

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Ken Vander Koy</u>  | <u>1536 Cherry Dr<br/>Eland WI 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 2. <u>Rick Verbeke</u>  | <u>1561 Chem Dr<br/>Eland Wis 54427</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 3. <u>Wald Borlin</u>   | <u>1561 Cherry Dr<br/>Eland WI 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>02/26/11</u> |
| 4. <u>Marie Rzentkowski</u>   | <u>1621 Cherry Dr<br/>Eland, Wis 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 5. <u>Gary Rzentkowski</u>  | <u>1621 Cherry Dr<br/>Eland 54427</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 6. <u>Louise L. Starr</u>   | <u>8530 Cty Rd. FF<br/>Eland, Wis. 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 7. <u>Raymond H. Starr, Jr.</u>   | <u>8530 county road FF<br/>Eland, wi 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 8. <u>Cindy Starr</u>   | <u>8400 Cty Rd FF<br/>Eland, Wis. 54427</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 9. <u>Larry A Starr</u>   | <u>8400 Cty Rd FF<br/>Eland Wis. 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |
| 10. <u>Jenny Malvey</u>   | <u>8751 Co. Hwy FF<br/>Eland, WI 54427</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Elderon</u> | <u>2-26-11</u>  |

### Certification of Circulator

I, Alan Vanderkoy, certify:

I reside at 8555 Hickory Road Eland, WI 54427  
(circulator's residence - include number, street, and municipality)

ELDERON (WI)

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.

2/26/2011  
(date)

Alan Vanderkoy  
(signature of circulator)

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We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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| 1. <i>Rory Gutbrucht</i>  | <i>N1317 WI River Rd<br/>Merrill, WI 54452</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pine River</i> | <i>2-26-11</i>  |
| 2. <i>Wanda Harris</i>  | <i>1807 E. Tenth St<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>2-26-11</i>  |
| 3. <i>Donald C. Harris</i>  | <i>1807 E. Tenth St.<br/>Merrill, WI 54452</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>2-26-11</i>  |
| 4. <i>Kimberly Bell</i>   | <i>W5227 North Star Dr.<br/>Merrill, WI 54452</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Merrill</i>    | <i>3-2-11</i>   |
| 5. <i>Shane Bell</i> <small>Bell</small>  | <i>W5227 Northstar Dr.<br/>Merrill WI 54452</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Merrill</i>    | <i>3-2-11</i>   |
| 6. <i>John Pautola</i>  | <i>506 N. SCOTT ST.<br/>MERRILL WI 54452</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>MERRILL</i>    | <i>3/7/11</i>   |
| 7. <i>John Hagmeister</i>   | <i>903 E. Riverside<br/>Merrill WI 54452</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>merrill</i>    | <i>3/7/11</i>   |
| 8. <i>Shana Mile</i><br><i>Shana Mile</i>   | <i>408 N Scott St<br/>Merrill WI 54452</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>3/7/11</i>   |
| 9. <i>David T. Skipp</i>  | <i>1400 E. 6th St<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>3-7-11</i>   |
| 10. <i>Becky Ginn</i><br><i>Becky Ginn</i>  | <i>1004 E 4th St<br/>Merrill WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>merrill</i>    | <i>3-7-11</i>   |

I, *Wanda Harris* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at *1807 E. Tenth St. Merrill, WI*  
(circulator's residence - include number, street, and municipality)

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

*March 7, 2011* *Wanda Harris*  
(date) (signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District

(jurisdiction or district of officeholder)

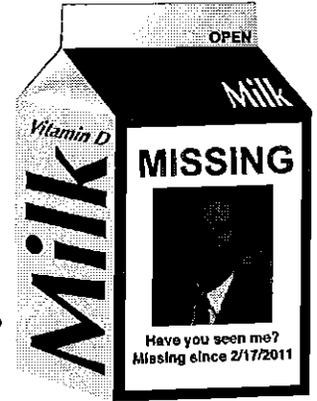
petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> State Senate District

(name of officeholder to be recalled and office)

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

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|---|--|--|-----------------|
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| 1.  | W8886 Cty AA<br>ANTIGO, WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Antigo      | 4/1/11          |
| 2.  | R1901 COZY LN<br>ANTIGO WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>NORWOOD     | 4/3/11          |
| 3.  | 446 Abner St<br>Rhinelander WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>RHINELANDER | 4/3/11          |
| 4.  | Antigo WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>ANTIGO      | 4-3-11          |
| 5.  | 1148 L <sup>th</sup> Ave<br>ANTIGO WI 54409  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>ANTIGO      | 4-3-11          |
| 6.  | N1466 Hwy 45 S.<br>ANTIGO WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>ROLLING     | 4-3-11          |
| 7.  | N3107 Flak Rd<br>Elton, WI 54930   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Evergreen   | 4-3-11          |
| 8.  | W9268 Co Rd D<br>Antigo WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Rolling     | 4-3-11          |
| 9.  | P.O. Box 238<br>Mattoon WI 54450   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Mattoon     | 4-3-11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

I, JAMES R. BUCKLEY **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 615 HTE AVE ANTIGO, WI 54409  
(circulator's residence - include number, street, and municipality)

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

(date) 4-3-11
(signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
 www.recalljim.com • admin@recalljim.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov, email: gab@wi.gov

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| 1. <i>Kevin Zech</i>  | <i>10464 Leisure Dr<br/>Hazen WI 54537</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Hazen</i> | <i>3/25/11</i>  |
| 2. <i>David Rude</i>  | <i>124 N. Baird<br/>Rhinelander WI 54501</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelander</i>      | <i>3/25/11</i>  |
| 3. <i>Wesley Balf</i>   | <i>11360 Lemna Creek Rd<br/>Arbor Vitae WI 54568</i>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Arbor Vitae</i>      | <i>3-25-11</i>  |
| 4. <i>B. V. W.</i>  | <i>1011 Z. Hill<br/>Woodruff WI 54568</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Woodruff</i>         | <i>3-25-11</i>  |
| 5. <i>Sue Hopkinson</i>   | <i>1849 Fawn Ct<br/>Arbor Vitae, WI 54568</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Arbor Vitae</i>      | <i>3-25-11</i>  |
| 6. <i>Diana Skye</i>  | <i>1584 Marsha Lane<br/>Arbor Vitae WI 54568</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Arbor Vitae</i>      | <i>3-25-11</i>  |
| 7. <i>Stephen Peck</i>  | <i>8999 Townline Rd.<br/>Woodruff, WI 54568</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Woodruff</i>         | <i>3-25-11</i>  |
| 8. <i>Tom W.</i>  | <i>4062 Hwy B W<br/>Rhinelander WI 54501</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rhinelander</i>      | <i>3-25-11</i>  |
| 9. <i>Diane Borneman</i>  | <i>11089 Woodland<br/>Arbor Vitae, WI 54568</i>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Arbor Vitae</i>      | <i>3-25-11</i>  |
| 10. <i>Bob Helman</i>   | <i>8984 Koolich Dr<br/>Woodruff WI 54568</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Woodruff</i>         | <i>3-25-11</i>  |

### Certification of Circulator

I, *Duane Schumacher*, certify:

I reside *13528 290 Ave Detroit Lakes MN 56501*  
(circulator's residence - include number, street, and municipality)

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

*3-28-11*  
(date)

*Duane Schumacher*  
(signature of circulator)

# RECALL PETITION

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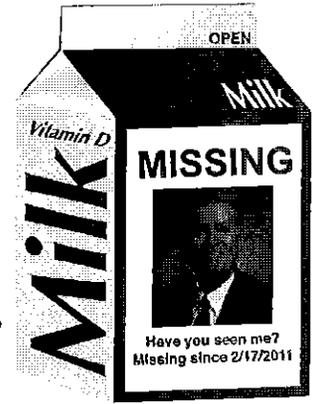
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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

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| 1. <u>Bailey Tennikait</u>  | <u>PO Box 2 Conover, WI 54519</u>  | <input checked="" type="checkbox"/> Town <u>Conover</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | <u>4/12/11</u>  |
| 2. <u>Quinn Beck</u>  | <u>3303 Racine Ave Land O' Lakes, WI 54540</u>   | <input checked="" type="checkbox"/> Town <u>Phelps</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City        | <u>4/13/11</u>  |
| 3. <u>Lynn Inge</u>   | <u>3303 Racine Ave Land O Lakes 54540</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village <u>Phelps</u><br><input type="checkbox"/> City                   | <u>4-13-11</u>  |
| 4. <u>R. Beckman</u>  | <u>9140 ISLAND RD MARSHAW, WI 54529</u>  | <input checked="" type="checkbox"/> Town <u>CLASSIAN</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | <u>4/13/11</u>  |
| 5. <u>Thomas L. Weaver</u>  | <u>5698 Rolling woods rd MARSHAW, WI 54529</u>   | <input checked="" type="checkbox"/> Town <u>LK. TOMAHAWK</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <u>4/13/11</u>  |
| 6. <u>Peter R Lewis</u>   | <u>7015 BLUE ISLAND ROAD ARBOR VITAE WI 54568</u>  | <input checked="" type="checkbox"/> Town <u>ARBUR VITAE</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <u>4/13/11</u>  |
| 7. <u>Rose M Dwyden</u>   | <u>538 So Pelham St Rhinelander, WI</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rhinelanders</u>  | <u>4/13/11</u>  |
| 8. <u>JOHN H. PRIEBE</u>  | <u>8175 LARK RD. <del>RHINELANDER</del> LK. TOM.</u>   | <input checked="" type="checkbox"/> Town <u>LAKE TOMAHAWK</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>4/13/11</u>  |
| 9. <u>Ruth Schmidt</u>  | <u>3847 Volney LK RD Rhinelander, WI 54501</u>   | <input checked="" type="checkbox"/> Town <u>Newbold</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | <u>4-14-11</u>  |
| 10. <u>Kristina Mangerson</u>   | <u>3460 N. Faust Rhinelander, WI 54501</u>   | <input checked="" type="checkbox"/> Town <u>Pelican</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | <u>4-14-11</u>  |

**Certification of Circulator**

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

I reside at 4475 County P Rhinelander, WI 54501 Town of Pelican  
(circulator's residence - include number, street, and municipality)

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

4/14/11 (date) [Signature] (signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
 www.recalljim.com • admin@recalljim.com

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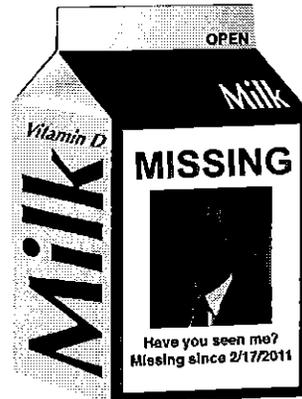
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(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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| 1. James Schmit   | 1226 Nantasket St<br>Apt 211   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo WI 54409       | 17 March        |
| 2. [Signature]  | 1512 Clermont St   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo WI 54409       | 17 March        |
| 3. [Signature]  | 112 Fairland<br>Antigo, WI 54409   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo, WI 54409      | 19 March        |
| 4. Ashley Ward  | 1226 Nantasket St<br>Apt 211   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo WI 54409       | 3/19/11         |
| 5. [Signature]  | 1512 Clermont St<br>Antigo, WI 54409   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo, WI 54409      | 3-19-11         |
| 6. [Signature]  | 1010998 Maple<br>Bromme road WI 54414  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Stonehamnsd, WI 54414 | 3-19-11         |
| 7. [Signature]  | W6290 STURBY LANE<br>POLAR WI 54418  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City POLAR WI 54418        | 3-19-11         |
| 8. Mackenzie Dism   | W6886 Mayking Rd<br>Antigo WI 54409  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Antigo 54409          | 3-19-11         |
| 9. [Signature]  | W6886 Mayking road<br>Antigo WI 54409  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo 54409          | 3-19-11         |
| 10. [Signature]   | 112 Fairland St<br>Antigo WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Antigo 54409          | 3-19-11         |

I, Richard A Schmit, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 112 Fairland St Antigo WI 54409  
(circulator's residence - include number, street, and municipality)

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

03/19/2011  
(date)
[Signature]  
(signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
 www.recalljim.com • admin@recalljim.com

Page No. 106

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email: gab@wi.gov

# RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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

## STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Gerald Pfeiffer</u>   | <u>9032 Hwy 32</u><br><u>1</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>HILES WI</u>    | <u>3-28-11</u>  |
| 2. <u>Leonard Bauman</u>  | <u>334 SOUTH AVE</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>RHINELANDER</u> | <u>3-28-11</u>  |
| 3. <u>Barbara M. Bauman</u>   | <u>334 South Ave</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rhinelande</u>  | <u>3/28/11</u>  |
| 4. <u>North John</u>  | <u>5316 Margaret Rd</u><br><u>Rhinelande WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Kone Lake</u>   | <u>3/28/11</u>  |
| 5. <u>Ralph Stand</u>   | <u>803 Margaret St.</u><br><u>Rhinelande, WI 54501</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rhinelande</u>  | <u>3/28/11</u>  |
| 6. <u>Joe Ruffie</u>  | <u>6358 Hwy K 21p</u><br><u>5450</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Rhinelande</u>  | <u>3-28-11</u>  |
| 7. <u>Andrew J. Schoone</u>   | <u>429 Eska Heights Dr</u><br><u>Tomahawk WI 54487</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Tomahawk</u>    | <u>3-28-11</u>  |
| 8. <u>[Signature]</u>   | <u>436 THAYER ST # 7</u><br><u>RHINELANDER, WI 54501</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>RHINELANDER</u> | <u>3.28-11</u>  |
| 9. <u>Sarah Somers</u>  | <u>436 Thayer St, # 7</u><br><u>Rhinelande, WI 54501</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rhinelande</u>  | <u>3/28/11</u>  |
| 10. <u>Paul Breh</u>  | <u>1882 South Girtylk rd</u><br><u>Rhinelande, WI 54501</u>                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phail</u>       | <u>3/28/11</u>  |

