro	3/12/11	Email Phone
2. MICHAEL METZEL		1570 Weinstock Ct Oshkosh 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Algona	3/12	Email Phone
3. JUDITH F. BIGLOW		863 Karmel Ave. Oshkosh WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/12/11	Email Phone
4. F.W. BIGLOW		863 Karmel Ave Oshkosh, WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/12/11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone

1. F.W. Biglow (name of circulator) _____ (certify):
 I reside at 863 Karmel Ave (circulator's residence - including number, street and municipality) Oshkosh WI 54902 WB

Certification of Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

_____ 2011 (date) _____ (signature of circulator)

RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 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.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Tiffany Jackson	<i>Tiffany Jackson</i>	717A Franklin St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
2. Chandra Evans	<i>Chandra Evans</i>	717A Franklin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
3. Garry Jackson	<i>Garry Jackson</i>	717A Franklin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
4. Lacey Shipley	<i>Lacey Shipley</i>	845 Franklin	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
5. Carl Becker	<i>Carl Becker</i>	852 Franklin	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
6. Patti Shilling	<i>Patti Shilling</i>	838 Franklin	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
7. Michael Butler	<i>Michael Butler</i>	746 Franklin	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
8. Josh Calhoun	<i>Josh Calhoun</i>	718 Franklin St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
9. Bradley	<i>Bradley</i>	805 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11
10. Melissa Stoltz	<i>Melissa Stoltz</i>	811 Jackson St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11

I, Stephen Lord (certify):
(name of circulator)
 I reside at 2122 Crestwood Dr Oshkosh WI 54904
(circulator's residence - including number, street and municipality)

Certification of Circulator

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 am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

3 19 2011 (date) *SL* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. Richard Webster Jr	<i>[Signature]</i>	854 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
2. Chris Frealey	<i>[Signature]</i>	852 Jackson	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
3. Andrew Page	<i>[Signature]</i>	846 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
4. Eddie Gray	<i>[Signature]</i>	824 Jackson	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
5. Alana Gray	<i>[Signature]</i>	802 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
6. Nancy Chishom	<i>[Signature]</i>	802 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
7. Chris Carter	<i>[Signature]</i>	802 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
8. Kyle Garza	<i>[Signature]</i>	752 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
9. Sainie Christman	<i>[Signature]</i>	742 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email
10. Sarah Gorkh	<i>[Signature]</i>	730 Jackson	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/19/11	Phone Email

I, Stephen Lord (name of circulator)
reside at 2122 Custard or Oshkosh WI 54901 (certify):
(circulator's residence - including number, street and municipality)

Certification of Circulator

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.

3/19/11 (date)

[Signature] (signature of circulator)

RECALL PETITION

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1. Steve Kallies		213 Merritt Av, Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	03/04/11	Email Phone 9202
2. Elizabeth Fisher		100 Sunnypoint Dr Oshkosh WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/7/11	Email Phone
3. Verdel Payne		213 Merritt Av. Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
4. Jeanne Jewell		1204 Snowdon Dr, Oshkosh WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
5. Joshua Danner		448 N. Main St. Apt F Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
6. Robin Cardell		803 Waagoo Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
7. APTO DORTMUSKE		661 W 11th Oshkosh WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
8. Eric Eglyenty		8020 Wisconsin, 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	03/11/11	Email Phone
9. Leo Kong		2080 Wisconsin Oshkosh, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone
10. Bill Garsley		4930 S OS Hwy 45 Oshkosh, WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/11/11	Email Phone

Certification of Circulator

I, Janevy Robson (Name of circulator)
 I reside at 8158 Lege Avenue Ashkosh (Address)
(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.

Janevy Robson (Date) Janevy Robson (Signature of circulator)

RECALL PETITION

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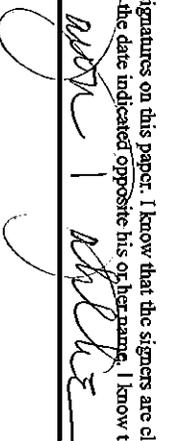
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1. Mary Lou Zar		605 Stow St Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Fond du Lac	3/11/11	Email Phone
2. Neely Fyvie		435 Bischoff St Fond du Lac, WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Fond du Lac	3/11/11	Email Phone
3. Neil Zahos		182 MARV AVE FOND DU LAC WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village FOND DU LAC	3/11/11	Email Phone
4. Ryan Walgenbach		496 Rock Rose Dr Fond du Lac WI 54935	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Fond du Lac	3/11/11	Email Phone
5. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Email Phone

Certification of Circulator

I, Dawn Dahlke (name of circulator)
reside at 999 Woodcrest Dr, Fond du Lac, WI 54935 (certify):
(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.

(date) 3/11/2011 (signature of circulator) 

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1. GORDON SCHINGEN	<i>Gordon Schinger</i>	464 MARTIN AV.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/15/11	Phone 92 Email
2. Amy Schinger	<i>Amy Schinger</i>	129 E. 9th St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/15/11	Phone 92 Email
3. Sarah Majors	<i>Sarah Majors</i>	470 MARTIN AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/15/11	Phone 92 Email
4. Eileen Hoey	<i>Eileen Hoey</i>	237 Kedgeview	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/16/11	Phone 9 Email
5. RICHARD SHIELDS	<i>Richard Shields</i>	1000 WIS. 45 So. DSt	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone 9 Email
6. Joseph White	<i>Joseph White</i>	47721 Milwaukee Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/17/11	Phone 9 Email
7. BILLY SCHINER	<i>Billy Schiner</i>	N. Fond du Lac 348 E 9	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/18/11	Phone 9 Email
8. Charlotte Kueh	<i>Charlotte Kueh</i>	526 E. 11th Fond du Lac Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/18/11	Phone 92 Email
9. MARION MATASEK	<i>Marion Matasek</i>	770 FOREST AVE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/20/11	Phone 92 Email
10. ROBERT S. MATASEK	<i>Robert Matasek</i>	770 FOREST AVE. FOND DU LAC, WI 54935	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/20/11	Phone 92 Email

Certification of Circulator

I, GORDON SCHINGEN (name of circulator) (certify):

I reside at 464 MARTIN AVE FOND DU LAC WI 54935
(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.

3/21/11 (date) *Gordon Schinger* (signature of circulator)

RECALL PETITION

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1. Dorothy Heckbath	<i>Dorothy Heckbath</i>	13541 S. Fosterie Wauwaton WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/19/11	Phone Email
2. Melissa Essouiel	<i>Melissa Essouiel</i>	5 E Lincoln St Wauwaton, WI 539103	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/20/11	Phone Email
3. Chuck Burns	<i>Chuck Burns</i>	720 Bawalda Dr. Wauwaton, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/21/11	Phone Email
4. Alfred Simpson	<i>Alfred Simpson</i>	304 Stewart Dr Wauwaton, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/21/11	Phone Email
5. Alfred Simpson	<i>Alfred Simpson</i>	24 Stewart Dr Wauwaton, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/21/11	Phone Email
6. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
7. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
8. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
9. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email
10. _____	_____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11	Phone Email

Certification of Circulator

I, Julie Bessener (name of circulator)
 I reside at 514 Morse St Wauwaton WI 539103 (circulator's residence - including number, street and municipality)
 _____, (certify):

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 / 21 / 2011 (date)
Julie Bessener (signature of circulator)

RECALL PETITION

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			<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		
2. Jennifer Augustine	<i>Jennifer Augustine</i>	2923 Westwood Rd Oshkosh WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11	Email Phone
3. Lisa Herdt	<i>Lisa Herdt</i>	1625 Brentwood Dr. Oshkosh, WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/29/11	Email Phone
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone

Certification of Circulator

1. *Lisa Herdt* (signature of circulator)
 I reside at 625 Brentwood Dr. Oshkosh, WI 54904 (circulator's residence - including number, street and municipality)
 (date) 30 / 1 / 2011

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 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.