### Certification of Circulator

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

I reside at 4475 Country P Rhinelande, WI 54501 TOWN PELICAN  
(circulator's residence - include number, street, and municipality)

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

3/28/11  
(date)

[Signature]  
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>J. Sauer</i>  | 1175 mtview hwy<br>Athens WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Rielbrock              | 2-27-11         |
| 2. <i>Eldred Nehrbass</i>   | 1349 Andrew Rd<br>Athens WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Athens                 | 3-18-11         |
| 3. <i>Hansen</i>  | 4608 Indigo Dr.<br>Wausau WI 54401   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Rib Mountain<br>Wausau | 3-18-11         |
| 4. <i>Jade M. Hansen</i>  | 4608 Indigo Drive<br>Wausau WI 54401   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Rib Mountain           | 3-19-11         |
| 5. <i>John Antross</i>  | 7033 Nehrbass Rd<br>Athens, WI   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Athens                 | 3-20-11         |
| 6. <i>Jane Antross</i>  | 7033 Nehrbass Rd.<br>Athens, WI. 54411   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Athens                 | 3-20-11         |
| 7. <i>Diane Mueller</i>   | 1998 County Hwy F<br>Athens, WI 54411  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bern                   | 3/20/11         |
| 8. <i>Wendy Klentz</i>  | Medford WI<br>W1042 Bragg Ln 54451   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Goodrich               | 3/20/11         |
| 9. <i>Andrew Semer</i>  | Edgar, WI<br>1362 Co. Hwy H  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Rib Falls              | 3/20/11         |
| 10. <i>Jamara Scherwin</i>  | 2092 Frahm Rd<br>Athens WI 54411   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bern                   | 3-19-11         |

### Certification of Circulator

I, MARGE BELGER, certify:

I reside at 7170 BTR. LAKE ATHENS WI 54411  
(circulator's residence - include number, street, and municipality)

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

3/20/11  
(date)

*Margaret Belger*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. |  |  |                 |
|---|--|--|-----------------|
| THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.  |  |  |                 |
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Joyce Stromberg</i>   | <i>W 789 Theis Rd<br/>Rhinelander</i>  | <input checked="" type="checkbox"/> Town <i>Rhinelander</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | <i>2-27-11</i>  |
| 2. <i>Thom A. Wotken</i>  | <i>6194 Hwy K<br/>Rhinelander WI 54501</i>   | <input checked="" type="checkbox"/> Town <i>NEW BOLD</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                  | <i>2-27-11</i>  |
| 3. <i>Barbara Meyer</i>   | <i>4716 Howard St<br/>Howard WI 54829</i>  | <input checked="" type="checkbox"/> Town <i>CASSIOW</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>HARSHAW</i>    | <i>2-27-11</i>  |
| 4. <i>Barbara Meyer</i>   | <i>4716 Howard St<br/>Howard WI Cassow</i>   | <input checked="" type="checkbox"/> Town <i>Adrian</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Howard</i>      | <i>2-27-11</i>  |
| 5. <i>John P. Pohlman</i>   | <i>3515 General Cad. Pkwy<br/>Rhinelander WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Poleon</i>                               | <i>2-27-11</i>  |
| 6. <i>E. Freda Harde</i>  | <i>421 Newell St<br/>Rhinelander</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Rhinelander</i>               | <i>2-27-11</i>  |
| 7. <i>Kala Marken</i>   | <i>Rhine<br/>4836 Shady Pt Dr<br/>Rhine WI 54501</i>   | <input checked="" type="checkbox"/> Town <i>Newbold</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   | <i>2-27-11</i>  |
| 8. <i>Theresa Sealbloom</i>   | <i>Rhine WI 54501</i>  | <input type="checkbox"/> Town <i>Rhinelander</i><br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Oneida</i> | <i>2-27-11</i>  |
| 9. <i>Terri Noma</i>  | <i>134 N. ONEIDA<br/>Rhinelander WI</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rhinelander</i>                          | <i>2-27-11</i>  |
| 10. <i>Honey Harde</i>  | <i>521 Newell St<br/>Rhinelander WI</i>  | <input type="checkbox"/> Town <i>Rhinelander</i><br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>54501</i>  | <i>2-27-11</i>  |

I, *Janet Samolick* (**Certification of Circulator** *JANET Samolick*), certify:  
 I reside *4875 Pine Grove Dr., Rhinelander, WI 54501 TOWN NEWBOLD*.  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

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

*2/27/11* (date) *Janet Samolick* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|---|--|------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE'<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING  |
| 1. <i>Tim Murphy</i>  | <i>118619 Forest Road<br/>Deerbrook, WI 54424</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Upham</i>     | <i>2/28/11</i>   |
| 2. <i>Frank O/S</i>   | <i>7040 Kramer Ln<br/>Crandon Wis</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Nashville</i> | <i>2-28-11</i>   |
| 3. <i>Barron Maki</i>   | <i>P.O. Box 498<br/>Crandon WI 54520</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Nashville</i>            | <i>2-28-11</i>   |
| 4. <i>Pat Murphy</i>  | <i>N 8451 FOREST RD<br/>DEERBROOK 54424</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Upham</i>     | <i>2/28/11</i>   |
| 5. <i>Alvin Murphy</i>  | <i>N 8626 Forest Rd<br/>Deerbrook WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>UPHAM</i>     | <i>2-28-11</i>   |
| 6. <i>Pat Muller</i>  | <i>N-9490 Hwy B Summit Hill<br/>N9490 City B</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>UPHAM</i>     | <i>2/28/11</i>   |
| 7. <i>Jackie Gollenberger</i>   | <i>Summit Hill WI</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Upham</i>                | <i>2/28/11</i>   |
| 8. <i>Klennia Deaton</i>  | <i>N. 8981 S. Shore Ln<br/>Deerbrook, WI 54424</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Upham</i>     | <i>2-28-11</i>   |
| 9. <i>Kenneth Freeman</i>   | <i>N9169 Country Club Dr<br/>Deerbrook, WI 54424</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Upham</i>                | <i>2/-28/-11</i> |
| 10. <i>Jackie Murphy</i>  | <i>N809 Forest Rd.<br/>Deerbrook, WI 54424</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Upham</i>                | <i>2/28/11</i>   |

### Certification of Circulator

I, *Tim Murphy* *T. Murphy*, certify:  
(name of circulator)

I reside *N8619 Forest Road Deerbrook, WI 54424 - Upham*  
(circulator's residence - include number, street, and municipality)

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

*3/1/11*  
(date)

*Tim Murphy*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Melissa Wick</i> <small>Melissa Wick</small>  | 8110 Camp Rd.<br>Eagle River, WI 5452  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Sugar Camp  | 2.26.11         |
| 2. <i>Duane Bonack</i><br>Duane Bonack  | 1691 Lake Dr.<br>Three Lakes, WI 54562   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Three Lakes | 2.26.11         |
| 3. <i>Colleen Bonack</i><br>Colleen Bonack  | 1691 Lake Dr.<br>Three Lakes, WI 54562   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Three Lakes | 2.26.11         |
| 4. <i>TERRENCE A. MANEY</i><br><i>Terrence A. Maney</i>   | 6970 Winkler Rd.<br>Three Lakes WI 54562   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Three LAKES | 2.26.11         |
| 5. <i>Nicole Maney</i><br><i>Nicole Maney</i>   | 16968 Orchard Ln.<br>Three Lakes WI 54562  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Three Lakes | 2/27/11         |
| 6. <i>Kenneth Maney</i><br><i>Jeanette Maney</i>  | 6970 Winkler Rd.<br>Three Lakes WI 54562   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Three Lakes | 2-27-11         |
| 7. <i>Scott Schulz</i><br><i>Scott Schulz</i>   | 4224 Jersey Ln<br>Rhinelander, WI 54601  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 2-28-11         |
| 8. <i>Angeline Schulz</i><br><i>Angeline Schulz</i>   | 4224 Jersey Ln<br>Rhinelander, WI 54501  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 2-28-11         |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        |                 |

### Certification of Circulator

I, Angeline Schulz, certify:

I reside 4224 Jersey Ln Rhinelander  
(circulator's residence - include number, street, and municipality)

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

2-28-11  
(date)

*Angeline Schulz*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Donald T Bennett</i>  | <i>2365 Schuman RD.</i>  | <input checked="" type="checkbox"/> Town <i>Arbor Vitae</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/30/11</i>  |
| 2. <i>Robert P. Thomas</i>  | <i>2467 SCHUMAN RD</i>   | <input checked="" type="checkbox"/> Town <i>ARBOR VITAE</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/30/11</i>  |
| 3. <i>Ed Mejele</i>   | <i>8691 NICKS DRIVE</i>  | <input checked="" type="checkbox"/> Town <i>WOODRUFF</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>3/31/11</i>  |
| 4. <i>[Signature]</i>   | <i>8707 Barb Pl</i>  | <input checked="" type="checkbox"/> Town <i>Woodruff</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>3/31/11</i>  |
| 5. <i>[Signature]</i>   | <i>1109 arrowhead Dr.</i>  | <input checked="" type="checkbox"/> Town <i>arbor vitae</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/31/11</i>  |
| 6. <i>Ray Wagner</i>  | <i>7029 Delson Park Blvd</i>   | <input checked="" type="checkbox"/> Town <i>Hazelhurst</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>4/1/11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>1/11</i>     |

### Certification of Circulator

I, ROBERT THOMAS, certify:  
(name of circulator)

I reside 2467 SCHUMAN ROAD ARBOR VITAE, WI 54568.  
(circulator's residence - include number, street, and municipality)

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

04/01/2011  
(date)

*Robert Thomas*  
(signature of circulator)

**RECALL PETITION**

to: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS       | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|------------------------------|--|--|-----------------|
| 1. <u>Jennyk Behrens</u>     | <u>11127 Lamplight Ln<br/>Antigo, WI 54409</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Rolling</u> | <u>3/4/11</u>   |
| 2. <u>Carol J. Cornelius</u> | <u>620 8th Ave<br/>Antigo, WI 54409</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Antigo</u>  | <u>3/4/11</u>   |
| 3. <u>Karen Mack</u>         | <u>410013 Mary Ln<br/>Antigo WI 54409</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Rolling</u> | <u>3/4/11</u>   |
| 4. <u>Thomas Mack</u>        | <u>410013 Mary Ln<br/>Antigo WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Rolling</u> | <u>3/4/11</u>   |
| 5.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

**Certification of Circulator**

I Paula Visner

certify:

I reside at 6045 BEAVER TR CLOVERLAND

(name of circulator)

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

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.

3/11/2011

(date)

Paula Visner

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9,10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
| 1. <u>Lore A Thompson</u>   | <u>N 11251 Cty Rd Z<br/>Aniwa WI 54408</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>4/3/11</u>   |
| 2. <u>Steve W Thompson</u>  | <u>N 11251 Cty Rd Z<br/>ANIWA WI 54408</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>4/3/11</u>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <u>/ / 11</u>   |

### Certification of Circulator

I, Steve W Thompson, certify:

(name of circulator)

I reside N 11251 Cty Rd Z Aniwa

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

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

4-3-2011

(date)

Steve W Thompson

(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>Robert F. Zimmerman</u>   | <u>4430 Ottawabrook Rd</u><br><u>Eagle River, WI 54521</u>                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Lincoln</u>     | <u>2/26/11</u>  |
| 2. <u>Jeanette Zimmerman</u>  | <u>4430 Ottawabrook Rd</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Lincoln</u>     | <u>2-26-11</u>  |
| 3. <u>Kim Groboski</u>  | <u>522 Adams Rd.</u><br><u>Eagle River, WI 54521</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>Eagle River</u> | <u>2-26-11</u>  |
| 4. <u>Charles L...</u>  | <u>6270 W. BUCKHAMCO...</u><br><u>CONOVER, WI 54511</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>CONOVER</u>     | <u>2/26/11</u>  |
| 5. <u>James T. C.</u>   | <u>3875 Hwy 45</u><br><u>CONOVER, WI 54519</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>CONOVER</u>     | <u>2/26/11</u>  |
| 6. <u>Thomas C. Montag</u>  | <u>3700 Oakcrest Ln.</u><br><u>Eagle River, WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Washington</u>  | <u>2/26/11</u>  |
| 7. <u>DA [Signature]</u>  | <u>1675 O'neal Rd</u><br><u>Eagle River</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>Eagle River</u> | <u>2/26/11</u>  |
| 8. <u>Jim Mani</u>  | <u>3734 ALDRIDGE</u><br><u>EAGLE RIVER, WI</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>EAGLE RIVER</u>            | <u>2/26/11</u>  |
| 9. <u>John Schmitt</u>  | <u>1810 Helen Lake Rd</u><br><u>Eagle River WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Three Lakes</u> | <u>2/26/11</u>  |
| 10. <u>Janne Schmitt</u>  | <u>1810 Helen Lake Rd</u><br><u>Eagle River WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Three Lakes</u> | <u>2/26/11</u>  |

I, Paula Visner **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 6045 BEAVER TR CLOVERLAND  
(circulator's residence - include number, street, and municipality)

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.

2/26/2011 Paula Visner  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Jeanne Olson</i>   | <i>W6303 Payette Road<br/>Niagara, WI 54151</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Niagara</i> | <i>3/24/11</i>  |
| 2. <i>Carl R. Olson</i>  | <i>W6303 Payette Rd.<br/>Niagara, WI 54151</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Niagara</i> | <i>3/24/11</i>  |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, *Jeanne Olson* (name of circulator), certify:

I reside *W6303 Payette Rd. Niagara, WI* (circulator's residence - include number, street, and municipality)

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

*3/24/11*

(date)

*Jeanne Olson*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Frank Dubinski</i>  | <i>6757 Walnut Rd.<br/>Florence WI 54101</i>   | <input checked="" type="checkbox"/> Town <i>Fern</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <i>3-1-11</i>   |
| 2. <i>Karla Sukaski</i>   | <i>4757 Walnut Rd W<br/>Florence WI 54121</i>  | <input checked="" type="checkbox"/> Town <i>Fern</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <i>3/1/11</i>   |
| 3. <i>Green Stenberg</i>  | <i>6737 Patten Lake Rd<br/>Florence, WI 54121</i>  | <input checked="" type="checkbox"/> Town <i>Fern</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <i>3/9/11</i>   |
| 4. <i>Dan McCoy</i>   | <i>3929 St Hwy 101<br/>Florence WI 54121</i>   | <input checked="" type="checkbox"/> Town <i>Fern</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <i>3/10/11</i>  |
| 5. <i>Marshall Tibbs</i>  | <i>7050 West River Rd<br/>Florence WI 54121</i>  | <input checked="" type="checkbox"/> Town <i>Fence</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>3/10/11</i>  |
| 6. <i>Kathy Dred</i>  | <i>3565 Red Oak Ln<br/>Florence WI 54121</i>   | <input checked="" type="checkbox"/> Town <i>Florence</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/10/11</i>  |
| 7. <i>Lisa Tibbs</i>  | <i>7050 West River Rd<br/>Florence WI 54121</i>  | <input checked="" type="checkbox"/> Town <i>Fence</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>3/12/11</i>  |
| 8. <i>Craig Spencer</i>   | <i>FLORENCE WI 54121<br/>2183 Slate 400401</i>   | <input type="checkbox"/> Town <i>FERN</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                | <i>3-14-11</i>  |
| 9. <i>Vanna Williams</i>  | <i>Florence WI</i>   | <input type="checkbox"/> Town <i>Fence</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City               | <i>3-15-11</i>  |
| 10. <i>Jim Anderson</i>   | <i>7886 Oak Creek Rd.<br/>Florence, WI 54171</i>   | <input checked="" type="checkbox"/> Town <i>Fence</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | <i>3-16-11</i>  |

### Certification of Circulator

I, *LILA L. Tibbs*, certify:  
(name of circulator)  
 I reside *7050 West RIVER Rd Florence, WI 54121*  
(circulator's residence - include number, street, and municipality) *Fence*

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.

*3-19-2011* *Lila Tibbs*  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. Patricia L. Ball   | 10609 OLD HWY 51 S<br>ARBOR VITAE WI 54568   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE   | 3/25/11         |
| 2. Angel Joh  | 11192 Scott Rd<br>Woodruff WI 54568  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae   | 3/25/11         |
| 3. Tim White  | 2480 Witches Lake Rd<br>ARBOR VITAE 54568  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE              | 3-25-11         |
| 4. GADAGE CHAUSSON  | 7771 PINE RD<br>LIC TOMAHAWK 54539   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LIC TOMAHAWK  | 3/25/11         |
| 5. Allyn  | 181 HWY 51<br>WOODRUFF WI 54568  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Arbor Vitae   | 3/25/11         |
| 6. David M. Borczyk   | 1739 SEVEN OAKS<br>54538<br>HARDEN HARBOR  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City HARDEN HARBOR | 3-25-11         |
| 7. Lacey Stanick  | 11311 WYMAN CREEK RD<br>ARBOR VITAE WI 54568   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE   | 3/25/11         |
| 8. Randall Meyer  | 8943 Forest Ln.<br>Minocqua, WI, 54548   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City minocqua      | 3/25/11         |
| 9. Andrew Boeshack  | 2482 Berkth Ln.<br>Arbor Vitae WI 54568  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae   | 3/25/11         |
| 10. (Theresa) TESS LISNER   | 9146 DAVIES RD.<br>Minocqua WI 54548   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City MINOCQUA      | 3/25/11         |

I, Deane Schumacher **Certification of Circulator**, certify:  
(name of circulator)  
 I reside 13528 290 Ave, Detroit Lakes, MN 56501  
(circulator's residence - include number, street, and municipality)

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

3-28-11 (date) Deane Schumacher (signature of circulator)

(10)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Shelly M. Guss</i>  | <i>2221 Willow Bend Dr.<br/>Merrill, WI 54452</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Corning</i>          | <i>2/26/11</i>  |
| 2. <i>Robert Schumann</i>   | <i>N 10925 16th H 11<br/>Gleason WI 54435</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Parrish</i>          | <i>2-26-11</i>  |
| 3. <i>Beverly Schumann</i>  | <i>Gleason WI 54435</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Parrish</i>                     | <i>2-26-10</i>  |
| 4. <i>Richard X Nawak</i>   | <i>W1295 Longlake Dr.<br/>Gleason WI 54435</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Town of Harrison</i> | <i>2-26-11</i>  |
| 5. <i>Carol J Nawak</i>   | <i>W1295 Longlake Dr<br/>Gleason, WI 54435</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Harrison</i>         | <i>2/26/11</i>  |
| 6. <i>Ronald Fuchs</i>  | <i>W 2049 Hwy<br/>Gleason</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Stevay</i>           | <i>3/26/11</i>  |
| 7. <i>James Russel</i>  | <i>N 5376 St. Rd. 17<br/>Gleason</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russel</i>           | <i>2/26/11</i>  |
| 8. <i>Ray D. Robinson</i>   | <i>5966 Manitou Lake<br/>Conover</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Conover</i>          | <i>2-26-11</i>  |
| 9. <i>Robert Untertweyer II</i>   | <i>N 9250 Evergreen Dr.</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Summit</i>           | <i>2-26-11</i>  |
| 10. <i>Twan Russell</i>   | <i>N 5232 Town Hall<br/>Gleason WI 54435</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i>          | <i>2/26/11</i>  |

### Certification of Circulator

I, Jim Mays, certify:

I reside W 834 3rd Ave (name of circulator) Gleason WI 54435  
(circulator's residence - include number, street, and municipality)

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

2-26-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Jeremy J. Cordova</i>   | <i>N5771 State Hwy 107<br/>Tomahawk, WI 54487</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rock Falls</i> | <i>2-24-11</i>  |
| 2. <i>Kerthy Palanyo</i>  | <i>W6751 Edward Dr<br/>Merrill, WI 54452</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Harding</i>    | <i>2-24-11</i>  |
| 3. <i>Shellee Sabatke</i>   | <i>713 Martin St #6<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>2-24-11</i>  |
| 4. <i>Crystal Kueg</i>  | <i>W10004 County Rd M<br/>merrill WI 54452</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Corning</i>    | <i>2-24-11</i>  |
| 5. <i>Pamela Wojniak</i>  | <i>W4480 Birch Hill Ln.<br/>Merrill, WI 54452</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pine River</i> | <i>2/24/11</i>  |
| 6. <i>Carrie J. Cordova</i>   | <i>N5771 state Hwy 107<br/>Tomahawk WI 54487</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rock Falls</i> | <i>2/25/11</i>  |
| 7. <i>Jenni Marden</i>  | <i>911 1/2 E. Main St.<br/>Merrill WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>2/25/11</i>  |
| 8. <i>John C. Ronis</i>   | <i>N5398 Hwy 17<br/>Gleason, WI 54435</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Russell</i>    | <i>2-25-11</i>  |
| 9. <i>Jane Dehnel</i>   | <i>1204 N State Street<br/>Merrill WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>3-1-11</i>   |
| 10. <i>Robert Dehnel</i>  | <i>1204 N STATE ST<br/>Merrill WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i>    | <i>3-1-11</i>   |

### Certification of Circulator

I, *Jeremy Cordova*, certify:

(name of circulator)

I reside at *N5771 State Hwy 107 Tomahawk, WI Town of Rock Falls*

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

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

*3/1/2011*  
(date)

*Jeremy J. Cordova*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. Florence E. Hall   | 4212 Poplar Rd.<br>Arbor Vitae, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Arbor Vitae  | 3/14/11         |
| 2. Rocco R. Caffarella  | 11473 VERNIA LN.<br>ARBOR VITAE 54568  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>ARBOR VITAE  | 3-15-11         |
| 3. Diane L. Shay  | 11473 VERNIA LN<br>ARBOR VITAE, 54568  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>ARBOR VITAE  | 3-15-11         |
| 4. Dennis Horan   | 2217 1651 Lake Dr. So<br>St. Germain WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>St. Germain  | 3-16-11         |
| 5. Dennis Horan   | 2217 1651 Lake Dr. So<br>St. Germain, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>St. Germain  | 3-16-11         |
| 6. Al Heldman   | 2779 County K E<br>Conover, WI.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Phelps       | 3-16-11         |
| 7. Benn Karl  | 7235 NORWAY Rd<br>Presque Isle, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Presque Isle | 3-17-11         |
| 8. [Signature]  | 7342 PINE CONE DR.<br>PRESQUE ISLE, WI.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>PRESQUE ISLE | 3-18-11         |
| 9. Greg Slavich   | 10599 Big Arbor Vitae Rd<br>Woodluff WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Arbor Vitae  | 3-22-11         |
| 10. [Signature]   | 11594 Lakeland   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Arbor Vitae  | 3-22-11         |

### Certification of Circulator

I, Rocco R. CAFFARELLA, certify:

I reside at 11473 VERNIA LN, ARBOR VITAE WI 54568  
(circulator's residence - include number, street, and municipality)

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

3-22-11  
(date)

[Signature]  
(signature of circulator)

# RECALL PETITION

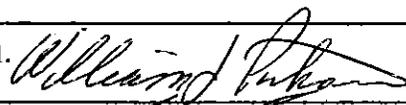
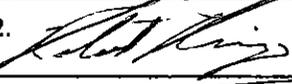
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |  |                 |
|--|--|--|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | 6741 Hwy 70 W<br>EAGLE RIVER, WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>CLOVERLAND    | 3/13/11         |
| 2.   | 1281 SOUTH BAY RD.<br>SAINT GERMAIN 54558  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>SAINT GERMAIN | 3/13/11         |
| 3.   | St. Germain #<br>1281 S. Bay Rd 54558  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>St. Germain   | 3-13-11         |
| 4. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 5. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 6. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 7. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 8. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 9. _____   | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |
| 10. _____  | _____  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             |                 |

I, William J. Pickaeski **Certification of Circulator**, certify:

I reside at 6741 Hwy 70 W, Eagle River, WI 54521  
(circulator's residence - include number, street, and municipality)

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

4/13/11 (date)   
(signature of circulator)

# RECALL PETITION

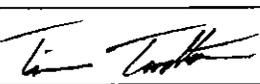
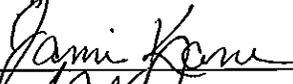
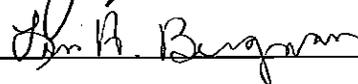
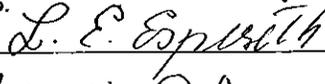
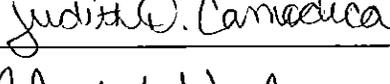
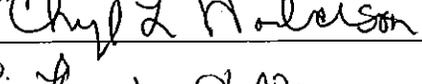
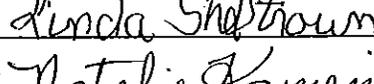
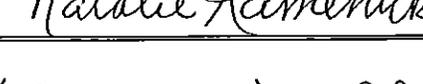
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.   | 6065 Hwy 52<br><del>Wabeno</del>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Wabeno           | 3/31/11         |
| 2.    | 634 E. Park Ave<br>Tomahawk, WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Tomahawk         | 3/31/11         |
| 3.   | N10841 S Countryct<br>Tomahawk WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Bradly           | 3/31/11         |
| 4.    | 940 Pines st.  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Rhinelander      | 3/31/11         |
| 5.   | 4845 Little Pine Acres<br>Rhinelander WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Rhinelander WI   | 3/31/11         |
| 6.   | 8733 Nicks Dr.   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Woodruff<br>216  | 3/31/11         |
| 7.   | 2098 Fair Corner Ln<br>St. Germain, WI 54  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>St. Germain      | 3/31/11         |
| 8.   | 6088 West Shore Rd   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Lantolakes<br>WI | 3/31/11         |
| 9.   | 4362 Pinedale  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Rhinelander WI   | 3/31/11         |
| 10.    | 4718 West Shore Dr   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Orandon WI       | 3/31/11         |

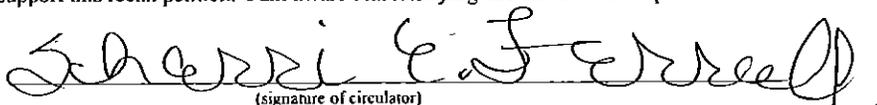
### Certification of Circulator

I, SHERRI FERRELL, certify:  
(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922  
(circulator's residence - include number, street, and municipality)