Lisa Herdt (signature of circulator)
 Page No. 2591

RECALL PETITION

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1. Audrey Chandler	<i>Audrey Chandler</i>	1706 Myoungjae Dr Dobbsville, NY 54904	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Dobbsville</i>	3 / 29 / 11	Email Phone
2. Ronald Schmier	<i>Ronald Schmier</i>	1770 N. Oakwood Rd. OSHKOSH, WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Algoma</i>	3 / 20 / 11	Email Phone
3. Susan Schmier	<i>Susan Schmier</i>	1770 N. Oakwood Rd OSHKOSH, WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Algoma</i>	3 / 20 / 11	Email Phone
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11	Email Phone

1. *Adelmae M. Ritchie* (name of circulator) _____ (certify):

I reside at *4958 Rowland St. Oshkosh, WI 54904*
(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)(e), Wis. Stats.

March 1 *St. Joseph* *2011* *Adelmae M. Ritchie*
(date) (signature of circulator)

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1. Susan M. Winchester	<i>Susan M. Winchester</i>	1630 Nebraska St. OSHKOSH, WI. 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3 / 25 / '11	Email Phone (92)
2. Ricky Weisner	<i>Ricky Weisner</i>	1934 #14 GROVE ST. OSH., WIS. 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3 / 25 / '11	Phone (92)
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
4.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
5.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
6.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
7.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / '11	Email Phone

Certification of Circulator

I, Rick Penkowitz (name of circulator),
reside at 1219 Spruce St. Oshkosh (circulator's residence - including number, street and municipality)

(certify):

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

3 / 31 / 2011 (date)
Rick Penkowitz (signature of circulator)

RECALL PETITION

P
T
F

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.

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Rural address must also include box or file no.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF SIGNING	Email
1. THOMAS A WEBER	<i>Thomas Weber</i>	1113 BISMARCK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
2. SHIRLEY H. ZEMSTEIN	<i>Shirley H. Zemstein</i>	1339 BISMARCK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
3. ROO KIMBALL	<i>Roo Kimball</i>	1402 BISMARCK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
4. SHARI ZUELKE	<i>Shari Zuelke</i>	1214 BISMARCK AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
5. DAN BIEBER	<i>Dan Bieber</i>	1239 W 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
6. ROSE MARY BODNARUK	<i>Rose Mary Bodnaruk</i>	1238 W 6th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
7. ANNE DIEREN	<i>Anne Dieren</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
8. ROSEMARY SPANHAELE	<i>Rosemary Spanhaele</i>	1115 W 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
9. PATRICK MACHOTA	<i>Patrick Machota</i>	1301 W 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
10. SALLY SEIBERTICH	<i>Sally Seibertich</i>	1323 W 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone

Certification of Circulator

I reside at 350 Foxfire Dr. (municipality of circulator)
Oshkosh (circulator's residence - including number, street and municipality)
 (certify):

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats. 2011

3/31/11 (date) *[Signature]* (signature of circulator)

RECALL PETITION

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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 <small>Rural address must also include box or the no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. Amy Sutter	<i>Amy Sutter</i>	1337 W 9th Ave Oshkosh	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/31/11	Phone
2. Zillah Fote	<i>Zillah Fote</i>	1431 W 5th Ave	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/31/11	Phone
3. MARJORIE BORCOWSKI	<i>Margie Borcowski</i>	505 S Eagle St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-31-11	Phone
4. Matt Lank	<i>Matt Lank</i>	1400 W 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
5. Dore Wellhauer	<i>Dore Wellhauer</i>	1336 W 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
6. Kelly Barry	<i>Kelly Barry</i>	1310 W 5th St Oshkosh, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
7. John Patson	<i>John Patson</i>	410 S Meadow St Oshkosh, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11	Phone
8.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11	Phone
9.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11	Phone
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11	Phone

Certification of Circulator

I, Bruce Urbas (name of circulator) Oshkosh (city):
 I reside at 350 Fox Fire Dr. (circulator's residence - including number, street and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats. 2011.