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

3/31/11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>John Snowwood</i>   | <i>W10621 Co. Rd C<br/>Deerbrook WI 54424</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Peck</i>              | <i>3-22-11</i>  |
| 2. <i>M. J. U.</i>  | <i>903 8th Ave<br/>Antigo WI 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3-22-11</i>  |
| 3. <i>Wesley Fulk</i>   | <i>N9314 Warton Rd<br/>Antigo, WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Aclev</i>             | <i>3-22-11</i>  |
| 4. <i>Mark [unclear]</i>  | <i>W11497 Hwy C<br/>Deerbrook 54424</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Peck</i>              | <i>3-22-11</i>  |
| 5. <i>Barthelme [unclear]</i>   | <i>P15 Superior St<br/>Antigo WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i> | <i>3/22/11</i>  |
| 6. <i>Anna [unclear]</i>  | <i>1633 North Ave #.5<br/>Antigo 54409</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3/22/11</i>  |
| 7. <i>Wendy [unclear]</i>   | <i>N2312 Sunnyside Rd<br/>Antigo WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Rolling</i>                      | <i>3/22/11</i>  |
| 8. <i>Kathy [unclear]</i>   | <i>2425 Charlotte Ct<br/>Antigo, WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3/22/11</i>  |
| 9. <i>Bob [unclear]</i>   | <i>239 Clairmont St.<br/>Antigo WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Antigo</i>            | <i>3-22-11</i>  |
| 10. <i>Michael [unclear]</i>  | <i>204 Fairland St<br/>Antigo, WI 54409</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Antigo</i>            | <i>3-22-11</i>  |

I, *Duane Schumacher* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside *13528 290 Ave, Detroit Lakes, MN 56501*  
(circulator's residence - include number, street, and municipality)

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

*3-25-11* (date) *Duane Schumacher* (signature of circulator)

10

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Gay G. Gjmerac</i>  | <i>W 4480 Birch Hill Lane<br/>Merrill WI 54452</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Pine River</i> | <i>4/3/11</i>   |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |

### Certification of Circulator

I, *Pamela Gjmerac*, certify:  
(name of circulator)

I reside *W4480 Birch Hill Ln, Merrill, WI 54452*.  
(circulator's residence - include number, street, and municipality)

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

*4/3/11*  
(date)

*Pamela Gjmerac*  
(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|------------------------|--|---|-----------------|
| 1. <i>[Signature]</i>  | 10857 Doe Ct Arbor Vitae   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3-1-11          |
| 2. <i>[Signature]</i>  | 10861 Doe Ct<br><del>10857 Arbor Vitae</del>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE | 3-1-11          |
| 3. <i>[Signature]</i>  | 10861 Doe Ct<br>Arbor Vitae  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3-1-11          |
| 4. <i>[Signature]</i>  | 1815 Fawn Ct<br>Arbor Vitae, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3-1-11          |
| 5. <i>[Signature]</i>  | 1843 Fawn<br>Arbor Vitae WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE | 3-1-11          |
| 6. <i>[Signature]</i>  | 1852 Fawn Ct<br>ARBOR VITAE  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3-1-11          |
| 7. <i>[Signature]</i>  | 1852 Fawn Ct<br>Arbor Vitae, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 3-1-11          |
| 8. <i>[Signature]</i>  | 1798 Buckhorn Cir.<br>ARBOR VITAE, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE | 3-1-11          |
| 9. <i>[Signature]</i>  | 1798 Buckhorn Cir.<br>Arbor Vitae WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE | 3-1-11          |
| 10. <i>[Signature]</i> | 10813 Buckhorn Cir<br>Arbor Vitae, WI 54565  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ARBOR VITAE | 3-1-11          |

**Certification of Circulator**

I, Robert Muench, certify:

(name of circulator)

I reside at 10833 Buckhorn Circle, Arbor Vitae, WI

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

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

3/1/11

(date)

*[Signature]*

(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Maven J. John</u>   | <u>1222 Fall St</u><br><u>Arbor Vitae</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-27-11</u>  |
| 2. <u>Dennis Allbarn</u>  | <u>1845 BUCK COURT</u><br><u>Arbor Vitae</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ARBOR VITAE</u> | <u>2-27-11</u>  |
| <u>Bonnie Allbarn</u>   | <u>1845 Buck Court</u><br><u>Arbor Vitae</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-27-11</u>  |
| 4. <u>Lyndi Howe</u>  | <u>1805 Buckhorn Circle</u><br><u>Arbor Vitae</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2-27-11</u>  |
| 5. <u>Norman Men</u>  | <u>1805 Buckhorn Circle</u><br><u>Arbor Vitae</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>2/27/11</u>  |
| 6. <u>Norman Men</u>  | <u>1770 BUCKHORN</u><br><u>Arbor Vitae</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ARBOR VITAE</u> | <u>2-27-11</u>  |
| 7. <u>Janet Shen</u>  | <u>1770 Buckhorn</u><br><u>Arbor Vitae</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u>            | <u>2-27-11</u>  |
| 8. <u>Susan Klumpke</u>   | <u>8811 Koolish Rd</u><br><u>Woodruff, WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u>    | <u>2-28-11</u>  |
| 9. <u>Ker Klumpke</u>   | <u>8811 Koolish Rd</u><br><u>Woodruff, WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Woodruff</u>    | <u>2-28-11</u>  |
| 10. <u>Shenice H. Lechner</u>   | <u>7964 Little Lane</u><br><u>St. Germain, WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>St. Germain</u> | <u>3-1-11</u>   |

**Certification of Circulator**

I, Roxann Murphy, certify:

(name of circulator)

I reside at 10833 Buckhorn Circle Arbor Vitae, WI

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

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

3/17/11  
(date)

Roxann Murphy  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Jennifer M.R. Marmes</i>   | <i>N3569 AIRPORT RD.<br/>ANTIGO, WI 54409</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ANTIGO</i> | <i>3-6-11</i>   |
| 2. <i>Edith M Marmes</i>   | <i>N3569 AIRPORT RD<br/>ANTIGO, WI 54409</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ANTIGO</i> | <i>3-6-11</i>   |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |

I, *JENNIFER M.R. MARMES*, certify:  
(name of circulator)

I reside at *N3569 AIRPORT ROAD, ANTIGO, WI 54409*  
(circulator's residence - include number, street, and municipality)

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

*March 6, 2011*  
(date)

*Jennifer M.R. Marmes*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Audrey Nowak</u>  | <u>11196 E HALSEY LK RD Box 140</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LONG LAKE</u> | <u>3/30/11</u>  |
| 2. <u>Lonnie Nowak</u>  | <u>11196 E. Halsey Lk. Rd.<br/>Po. 140</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LONG LAKE</u> | <u>3/30/11</u>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <u>/ / 11</u>   |

### Certification of Circulator

I, Audrey Nowak, certify:  
(name of circulator)

I reside LONG LAKE, WI 11196 E HALSEY LK RD PO. BOX 140 54542.  
(circulator's residence - include number, street, and municipality)

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

3-30-11  
(date)

Audrey Nowak  
(signature of circulator)

# RECALL PETITION

to: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS        | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|-------------------------------|--|---|-----------------|
| 1. Patrick Stark              | 803 W Taylor St  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merrill | 3-14-11         |
| 2. DAVID R. MOOTZ             | 800 W ST. PAUL ST.   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City MERRILL | 3.14.11         |
| 3. Shirley (Jean) Mootz       | 800 W St. Paul St.   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merrill | 3/14/11         |
| 4. RICHARD MARTENS            | 1102 COTTAGE ST  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City MERRILL | 3/14/11         |
| 5. <del>Richard Martens</del> | 1102 COTTAGE ST  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City MERRILL | 3/14/11         |
| 6. Charlotte Peters           | 1008 MEADOWS   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merrill | 3/14/11         |
| 7. Bertrude W. Plonky         | 1002 Cottage St  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merrill | 3/14/11         |
| 8. Donald Beckman             | 817 Chippewa<br>Merrill  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merril  | 3/15/11         |
| 9. Louella W Smith            | 500 W. 10th St<br>Merrill, WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Merrill | 3/15/11         |
| 10. Floyd H Smith             | 500 W 10th St<br>MERRILL WIS   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City MERRILL | 3/15/11         |

### Certification of Circulator

Elaine D Simon  
(name of circulator)

certify:

reside at 801 W. Taylor St Merrill, WI 54457  
(Circulator's residence - include number, street, and municipality)

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

3/15/11  
(date)

Elaine D Simon  
(signature of circulator)

# RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

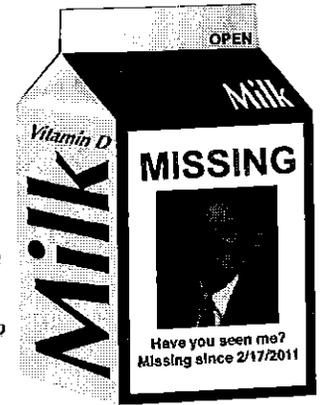
petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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

## STATEMENT OF REASON FOR RECALL

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

*Ⓢ*



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                  |
|---|--|---|------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village.</small>                                  | DATE OF SIGNING  |
| 1. <i>Jenny Kay Komisarek</i>   | <i>N12686 Lubka Rd<br/>Wausaukee, WI 54177</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-21-2011</i> |
| 2. <i>Donni Randall</i>   | <i>7613 Hwy 32 N<br/>Gillett WI 54124</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-21-2011</i> |
| 3. <i>Carrie Luning</i>   | <i>7598 Hwy 32 N.<br/>Gillett, WI 54124</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>03/21/11</i>  |
| 4. <i>Joshua Komisarek</i>  | <i>N12889 Pike River Rd<br/>Wausaukee WI 54177</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-23-11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                  |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                  |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                  |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                  |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                  |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            |                  |

### Certification of Circulator

I, Jenny Kay Komisarek, certify:  
(name of circulator)  
 I reside at N12686 Lubka Rd. Wausaukee, WI 54177 Phone # (715) 856-5729 Town.  
(circulator's residence - include number, street, and municipality)

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

3-23-11  
(date)

*Jenny K. Komisarek*  
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No.

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# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Michael Lentz</i>   | <i>9125 Hwy K<br/>Harshaw, Wis 54529</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Nokomis</i> | <i>3/30/11</i>  |
| 2. <i>John W. Szumilo</i>   | <i>9125 Hwy. K<br/>Harshaw WI 54529</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Nokomis</i> | <i>3/30/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           | <i>/ / 11</i>   |

### Certification of Circulator

I, *John W. Szumilo*, certify:  
(name of circulator)

I reside *Harshaw WI 9125 Hwy K 54529 Nokomis*.  
(circulator's residence - include number, street, and municipality)

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

*3-31-11*  
(date)

*John W. Szumilo*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. Charles Szmurlo Jr.  | 9388 MEADOWLARK RD. HARSHAW, WIS. 54529  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City CASSIAN              | 3/29/11         |
| 2. Dorothy M. Kevin   | 11685 herwood<br>Janesville, WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae                     | 3/30/11         |
| 3. Evelyn Semling   | 9809 Schlitz Rd<br>Woodruff, WI  | <input checked="" type="checkbox"/> Town Woodruff<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae | 2/21/30/11      |
| 4. Dalen Kopack   | 1398 N. 4th St<br>A.V. WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arbor Vitae WI       | 3/30/11         |
| 5. John Neun  | 5458 Manor Rd<br>Rhinelander WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Pine Lake            | 4/1/11          |
| 6. Karen Lashew   | 4041 Fox Farm Ln.<br>Rhinelander WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Newbolt              | 4/1/11          |
| 7. Ardella Thimm  | 1207 Mason St<br>Rhinelander WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander          | 4/1/11          |
| 8. Yvonne M. Steck  | 178 Menominee Dr.<br>Rhinelander   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander          | 4/1/11          |
| 9. Graftland Feck   | 219 Spruce street<br>Rhinelander WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander          | 4/1/11          |
| 10. Robert E. Julius  | 39 EDgewater<br>Rhinelander  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Arden                           | 4/1/11          |

### Certification of Circulator

I, CHARLES SZMURLO JR, certify:  
(name of circulator)

I reside 9388 MEADOWLARK RD. HARSHAW, WIS 54529  
(circulator's residence - include number, street, and municipality)

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

MARCH 29, 2011 Charles Szmurlo Jr.  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Marcella VandeStreek</i>   | <i>1234 Cranberry Ln<br/>Eagle River WI 54521</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Washington</i> | <i>3/31/11</i>  |
| 2.   | <i><del>Wisconsin</del></i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 3. <i>Ralph Reichert</i>   | <i>1234 Cranberry Ln<br/>Eagle River WI 54521</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>WASHINGTON</i> | <i>3/31/11</i>  |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ / 11</i>   |

### Certification of Circulator

I, *Marcella Vande Streek*, certify:  
(name of circulator)

I reside *1234 Cranberry Lane Eagle River, WI 54521 WASHINGTON*  
(circulator residence - include number, street, and municipality)

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

*3 - 31 - 11*  
(date)

*Marcella Vande Streek*  
(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |   |   |                 |
|---|---|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE<br>Indicate Town, City, or Village  | DATE OF SIGNING |
| 1. <i>[Signature]</i>   | 3589 Deerskin Rd.<br>Eagle River, WI 54521  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Washington | 3/1/11          |
| 2. <i>[Signature]</i>   | 2331 Hwy 17<br>Phelps   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | 3/3/11          |
| 3. <i>[Signature]</i>   | 2331 Hwy 17<br>Phelps   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | 3/3/11          |
| 4. <i>[Signature]</i>   | 3000 Kentucky Landing Rd<br>Eagle River, WI 54521                                 | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Phelps                | 3/7/11          |
| 5. <i>[Signature]</i>   | 12679 Fallon Rd<br>Manitowish Waters  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | 3-7-11          |
| 6. <i>[Signature]</i>   | 12679 Fallon Rd<br>Manitowish Waters  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | 3-7-11          |
| 7. <i>[Signature]</i>   | 1191 Dona Vista<br>Eagle River, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Lincoln               | 3-7-11          |
| 8. <i>[Signature]</i>   | 1191 Dona Vista Dr<br>PO Box 1988 (54521)   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Lincoln                          | 3-7-11          |
| 9. <i>[Signature]</i>   | 1016 Catfish Lake Rd<br>Eagle River, WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Lincoln                          | 3-8-11          |
| 10. <i>[Signature]</i>  | 3778 ONIDA ST<br>Eagle River, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Lincoln               | 3-8-11          |