3 / 31 / 2011 (date)

Bruce Urbas (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.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
Julie Nilles-Mohrman	<i>Julie Nilles-Mohrman</i>	537 W. 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/13/11	Phone 9 Email
James Lynn Mohrman	<i>James Lynn Mohrman</i>	537 W. 5th Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/13/11	Phone 9 Email
Nikki Lynn Schwabe	<i>Nikki Lynn Schwabe</i>	532 W. 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/13/11	Phone 9 Email
Scott Schwabe	<i>Scott Schwabe</i>	532 W. 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/13/11	Phone 92 Email
Stacette Mohrman	<i>Stacette Mohrman</i>	537 W. 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/3	Phone 92 Email
Nike Griesback J.N.	<i>Nike Griesback J.N.</i>	347 W. 11th ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/10/11	Phone 9 Email
Jennifer Griesback	<i>Jennifer Griesback</i>	347 W. 11th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/16/11	Phone 9 Email
Mark Bury	<i>Mark Bury</i>	536 W. 1st Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/18/11	Phone 9 Email
Dorothy Bettin	<i>Dorothy Bettin</i>	536 W. 6th Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/18/11	Phone 9 Email
Hris Priebe	<i>Hris Priebe</i>	540 W. 5th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/21/11	Phone 9 Email

Certification of Circulator

1. Julie Nilles-Mohrman (name of circulator)
I reside at 537 W. 5th Ave Oshkosh WI 54902 (circulator's residence - including number, street and municipality)

(certify):

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 21, 2011 (date)

Julie Nilles-Mohrman (signature of circulator)

(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Elvira Muskis		1875 Indian Point Rd Oshkosh, WI, 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/29/11
2. Susana Muske		1875 Indian Point Rd Oshkosh, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/29/11
3. Zack Rockow		231 Gillette St Fond du Lac, WI 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3/29/11
4. Dennis Brodus		30 W. 12th St Fond du Lac, WI 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3/29/11
5. Michael Rowland		1036 Madison Lane Fond du Lac, WI 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3/29/11
6. CHRISTOPHER JACOBS		1404 S Westview Dr FOND DU LAC, WI 54937	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FOND DU LAC	3/29/11
7. Steven L. Parish		102 N. Pioneer Pkwy Fond du Lac, WI, 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3/30/11
8. Anna M. Parish		102 N. Pioneer Pkwy Fond du Lac, WI 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3/30/11
9. Nives Jones		141 NATHAN PLACE FOND DU LAC, WI 54935	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City FOND DU LAC	3/30/11
10.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11

1. ROBERT T. BERGMAN (Name of circulator)
I reside at 820 MONROE ST. - OSHKOSH, WI 54901 (certify):
(circulator's residence - including number, street and municipality)

Certification of Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

3/31/2011 (date)
Robert Bergman (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.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Phone	Email
1. Pam Nemmetz	<i>Pam Nemmetz</i>	1770 Robin Ave Apt 0108 Oshkosh WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28/11	520	
2. Nadine Showner	<i>Nadine Showner</i>	1713 Taft Oshkosh WI 54902	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28		
3.			<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/1/11		
4. Danielle Seaman	<i>Danielle Seaman</i>	207 S. Washington Dr N107 OSHKOSH WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/28/11	920	
5. Colton Miller	<i>Colton Miller</i>	2530 Omro Rd. OSHKOSH WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Algoma	3/28		
6. Tim Vest	<i>Tim Vest</i>	427 Reighmor Road Omro WI 54963	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Omro	3/28/11		
7. Lisa Krivanich	<i>Lisa Krivanich</i>	1936 Oak St Oshkosh WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28/11		
8. Marcia Bergardt	<i>Marcia Bergardt</i>	320 Fox Fire Dr OSHKOSH WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/28/11		
9. Adam Menace	<i>Adam Menace</i>	7200 meand verna OSHKOSH WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/29/11		
10. Mark Trayler	<i>Mark Trayler</i>	3157 Clairville Rd Oshkosh WI 54904	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Algoma	3/29/11		