**Certification of Circulator**

JEFF KIRSCHMANN

(name of circulator)

certify:

reside at 3000 KENTUCKY LANDING RD., EAGLE RIVER, WI. 54521 PHELPS

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

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)

*[Signature]*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS      | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|-----------------------------|--|---|-----------------|
| 1. <i>Bret Hoopman</i>      | 3943 LINDBERG RD<br>CONOVER WI 54519   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Conover                | 2-26-11         |
| 2. <i>Michael Jorg</i>      | 4328 Daisy Ln<br>Eagle River, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Lincoln                | 2-26-11         |
| 3. <i>Dale D. Oja</i>       | 1051 Maple ST<br>Eagle River, WI 54521   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Eagle River            | 3-2-2011        |
| 4. <i>Michael Jorg</i>      | 1051 Maple Street<br>Eagle River, WI 54521   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Eagle River            | 3-2-2011        |
| 5. <i>Darrell H. Smith</i>  | 1246 CATFISH LAKE ROAD<br>EAGLE RIVER, WI 54521  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>LINCOLN                | 3-2-2011        |
| 6. <i>Dale D. Oja</i>       | 1420 SHELDON RD<br>ST. GERMAIN, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>ST GERMAIN             | 3-3-11          |
| 7. <i>Cynthia Oueshel</i>   | 1850 Forest Lane<br>Eagle River WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Washington             | 3-3-11          |
| 8. <i>Michael Jorg</i>      | 525 Ohio St<br>Eagle River WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Eagle River | 3-3-11          |
| 9. <i>Valerie Schoolman</i> | 525 Ohio St.<br>Eagle River, WI 54521  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Eagle River            | 3-3-11          |
| 10. <i>Jessica L. Weber</i> | 1743 McKenna, Deer<br>Eagle River, WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Lincoln<br>Eagle River            | 3-3-11          |

### Certification of Circulator

I, CRAIG KLEIN LINCOLN, certify:  
(name of circulator)

I reside at 3861 GAFFNEY DRIVE EAGLE RIVER, WI, 54521  
(circulator's residence - include number, street, and municipality)

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

3-3-11  
(date)

*Craig Klein*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Joanne Schwede</i>  | <i>6191 Bergan Lk Rd.</i>  | <input checked="" type="checkbox"/> Town <i>Land o Lakes</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | <i>4/17/11</i>  |
| 2. <i>Tom Shuber</i>  | <i>6191 BOYGAN LK. RD.</i>   | <input checked="" type="checkbox"/> Town <i>LAND O' LAKES</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4-17-11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 |                 |

### Certification of Circulator

I, *Allen J. Bybee*, certify:

I reside *4429 Hwy B Land O Lakes WI 54542*  
(circulator's residence - include number, street, and municipality)

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

*4-19-2011*  
(date)

*Allen J. Bybee*  
(signature of circulator)

# RECALL PETITION

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

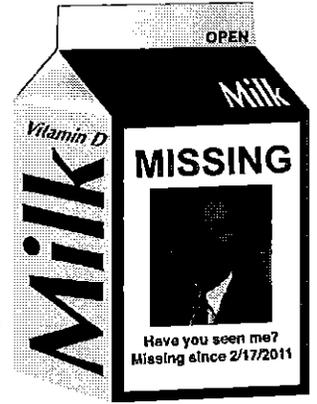
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District,  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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

### STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>[Signature]</i>   | <i>1625 Pine Street<br/>St. Germain, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>St. Germain</i> | <i>4/8/11</i>   |
| 2. <i>[Signature]</i>   | <i>8090 DAM RD.<br/>P.O. BOX 84</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>MINOCQUA</i>    | <i>4/8/11</i>   |
| 3. <i>[Signature]</i>   | <i>8090 Dam Rd.<br/>P.O. Box 84</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>MINOCQUA</i>    | <i>4/8/11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                 |

### Certification of Circulator

I, *Ruth Russler*, certify:  
(name of circulator)

I reside at *8090 Dam Rd. P.O. Box 84 Minocqua, Wis.*  
(circulator's residence - include number, street, and municipality)

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

*4/8/11*  
(date)

*Ruth Russler*  
(signature of circulator)

Please mail this form to:

Recall Jim

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Karen A. Smith</i>  | <i>628 Hwy 17 S<br/>Eagle River WI 54521</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Lincoln</i> | <i>2/24/11</i>  |
| 2. <i>Kenneth F. Cloutier</i>   | <i>3116 Oneida Lake Rd.<br/>Harshaw WI 54529</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Harshaw</i> | <i>3/2/11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, *CRAIG SMITH*, certify:

(name of circulator)

I reside at *628 HWY 17 SOUTH EAGLE RIVER WI 54521*

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

*TOWN OF LINCOLN*

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

*4/18/11*

(date)

*Craig Smith*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Josh Kral</i><br>Josh Kral  | 5633 Judine Webber Lk Rd<br>Rhinelander, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Sugar Camp | 2-25-11         |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                          |                 |

### Certification of Circulator

I, CRAIG SMITH, certify:

(name of circulator)

I reside at 628 HWY 17 SOUTH EAGLE RIVER, WI 54521

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

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

4/18/11

(date)

*Craig Smith*  
(signature of circulator)

# RECALL PETITION

To: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS           | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|----------------------------------|--|--|-----------------|
| 1. <u>Jerome E. Warpehowski</u>  | <u>603 N. Grandview Cr.</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Crandon</u> | <u>3-11-11</u>  |
| 2. <u>Deborah J. Warpehowski</u> | <u>603 N. GRANDVIEW</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>CRANDON</u> | <u>3/11/11</u>  |
| 3. <u>Nelant McKay</u>           | <u>100 S METONGA AVE</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>CRANDON</u> | <u>3/11/11</u>  |
| 4. <u>[Signature]</u>            | <u>6007 N. RAIL RD AV.</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CRANDON</u>            | <u>3/11/11</u>  |
| 5. <u>Brit A. Helton</u>         | <u>564 Harris Lane</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>wabeno</u>  | <u>3/14/11</u>  |
| 6.                               |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                               |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
|                                  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                               |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                              |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

Jerome E. Warpehowski, certify:

(name of circulator)

reside at 603 N. Grandview Ave, Crandon, WI 54520

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

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

4-19-2011

(date)

Jerome E. Warpehowski  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

*Did not respond to his duty to vote on bill. He left the state.*

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
| 1. <i>Robert Nelson</i>   | <i>7834 Nixon Rd</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4/15/11</i>  |
| 2. <i>Jeanne E Nelson</i>   | <i>7834 Nixon Rd<br/>Monroe - WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4/15/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>1/11</i>     |

### Certification of Circulator

I, *Robert + Jeanne Nelson*, certify:  
(name of circulator)

I reside *7834 Nixon Rd. Monroe, WI 54548*.  
(circulator's residence - include number, street, and municipality)

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

X *Jeanne E Nelson* X *4/15/11*  
(date) (signature of circulator)

# RECALL PETITION

Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

we, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |  |                 |
|--|--|--|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Diane Kuntz</i>  | <i>843 Sundstein Rd</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Eagle River</i> <span style="float: right;"><i>54521</i></span> | <i>3/29/11</i>  |
| 2.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | / / 11          |

### Certification of Circulator

*X* I, *Diane C. Kuntz*, certify:  
(name of circulator)

*X* I reside *843 Sundstein Rd - Eagle River, WI 54521*.  
(circulator's residence - include number, street, and municipality)

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

*X* *4/4/11* *X* *Diane C. Kuntz*  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING  |
|-------------------------|--|---|------------------|
| 1. <i>Hebbie Fronck</i> | 1610 Cavour Ave<br>Wabeno, WI 54566  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Wabeno       | 4/02/11          |
| 2. <i>Greg Leskow</i>   | WI 3608 County Road C<br>Silver Cliff WI 54104   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Silver Cliff | 4-2-11           |
| 3. <i>Charles Snow</i>  | 44008 EMILY RD<br>MOUNTAIN WI 54149  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Mountain     | 4-17-11          |
| 4. <i>Eli J. J.</i>     | 17496 Archibald<br>LK. Rd. to was in   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Townsend     | 4-17-11          |
| 5. <i>Mira Ritz</i>     | 17496 Archibald LK Rd.<br>Townsend, WI 54175   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Doty         | 4-17-11          |
| 6. <i>Ronelle Snow</i>  | 14002 Emily Rd.  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Mountain, WI            | 4-17-11<br>54149 |
| 7. <i>Duane Boyle</i>   | 14617 Whiteail Ln.<br>Jalwood, WI 54132  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Jalwood      | 04-17-11         |
| 8.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                  |
| 9.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                  |
| 10.                     |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                  |

I, Michael J. Fronck **Certification of Circulator**, certify:

I reside at 1610 Cavour Ave (name of circulator) Town of Wabeno  
(circulator's residence - include number, street, and municipality)

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

4-17-11  
(date)

*Michael J. Fronck*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Phane M Z</i>   | <i>5561 N. 1st crossing Rd.<br/>Florence WI 54121</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Florence</i>     | <i>2-26-11</i>  |
| 2. <i>Erin Berlin</i>   | <i>PO Box 382/716 Florence Av.<br/>Florence WI 54121</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Florence</i>     | <i>2-27-11</i>  |
| 3. <i>Jacob Klee</i>  | <i>6052 Town Rd JT<br/>Florence WI 54121</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Florence</i>     | <i>2-27-11</i>  |
| 4. <i>Steve Bigalko</i>   | <i>5190 STRICKER LN.<br/>FLORENCE WI.</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>FLORENCE</i>     | <i>3-3-11</i>   |
| 5. <i>Jacqueline Moline</i>   | <i>5042 Loon Lake Rd<br/>Florence, WI 54121</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>FERN</i>         | <i>3-3-11</i>   |
| 6. <i>Mr Moline</i>   | <i>5042 Loon Lake Rd<br/>Florence, WI 54121</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>FERN</i>         | <i>3-3-11</i>   |
| 7. <i>Tim Drossman</i>  | <i>4168 SHADY LANE<br/>FLORENCE, WI 54121</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>COMMONWEALTH</i> | <i>3-7-11</i>   |
| 8. <i>Rois Ann Johnson</i>  | <i>W 4787 HWY 70<br/>Florence WI 54121</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Commonwealth</i>            | <i>3-8-11</i>   |
| 9. <i>Leah D. Nelson</i>  | <i>114918 Hwy 101<br/>Florence, WI 54121</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Commonwealth</i> | <i>3-8-11</i>   |
| 10. <i>R.D. Pl</i>  | <i><del>3467</del> 5467 Pine Ln.<br/>Florence WI 54121</i>                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>FERN</i>         | <i>4-6-11</i>   |

I, *Richard D. Knepper* Certification of Circulator, certify:  
(name of circulator)

I reside at *5467 Pine Ln. Florence WI 54121*  
(circulator's residence - include number, street, and municipality)

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

*4-6-11* (date) *[Signature]* (signature of circulator)

# RECALL PETITION

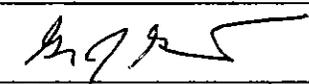
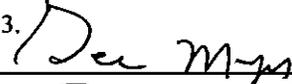
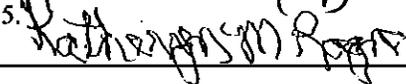
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.    | 30 SUPERIOR ST<br>FLORENCE, WI 54121   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Commonwealth | 3/15/11         |
| 2.   | 6539 Badger Rd<br>Florence WI 54121  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Florence     | 3/19/11         |
| 3.   | 101 QUINNELL ST<br>Florence, WI 54121  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Florence     | 3/21/11         |
| 4.    | 11018 DREAM LAKE RD<br>TIPLER WI 54542   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Tipler       | 4-05-11         |
| 5.   | 11012 Dream Lake Rd<br>TIPLER WI 54542   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6. _____   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7. _____   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8. _____   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9. _____   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10. _____  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, Russell Tripp, certify:

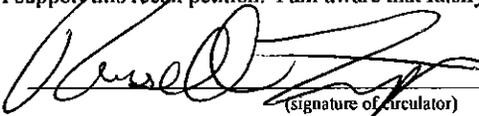
(name of circulator)

I reside 3656 Mud Lake Rd Florence WI 54121

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

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

04/18/11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Jeff Kurilla</i>  | <i>7249 Hwy 8 W<br/>Rhinelander WI</i>   | <input checked="" type="checkbox"/> Town <i>Crescent</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3-25-11</i>  |
| 2. <i>Tom Shindler</i>  | <i>1959 Spring Creek Rd<br/>Rhinelander WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village <i>Woodboro</i><br><input type="checkbox"/> City | <i>3-25-11</i>  |
| 3. <i>Sue Ann Johnson</i>   | <i>7705 Hwy 8 W<br/>Rhinelander WI 54501</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Woodboro</i> | <i>3/26/11</i>  |
| 4. <i>David C Johnson</i>   | <i>7544 Hwy 8 W<br/>Rhinelander WI 54501</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Woodboro</i> | <i>3-26-11</i>  |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            |                 |

### Certification of Circulator

I, Michael R LADURON, certify:

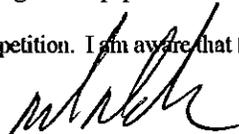
I reside 1006 Hwy G PELICAN LAKE, WI 54463 TOWN OF ENTERPRISE  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/17/11

(date)



(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.   | N8028 BOATLANDING CRIVITZ WIS4114  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><span style="font-size: 1.2em; margin-left: 20px;">LAKE</span> | 4 / 11 / 11     |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | / / 11          |

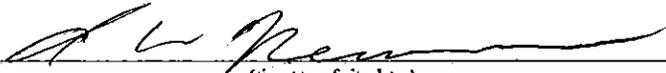
### Certification of Circulator

I, , certify:  
(name of circulator)

I reside N8028 BOATLANDING LN CRIVITZ WIS4114  
(circulator's residence - include number/street, and municipality) Town of Lake

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

4-14  
(date)

  
(signature of circulator)

# RECALL PETITION

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

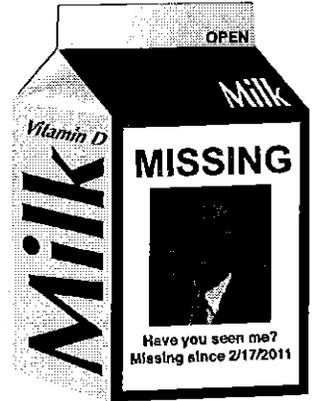
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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

### STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>Brunhilde Petzold</u>   | <u>1907 Eagle Park Lane<br/>Eagle River, WI</u>  | <input checked="" type="checkbox"/> Town <u>Washington</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>3-23-11</u>  |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, Brunhilde Petzold, certify:  
(name of circulator)

I reside at 1907 Eagle Park Ln. Eagle River, WI 54521 WASHINGTON  
(circulator's residence - include number, street, and municipality)

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

4-2-11  
(date)

Brunhilde Petzold  
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

Page No.

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# RECALL PETITION

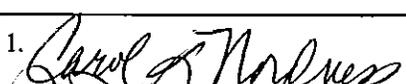
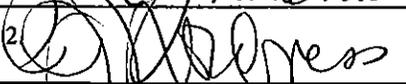
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | 9339 SPRING COVE DR<br>MINOCQUA  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City MINOCQUA   | 4/6/11          |
| 2.   | 9339 SPRING COVE DR<br>MINOCQUA  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City "MINOCQUA" | 4/6/11          |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                       | / / 11          |

### Certification of Circulator

I, CAROL Nordness, certify:

(name of circulator)

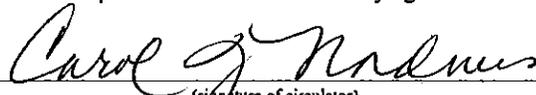
I reside 9339 Spring Cove Dr Minocqua WI

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

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

4-6-11

(date)

  
(signature of circulator)

# RECALL PETITION

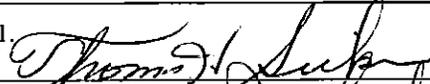
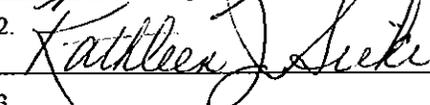
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | 15920 Flower Lake Dr<br>Crivitz, Wis 54114   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Riverview | 24 Mar 2011     |
| 2.   | 15920 Flower Lake Dr<br>Crivitz, Wi. 54114   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Riverview | 24 Mar. 2011    |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |

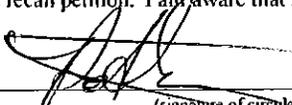
### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:  
(name of circulator)

I reside 2511 So. 59th W. Ave, Tulsa  
(circulator's residence - include number, street, and municipality)

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

3-24-2011  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                   |
|---|--|---|-------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING   |
| 1. <i>Deanna Sell</i>   | 9771 Old Hwy 70<br><del>111A</del>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Minocqua             | 4-5-11            |
| 2. <i>Carol Jordan</i>  | 9770 Blue Lake Road  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Minocqua             | 4/5/11            |
| 3. <i>Andy Eden</i>   | 3310 Air Park Rd   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Plover               | 4/6/11            |
| 4. <i>Wanda Moore</i>   | 2025 Hwy A "G"<br>Rhineland GR   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pelican              | 4-6-11            |
| 5. <i>Janice Moore</i>  | 2025 Hwy A "G"<br>Rhineland GR   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pelican              | 4-6-11            |
| 6. <i>Thomas Thompson</i>   | 4463 CTPL Rhineland  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake            | 4-6-11            |
| 7. <i>Kerry Sackett</i>   | 4250 River Rd<br>Rhineland, WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lk                         | 4-6-11            |
| 8. <i>Christ Hansen</i>   | 5510 Mohawk Rd<br>Rhineland, WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake            | 4-6-11            |
| 9. <i>[Signature]</i>   | <del>426 N. Stevens</del><br><del>4747 Barbara St.</del>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><del>Rhineland</del> | <del>4-6-11</del> |
| 10. <i>[Signature]</i>  | 4747 Barbara St.<br>Rhineland, WI 5668   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pelican              | 4-6-11            |

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

I reside 2511 So 59th W. Ave TULSA OK 74107  
(circulator's residence - include number, street, and municipality)

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

4-8-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

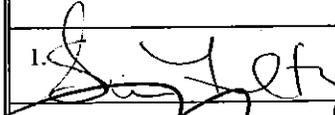
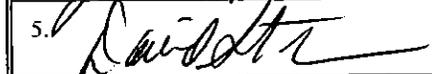
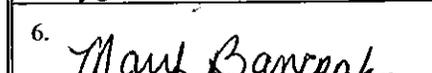
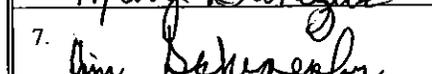
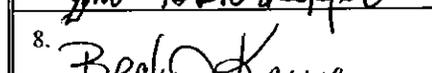
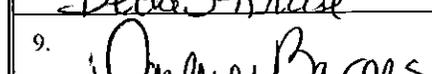
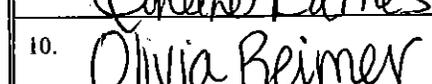
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |   |  |                 |
|---|---|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.    | N2790 Crestwood Rd Antigo   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Antigo | 3-2-11          |
| 2.    | W12335 Forestdale Dr Decatur WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City New    | 3-3-11          |
| 3.    | 330 Virginia St Antigo WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3-3-11          |
| 4.   | 330 Virginia St Antigo WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3-3-11          |
| 5.    | 105 Terrace Ave Antigo WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3/3/11          |
| 6.    | 2166 Virginia St Antigo, WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo | 3/3/11          |
| 7.    | W 8014 ORCHARD RD ANTIGO WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City POLAR  | 3-3-11          |
| 8.    | 210 E 8th Ave Antigo WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Antigo | 3/3/11          |
| 9.    | P1669 County Rd D Birnamwood WI 54414   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Plover | 3/3/11          |
| 10.   | N10032 Sugar Bush Rd. Birnamwood, WI 54414  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Aniwa  | 3/3/11          |

### Certification of Circulator

I, Pamela Augustyn, certify:

(name of circulator)

I reside N3000 Orchard Rd., Antigo, Wis.

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

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

3-7-11

(date)



(signature of circulator)

# RECALL PETITION

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

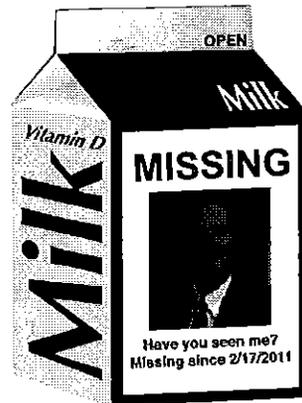
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District  
(name of officeholder to be recalled and office)

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

### STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village.</small>  | DATE OF SIGNING |
| 1. <i>Caroline Beach</i>  | <i>11930 Scherer Ln<br/>Silver Cliff, WI<br/>WI 54225</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Silver Cliff</i> | <i>4/5/11</i>   |
| 2. <i>Diane Coburn</i>  | <i>CNC Silver Cliff WI<br/>W13477 Eagle River Rd</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Silver Cliff</i> | <i>4/5/11</i>   |
| 3. <i>Debbie Sommers</i>  | <i>W13477 Eagle River Rd<br/>Silver Cliff, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Silver Cliff</i> | <i>4-5-11</i>   |
| 4. <i>Dan Kozma</i>   | <i>W14145 CTR RD C<br/>SILVER CLIFF</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>SILVER CLIFF</i> | <i>4-5-11</i>   |
| 5. <i>Ji Guo</i>  | <i>N11655<br/><del>Boat Landing 11 Rd, Silver</del></i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Silver Cliff</i> | <i>4-5-11</i>   |
| 6. <i>Margaret Joachim</i>  | <i><del>At</del> N 11563 Boat Landing 11<br/>Silver Cliff, WI 54104</i>                          | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Silver Cliff</i> | <i>4-5-11</i>   |
| 7. <i>Robert W. Joachim</i>   | <i>N 11563 BOAT LANDING RD<br/>SILVER CLIFF, WI 54104</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Silver Cliff</i> | <i>4-5-11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                |                 |

### Certification of Circulator

I, Michelle Baldwin, certify:  
(name of circulator)

I reside at N11701 Boat Landing 11 Rd, Silver Cliff, WI 54104  
(circulator's residence - include number, street, and municipality)

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

4/12/11  
(date)

Michelle D. Baldwin  
(signature of circulator)

Please mail this form to: **Recall Jim**

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>David P. Oestreich</i>  | <i>N 2804 CTH MM<br/>Merrill, WI 54452</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Scott</i>     | <i>3/30/11</i>  |
| 2. <i>David B. Bates</i>  | <i>W 7754 Hwy C9<br/>Merrill WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Green Bay</i> | <i>3/30/11</i>  |
| 3. <i>Margaret J. Oestreich</i>   | <i>N 2408 County Rd mm<br/>Merrill WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Scott</i>     | <i>4/7/11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                             | <i>/ / 11</i>   |

### Certification of Circulator

I, MARGARET J OESTREICH, certify:

I reside N 2408 COUNTY RD MM SCOTT  
(circulator's residence - include number, street, and municipality)

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

4/7/2011  
(date)

Margaret J. Oestreich  
(signature of circulator)



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.  | W9616 CTY RD F<br>ANTIGO, WI. 54409  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Antigo     | 3-26-11         |
| 2.  | W 955 9515 CTH J<br>Deerbrook, WI. 54424   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Upham      | 3-26-11         |
| 3.  | N4028 Schielke RD<br>GLEASON 54435   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Gleason               | 3-26-11         |
| 4.  | 9.5320 CTR H<br>Deerbrook 54424  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Deerbrook  | 3-26-11         |
| 5.  | 503 2ND AVE<br>ANTIGO, WI 54409  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo     | 3-26-11         |
| 6.  | 3904 COUNTY RD G<br>ANTIGO, WI 54409   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City HARRISON   | 3-26-11         |
| 7.  | 311 1ST RD<br>Antigo, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Antigo     | 3-26-11         |
| 8.  | 17230 N. Superior St   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Antigo     | 3-26-11         |
| 9.  | 1006 Montpelier #20<br>Antigo  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City ANTIGO     | 3-26-11         |
| 10.   | 310 Webb St. W. H...<br>wi. 54414  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Wittenberg | 3/26/11         |

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So. 59th W. Ave, TULSA OK 74107

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

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

3-26-11  
(date)

(signature of circulator)

①

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b><br><b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>Dean Hill - Dean Hill</u>   | <u>N660 Partridge Rd<br/>Merrill, WI 54452</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine River</u> | <u>3-17-11</u>  |
| 2. <u>Charmaine Hill - Hill</u>   | <u>N660 Partridge Rd<br/>Merrill, WI 54452</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine River</u> | <u>3-17-11</u>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, Dean Hill, certify: Town of Pine River  
(name of circulator)  
 I reside N660 Partridge Rd Merrill, WI 54452  
(circulator's residence - include number, street, and municipality)

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

3-17-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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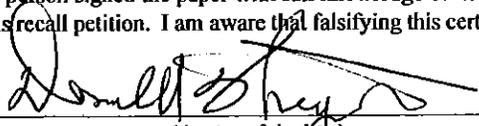
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.    | 5720 Justin Ln<br>Rhineland WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Crescent  | 3-4-11          |
| 2. John Warner  | 305 Woodland Hgts Ter<br>Rhineland WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Rhineland | 3-4-11          |
| 3. Corey Mchler   | 1340 N Steucus St<br>Rhineland WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Rhineland | 3-4-11          |
| 4. Pete Centser   | 5670 Timber Lodge Rd.<br>Rhineland WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Crescent  | 3-4-11          |
| 5. Michael Sheld  | Rhineland WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake            | 3-17-11         |
| 6. Donald Wiegert   | Rhineland WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pelican   | 3-17-11         |
| 7. Donald Wiegert   | 5750 Sun Prairie Rd<br>Rhineland WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake            | 3-17-11         |
| 8. Patricia Wiegert   | 5650 Sun Prairie Rd<br>Rhineland WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake | 3-17-11         |
| 9. Rodney Wiegert   | 5650 Sun Prairie Rd<br>Rhineland WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake | 3-17-11         |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                         |                 |

### Certification of Circulator

I, Donald Wiegert, certify:  
(name of circulator)  
 I reside 5750 Sun Prairie Rd Rhineland, WI 54501 Pine Lake  
(circulator's residence - include number, street, and municipality)

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

3-18-2011  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

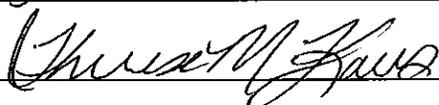
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

NEGLECT OF DUTY  
FAILURE TO SHOW UP FOR WORK

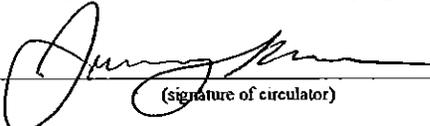
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1.   | <u>W8125 AIRPORT ROAD</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>STEPHENSON</u> | <u>3/5/11</u>   |
| 2.   | <u>W8125 Airport Rd</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Stephenson</u> | <u>3/5/11</u>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, JEREMY KAUS, certify:  
(name of circulator)  
 I reside W8125 AIRPORT ROAD, CREVIER WI 54114 STEPHENSON (TWN)  
(circulator's residence - include number, street, and municipality)