Certification of Circulator

I, ROBERT J. BERGMAN (name of circulator)
reside at 820 MONROE ST. 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 official 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 (date) 2011 Robert J. Bergman (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.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING	Email
1. John Thomson		40 Fox Fire Dr. OSHKOSH, WI, 54904	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/27/11	Phone 920-41 Email
2. Christine Boehling		910 JAFFERSON St OSHKOSH WI 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/27/11	Phone 920-41 Email
3. Melissa Kienass		1740 Service Ave OSHKOSH, WI, 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/28/11	Phone 920-41 Email
4. Tami Barbara		112 E Rose Eld Rd Rosendale WI 54974	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rosendale	3/28/11	Phone 920-41 Email
5. Angela Crooks		277N. Westhaven Dr #10 OSHKOSH, WI 54904	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/28/11	Phone 920-41 Email
6. James Must		9597 Goul School Rd. Berlin WI 54923	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rushford	3/28/11	Phone 920-41 Email
7. Elaine Pivno		1545 Arbanethway Dr 309 OSHKOSH WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/28/11	Phone 920-41 Email
8. JAMES KLABUNDZ		426 SULLIVAN ST #4 OSHKOSH, WI 54902	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/28/11	Phone 920-41 Email
9. David Hoyle		537 Central Street OSHKOSH WI: 54901	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City OSHKOSH	3/28/11	Phone 920-41 Email
10. Sheri Family		4501 Dellhaven Lane OSHKOSH, WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3/28/11	Phone 920-41 Email

1. ROBERT J. BERGERMAN (Name of circulator)
I reside at 820 MONROE ST. -OSHKOSH, WI, 54901 (Circulator's residence - including number, street and municipality)

(certify):

Certification of Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

3/31/2011 Robert J. Bergerman

(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 XII, Section 12 of the Wisconsin Constitution and S.9, 10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Alyssa Anderson	<i>Alyssa Anderson</i>	205 N. Wessmeyer Dr. App. K203 Oshkosh, WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/25/11
2. Lori Payne	<i>Lori Payne</i>	1716 Beech St Oshkosh, WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/27/11
3. Heidi Horton	<i>Heidi Horton</i>	223 W. South Park Oshkosh WI 54902	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/27/11
4. Lori Rymer	<i>Lori Rymer</i>	4378 Lakeland Oshkosh WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Omro	3/27/11
5. Jeff Rymer	<i>Jeff Rymer</i>	4378 Lakeland Dr Oshkosh WI 54904	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Omro	3/27/11
6. Paula LeBouton	<i>Paula LeBouton</i>	717 W. Lincoln Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28/11
7. Roger LeBouton	<i>Roger LeBouton</i>	717 W. Lincoln Ave Oshkosh WI 54901	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28/11
8. Julie Marnitt	<i>Julie Marnitt</i>	652 Oakville Rd Oshkosh, WI 54901	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neenah	3/28/11
9. Sandra L. Priebe	<i>Sandra L. Priebe</i>	205 South Westhaven Drive Oshkosh WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28/11
10. Kim M. Thomson	<i>Kim M. Thomson</i>	40 FOXFIRE DR. OSHKOSH WI 54904	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Oshkosh	3/28/11

1. ROBERT T. BERGMAN (certify):

I reside at 820 MONROE ST. OSHKOSH, WI 54901
(circulator's residence - including number, street and municipality)

Certification of Circulator

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.

Robert T. Bergman 2011
(date) Robert T. Bergman
(signature of circulator)