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

3/10/11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|--------------------------|--|--|-----------------|
| 1. <i>Donald W Heyel</i> | <i>1005 N. MEMORIAL DR.<br/>MERRILL WI 54452</i>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>MERRILL</i> | <i>3/10/11</i>  |
| 2. <i>Carol Heyel</i>    | <i>1005 N Memorial Dr.<br/>Merrill WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3/10/11</i>  |
| 3. <i>Thyrtle Scheu</i>  | <i>2800 Thielman St<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>MERRILL</i> | <i>3/11/11</i>  |
| 4. <i>Leonard Scheu</i>  | <i>2800 Thielman St 16D<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>MERRILL</i> | <i>3/11/11</i>  |
| 5.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 6.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 7.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 8.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 9.                       |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |
| 10.                      |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                           |                 |

### Certification of Circulator

I, *DONALD W HEYEL*, certify:  
(name of circulator)

I reside at *1005 N MEMORIAL DR. MERRILL WI 54452*.  
(circulator's residence - include number, street, and municipality)

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

*3-28-11*

(date)

*Donald W Heyel*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS      | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|-----------------------------|--|--|-----------------|
| 1. <u>Gay Jawcett</u>       | <u>1033 WALNUT</u><br><u>EAGLE RIVER, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>Washington</u> | <u>4-5-11</u>   |
| 2. <u>Ruth Schatz</u>       | <u>549 N. Bond</u><br><u>Cagle River</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <u>4-5-11</u>   |
| 3. <u>Beverly Reynolds</u>  | <u>115 Aquila Ct</u><br><u>Eagle River</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City                              | <u>4-5-11</u>   |
| 4. <u>Elaine Luersmann</u>  | <u>538 Harvard St</u><br><u>Eagle River</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <u>4-5-2011</u> |
| 5. <u>John A. Stephens</u>  | <u>Cagle River</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <u>4-5-11</u>   |
| 6. <u>John B. Payne</u>     | <u>John B. Payne</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |                 |
| 7. <u>Brian Ayers</u>       | <u>916 E. Wall Street</u><br><u>Eagle River</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Eagle River</u>           | <u>4/7/11</u>   |
| 8. <u>John Ayers</u>        | <u>916 E Wall St</u><br><u>Eagle River</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <u>4/7/11</u>   |
| 9. <u>Robert J. Carlson</u> | <u>916 E WALL STREET</u><br><u>EAGLE RIVER WIS</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | <u>4/07/11</u>  |
| 10. <u>Gene Clay</u>        | <u>908 E WALL</u><br><u>E. R. WALL</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>           | <u>4/7/11</u>   |

### Certification of Circulator

Sheri Shoberg

(name of circulator)

certify:

reside at 912 E. Wall Street Eagle River, WI

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

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

4/7/10

(date)

Sheri Shoberg

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |  |
|---|--|--|--|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING                                |
| 1.  | <i>6335 Tom Doyle LRPd<br/>Rhinelander, WI</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><span style="font-size: 1.5em; margin-left: 20px;">Newbold</span> | <span style="font-size: 1.5em;">4/15/11</span> |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   |  |

### Certification of Circulator

I, *Bradley K Hillesped*, certify:  
(name of circulator)

I reside at *9393 Fernwood Rd, Harskiss, WI 54529* *Town of Cassian*.  
(circulator's residence - include number, street, and municipality)

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

*4/15/11*  
(date)

*Bradley K Hillesped*  
(signature of circulator)

**RECALL PETITION**

**TO: The Wisconsin Government Accountability Board.**

WE, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

**STATEMENT OF REASON FOR RECALL**

Conspiracy to intentionally interfere with the proper functioning of the Wisconsin Senate and gross dereliction of duty.

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAT MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED**

| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City or Village</small> | Date of Signing |
|--------------------------|--|--|-----------------|
| 1 <i>Richard Fern</i>    | <i>8436 Harshaw Rd Harshaw Wis</i>   | <i>Town Cassian</i>  | <i>3/7/11</i>   |
| 2 <i>Dorothy Zerman</i>  | <i>4623 Clover Valley Rd Harshaw, WI 54529</i>   | <i>Town Cassian</i>  | <i>3-9-11</i>   |
| 3 <i>Thomas J Zerman</i> | <i>4623 Clover Valley Rd Harshaw, WI 54529</i>   | <i>Town Cassian</i>  | <i>3-9-11</i>   |
| 4 <i>Kelly Neman</i>     | <i>8436 Harshaw Rd Harshaw WI, 54529</i>   | <i>Town Cassian</i>  | <i>3-17-11</i>  |
| 5                        | _____  | Town<br>Village<br>City  |                 |
| 6                        | _____  | Town<br>Village<br>City  |                 |
| 7                        | _____  | Town<br>Village<br>City  |                 |
| 8                        | _____  | Town<br>Village<br>City  |                 |
| 9                        | _____  | Town<br>Village<br>City  |                 |
| 10                       | _____  | Town<br>Village<br>City  |                 |

**CERTIFICATION OF CIRCULATOR**

I, \_\_\_\_\_, certify that I reside at \_\_\_\_\_

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 residence given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

(date)

(Signature of Circulator)

*4-14-2011 Kelly Neman*

Page: 1 of 1

*8436 Harshaw Rd town of Cassian*

*166*

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Mary L. Barrett</i>   | 800 S. Home St<br>Apt # 3  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Wittenberg</i> | <i>03-06-11</i> |
| 2. <i>Robert Martin</i>   | 306 E Front St<br>Wittenberg WI 54499  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wittenberg</i> | <i>3-6-11</i>   |
| 3. <i>Charles Barrett</i>   | 800 S. Home St<br>Wittenberg WI 54499  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>WITTENBERG</i> | <i>3-6-11</i>   |
| 4. <i>AJ Mark</i>   | 306 E Front St<br>Wittenberg WI 54499  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wittenberg</i> | <i>3-6-11</i>   |
| 5. <i>Phil Bluk</i>   | N6269 City Rd M<br>Wittenberg, WI 54499  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wittenberg</i> | <i>3-6-11</i>   |
| 6. <i>Annette Blesch</i>  | N6269 Ct. Rd. M<br>Wittenberg, WI 54499  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wittenberg</i> | <i>3-6-11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

### Certification of Circulator

I, *Lisa Marthaler*, certify:

I reside *212 Madoc Street, Clintonville, Wisconsin 54429*  
(circulator's residence - include number, street, and municipality)

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

*4-15-11*

(date)

*Lisa R. Marthaler*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>[Signature]</u>  | <u>7195 WOODCREST CIR<br/>RHINECLANDER WI 54501</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CRESCENT</u> | <u>04/04/11</u> |
| 2. <u>[Signature]</u>  | <u>7195 WOODCREST CIR<br/>RHINECLANDER WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                 | <u>04/04/11</u> |
| 3. <u>[Signature]</u>  | <u>7195 WOODCREST CIR<br/>Rhineclander, WI 54501</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Crescent</u> | <u>04/14/11</u> |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u>/ / 11</u>   |

### Certification of Circulator

I, BRUCE A FOLTZ, certify:  
(name of circulator)

I reside 7159 WOODCREST CIR RHINECLANDER WI 54501  
(circulator's residence - include number, street, and municipality) CRESCENT

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

4-4-11 (date) [Signature] (signature of circulator)

# RECALL PETITION

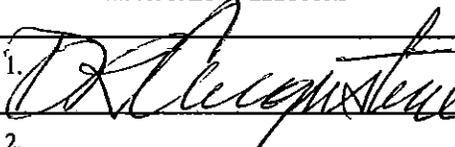
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

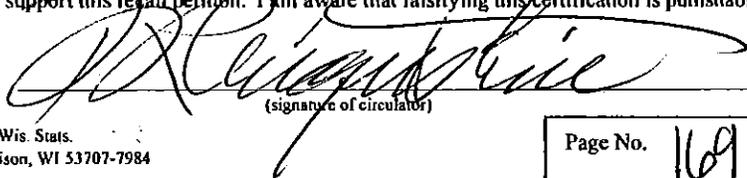
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                    | DATE OF SIGNING |
| 1.   | 1420 ZEMAN Rd<br>EAGLE RIVER WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City EAGLE RIVER | 4/2/11          |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City             | / / 11          |

I, Donald R Augustine **Certification of Circulator** CLOYERLAND, certify:  
(name of circulator)

I reside 1420 ZEMAN Rd EAGLE RIVER WI 54521  
(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 of district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/3/2011  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |   |                 |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Jean Plotz</i>   | <i>1612 W Bass Lake Rd.</i>  | <input type="checkbox"/> Town <i>Washington</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>4/4/11</i>   |
| 2. <i>Bill Reup</i>  | <i>1612 W. Bass Lake Rd.</i>   | <input checked="" type="checkbox"/> Town <i>Washington</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>4/4/11</i>   |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              | <i>/ /11</i>    |

### Certification of Circulator

I, *Jean Plotz*, certify:  
(name of circulator)

I reside *1612 W Bass Lake Rd Eagle River, WI* *Town of Washington*.  
(circulator's residence - include number, street, and municipality)

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

*4/4/11*  
(date)

*Jean Plotz*  
(signature of circulator)

# RECALL PETITION

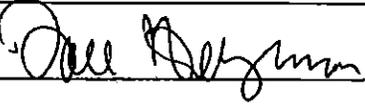
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| <b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br/>                     THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b> |  |  |                 |
|--|--|--|-----------------|
| SIGNATURES OF ELECTORS   | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.    | 13573 LOWER DAM RD<br>MOUNTAIN, WI 54149   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MOUNTAIN | 3/30/11         |
| 2.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 3.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 4.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 5.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 6.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 7.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 8.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 9.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |
| 10.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                     | / / 11          |

### Certification of Circulator

I, DALE HEYMAN, certify:  
(name of circulator)

I reside 13573 LOWER DAM RD, MOUNTAIN, WI 54149.  
(circulator's residence - include number, street, and municipality)

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

3/30/11  
(date)

  
(signature of circulator)

**RECALL PETITION**

**TO: The Wisconsin Government Accountability Board.**

WE, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

**STATEMENT OF REASON FOR RECALL**

Conspiracy to intentionally interfere with the proper functioning of the Wisconsin Senate and gross dereliction of duty.

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAT MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED**

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE<br>Indicate Town, City or Village   | Date of Signing         |
|------------------------|---|---|-------------------------|
| 1<br><i>Dean Botz</i>  | <i>1257 West HARBOR RR.<br/>ARBOR VITAE</i>                                       | <input checked="" type="checkbox"/> Town <i>ARBOR</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>VITAE</i> | <i>MARCH 4<br/>2011</i> |
| 2                      |   | Town<br>Village<br>City   |                         |
| 3                      |   | Town<br>Village<br>City   |                         |
| 4                      |   | Town<br>Village<br>City   |                         |
| 5                      |   | Town<br>Village<br>City   |                         |
| 6                      |   | Town<br>Village<br>City   |                         |
| 7                      |   | Town<br>Village<br>City   |                         |
| 8                      |   | Town<br>Village<br>City   |                         |
| 9                      |   | Town<br>Village<br>City   |                         |
| 10                     |   | Town<br>Village<br>City   |                         |

**CERTIFICATION OF CIRCULATOR**

I, *CHARLES ZARTER*, certify that I reside at *1200 ARROWHEAD DR ARBOR VITAE*

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 residence given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

*3/25/2011*  
(date)

*Charles Zarter*  
(Signature of Circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

*Senator Jim Holperin fled Wisconsin for safe haven in other states without representation*

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Donna Holtey</i>  | <i>311 Christopher St</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <i>Eagle River</i> | <i>4/1/11</i>   |
| 2.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               | <i>/ / 11</i>   |

I, *Donna Holtey* **Certification of Circulator** *DONNA HOLTEY*, certify:  
(name of circulator)

I reside *311 Christopher St - City of Eagle River, WI*  
(circulator's residence - include number, street, and municipality)

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

*4-1-2011* (date) *Donna Holtey* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Raymond Brand</i>   | <i>W10723 Williston Spa<br/>P.O. Crivitz WI 54114</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Beaver</i>         | <i>3-11-11</i>  |
| 2. <i>Rita Brand</i>  | <i>W10723 Williston<br/>Crivitz, WI 54114</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Beaver</i>         | <i>3/11/11</i>  |
| 3. <i>Peggy Johnson</i>   | <i>W10409 Duck Lane<br/>Amberg, WI 54102</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Athelstone WI.</i> | <i>3-11-11</i>  |
| 4. <i>Daniel Johnson</i>  | <i>W10401 Duck Ln<br/>AMBERG WI, 54102</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>ATHELSTONE</i>     | <i>3-11-11</i>  |
| 5. <i>Jenny B. Proszniak</i>  | <i>N12686 Lubka Rd<br/>Wausaukee WI 54177</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wausaukee</i>                 | <i>3-11-11</i>  |
| 6. <i>Terry Meyer</i>   | <i>W 7195 Hwy 180<br/>Wausaukee WI 54177</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Wausaukee</i>      | <i>3-18-11</i>  |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                  |                 |

### Certification of Circulator

I, *Darryl Victoreen*, certify:

I reside *W14219 Cty. Rd. C, Silver Cliff, WI 54104*  
(circulator's residence - include number, street, and municipality)

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

*03/24/11*  
(date)

*Darryl A. Victoreen*  
(signature of circulator)

Page No. *174*

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <u>LOREN MARCOSEN</u>  | <u>W7881 PENCH LAKE RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>  | <u>2-25-11</u>  |
| 2. <u>JOHN MOSYER</u>   | <u>W9144 PENCH LAKE RD</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>  | <u>2-25-11</u>  |
| 3. <u>David Schlies</u>   | <u>N11480 50th St</u><br><u>1115 DIVISION ST</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>             | <u>2-25-11</u>  |
| 4. <u>RAY S. GORDON</u>   | <u>WAUSAUKEE</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>  | <u>2-25-11</u>  |
| 5. <u>Robert Ely</u>  | <u>1120 City</u><br><u>WAUSAUKEE</u>   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>  | <u>2-25-11</u>  |
| 6. <u>Mary Ann Marcosen</u>   | <u>W17881 PENCH LAKE RD</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>             | <u>2-25-11</u>  |
| 7. <u>Russ Z Westcott</u>   | <small>mailing address</small><br><u>N14394 Northway Dr</u><br><u>Amberg WI 54102</u>            | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>ATHELSTANE</u> | <u>2/28/11</u>  |
| 8. <u>MARK KRZEWINA</u>   | <u>N7191 Right of Way</u><br><u>CRIVITY WI 54114</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LALCE</u>      | <u>2-28-11</u>  |
| 9. <u>Joe Polinen</u>   | <u>W 7364 CREEK RD</u><br><u>WAUSAUKEE</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>MIDDLEBURY</u> | <u>2-28-11</u>  |
| 10. <u>Arty Heller</u>  | <u>215 FAIRGROUNDS RD</u><br><u>WAUSAUKEE, WI 54177</u>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City <u>WAUSAUKEE</u>  | <u>2/28/11</u>  |

### Certification of Circulator

I, Loren Marcosen, certify:  
(name of circulator)  
 I reside at W7881 PENCH LAKE RD WAUSAUKEE WI 54177.  
(circulator's residence - include number, street, and municipality)

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

3-24-2011  
(date)

Loren Marcosen  
(signature of circulator)

# RECALL PETITION

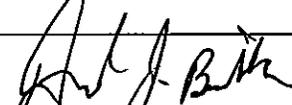
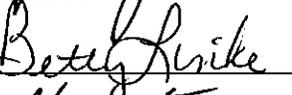
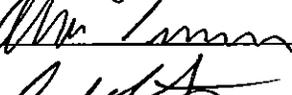
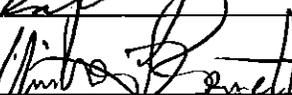
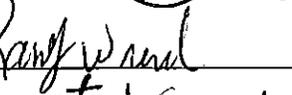
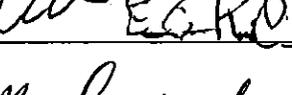
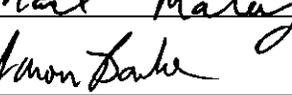
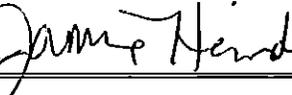
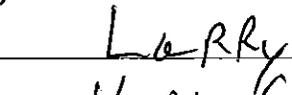
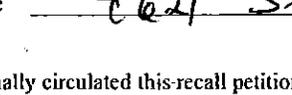
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1.   | N 8949 CT 4 Rd 11<br>Deerbrook 54424   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Ainsworth  | 4-12-11         |
| 2.   | W17287 State Hwy 153<br>Digston W. 54486   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Wittenberg | 4-12-11         |
| 3.   | N 9064th 17W 7 45<br>BIRNAMWOOD WISCONSIN  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ANIWA      | 4.12.11         |
| 4.    | 433 Maple Rd<br>Blwood, WI 54414   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Blwood     | 4-12-11         |
| 5.   | W19235 Marsh Rd.<br>Birnamwood NE 54414  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Birnamwood | 4-12-11         |
| 6.   | 421 Birch<br>Birnamwood  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Birnamwood | 4-12-11         |
| 7.   | 445 Pearl St<br>Birnamwood   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Birnamwood | 4-12-11         |
| 8.   | N4565 Birnamwood<br>Birnamwood RR  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Birnamwood | 4-12-11         |
| 9.   | 409 Maple St<br>Birnamwood   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Birnamwood | 4-12-11         |
| 10.    | 404 Elm St<br>Birnamwood   | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village<br><input type="checkbox"/> City Birnamwood | 4-12-11         |

### Certification of Circulator

I, LARRY W. SCHUMACHER, certify:

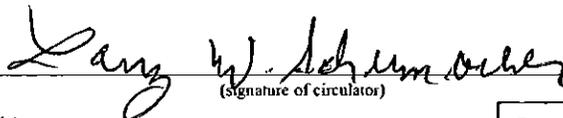
(name of circulator)

I reside 4621 S 72nd E PL, TULSA, OK

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

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

4-15-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(Official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on the official responsibilities of the officeholder.)

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. The reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Robert J. Borzyskowski  
W9224 Barrows Road  
Amberg, WI 54102  
1-715-759-5833

#8 below  
(blind)

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                       |
|---|--|--|-----------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING       |
| 1. Richard Porada   | 204 4th St. G<br>Goodman, WI   | <input checked="" type="checkbox"/> Town Goodman<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | 03-07-11              |
| 2. <del>LaRoy Fogel</del> <sup>Paolud</sup>   | 914 Mill St<br>Goodman   | <input checked="" type="checkbox"/> Town Goodman<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | 03/10<br>Goodman 2011 |
| 3. Thomas S. Regan  | N17470 Hwy 141<br>Pembine, Wisconsin   | <input checked="" type="checkbox"/> Town Pembine<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | 3/11/11               |
| 4. David A. Smith   | 4946 John Bradley Lane<br>Florence, WI   | <input checked="" type="checkbox"/> Town Florence<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3/11/11               |
| Margaret Wisniewski   | 814 A Peterson Memorial Dr<br>Aurora, Wisconsin  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village Aurora<br><input type="checkbox"/> City   | 3/11/11               |
| 6. Thomas R. Zernil <sup>Zernia</sup>   | N16360 Cliff Ln<br>Pembine, WI 54156   | <input checked="" type="checkbox"/> Town Beecher<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  | 3/11/11               |
| Jane Koster   | N15450 Mathis<br>Amber   | <input checked="" type="checkbox"/> Town Amber<br><input type="checkbox"/> Village<br><input type="checkbox"/> City    | 3/11/11               |
| 8. Robert J. Borzyskowski   | W9224 Barrows Rd<br>Amberg   | <input checked="" type="checkbox"/> Town Amberg<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | 3/11/11               |
| 9. Jamie Sagan  | W8484 Hwy V<br>Amberg, WI 54102  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village Amberg<br><input type="checkbox"/> City              | 3/11/11               |
| 10. Shawn Sagan   | W8484 Hwy V<br>Amberg WI 54102   | <input checked="" type="checkbox"/> Town Amberg<br><input type="checkbox"/> Village<br><input type="checkbox"/> City   | 3-11-11               |

I, David Smail Certification of Circulator, certify:

I reside at 209 Mill St Goodman WI 54125  
(circulator's residence - include number, street, and municipality)

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

3/23/2011 (date) David Smail (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Dianne Smail</i>  | 209 Mill St<br>Goodman   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2-25-2011       |
| 2. <i>Mary Letourneau</i>   | 301 Mill St.<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2-25-11         |
| 3. <i>Sandra Letourneau</i>   | 301 Mill St.<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2-25-11         |
| 4. <i>Paul Dawson</i>   | 406 4th Street<br>Goodman, W.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2-25-11         |
| 5. <i>Paul Dawson</i>   | 406 4th Street<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2/25/11         |
| 6. <i>Frederick Prohaska</i>  | 314 4th St<br>Goodman  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman                    | 2/25/11         |
| 7. <i>Bob Roegue</i>  | 308 4th St<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2/28/11         |
| 8. <i>Melissa Casanova</i>  | 1116 City Rd E<br>Armstrong Creek  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Armstrong Creek | 2/25/11         |
| 9. <i>Shaunna Hawley</i>  | 107 Mill St<br>Goodman   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman                    | 2/25/11         |
| 10. <i>Yvonne Bays</i>  | 705 5th St Apt 7<br>Goodman  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Goodman         | 2/25/11         |

### Certification of Circulator

I, David Smail, certify:

I reside at 209 Mill Street Goodman, WI

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.

2/28/2011 (date) David Smail (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS       | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
|------------------------------|--|--|-----------------|
| 1. <u>Kathleen C. Harn</u>   | <u>6964 Winkler Rd</u><br><u>54562</u>   | <input checked="" type="checkbox"/> Town <u>Three Lakes</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City     | <u>8-5-11</u>   |
| 2. <u>P. Douglas Harn</u>    | <u>6500 Co. Himes Rd.</u><br><u>54562</u>  | <input checked="" type="checkbox"/> Town <u>THRELAKES</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | <u>3-8-11</u>   |
| 3. <u>Sherry Van Slyhawk</u> | <u>7458 Halverson Rd</u><br><u>Three Lakes 54562</u>   | <input checked="" type="checkbox"/> Town <u>Three Lakes WIS</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <u>3/11/11</u>  |
| 4. <u>Debbie Kallman</u>     | <u>7684 Braeger Rd.</u><br><u>Threlakes, WI 54562</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Threlakes, WI</u>              | <u>3/11/11</u>  |
| 5.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 6.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 7.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 8.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 9.                           |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |
| 10.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                   |                 |

### Certification of Circulator

I, X Vicki Wollermann

(name of circulator)

certify:

I reside at X 2476 Hwy A / Town of Three Lakes WI 54562

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

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.

X 3/22/11  
(date)

X Vicki Wollermann  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Tom Trochil</i>   | 6621 Maple Tree Rd.<br>Rhineland WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Crescent            | 3/2/11          |
| 2. <i>Hemi Ross</i>   | 211 Coolidge Ave<br>Rhineland WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Rhineland           | 3/2/11          |
| 3. <i>Rodney K Wright</i>   | 11201 Bishop Lane<br>Tomahawk WI 54487   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Town of Little Rice | 3/2/11          |
| 4. <i>Bruce C. Unruh</i>  | 3825 Mitchell Lane<br>Harshaw WI 54529   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Cassia                         | 3/2/11          |
| 5. <i>Dave P. Roth</i>  | 2480 S. Shore Rd<br>Pelican Lake, WI 54463   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Enterprise          | 3/2/11          |
| 6. <i>Gregory L. Bommel</i>   | 227 Grant St.<br>Rhineland, WI 54501   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Rhineland           | 3/2/11          |
| 7. <i>Jeremy Swanki</i>   | 3363 Meadow Ln<br>Rhineland WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Stella   | 3/2/11          |
| 8. <i>Tony Papp</i>   | 6686 Prong Lake Rd<br>Rhineland, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Crescent            | 3/2/11          |
| 9. <i>John Papp</i>   | 4574 LK Mildred Rd<br>Rhineland, WI 54501  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Newbold             | 3-2-11          |
| 10. <i>Tom Trochil</i>  | 5309 Forest Ln<br>Rhineland WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Lake           | 3-2-11          |

### Certification of Circulator

I, Tom Trochil, certify: CRESCENT  
(name of circulator)  
 I reside 6621 Maple Tree Road, Rhineland, WI 54501  
(circulator's residence - include number, street, and municipality)

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

3/4/11  
(date)

*Tom Trochil*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Paul Johnson</i>  | <i>W8391 Sekaney Road<br/>Bryant, WI 54418</i>   | <input checked="" type="checkbox"/> Town <i>Neva</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/30/11</i>  |
| 2. <i>Mary Ann Sekaney</i>  | <i>W8391 Sekaney Road<br/>Bryant, WI 54418</i>   | <input checked="" type="checkbox"/> Town <i>Neva</i><br><input type="checkbox"/> Village<br><input type="checkbox"/> City | <i>3/30/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                        | <i>/ / 11</i>   |

### Certification of Circulator

I, *Mary Ann Sekaney*, certify:  
(name of circulator)

I reside *W8391 Sekaney Road Bryant, WI 54418 NEVA*.  
(circulator's residence - include number, street/and municipality)

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

*3/30/11*  
(date)

*Mary Ann Sekaney*  
(signature of circulator)

**RECALL PETITION**

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Steve Livingston</u>  | <u>5852 River Road</u>   | <input checked="" type="checkbox"/> Town <u>Cloveland</u><br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City <u>E</u> | <u>2/26/11</u>  |
| 2. <u>Eric Sherman</u>  | <u>8952 Hwy H</u>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Sugar Camp</u><br><input type="checkbox"/> City                    | <u>2/26/11</u>  |
| 3. <u>Jane Eaton-Sherman</u>  | <u>8952 Hwy H</u>  | <input type="checkbox"/> Town<br><input checked="" type="checkbox"/> Village <u>Sugar Camp</u><br><input type="checkbox"/> City                    | <u>2/26/11</u>  |
| 4. <u>Patricia G. Bucher</u>  | <u>8122 Hill Rd</u>  | <input checked="" type="checkbox"/> Town <u>Three Lakes</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                   | <u>2/26/11</u>  |
| 5. <u>Kenneth D. Boudry</u>   | <u>8122 Hill Rd</u>  | <input type="checkbox"/> Town <u>THREELAKE</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                | <u>2-26-11</u>  |
| 6. <u>Bill Hassey</u>   | <u>1079 Hollister Woods<br/>Rd Eagle River, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>LINCOLN</u>                       | <u>2-26-11</u>  |
| 7. <u>Don Seeger</u>  | <u>1086 T. Paul<br/>Phelps</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u>                        | <u>2-26-11</u>  |
| 8. <u>Yvonne Stapp</u>  | <u>1086 S. Bond<br/>Phelps WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u>                        | <u>2/22/11</u>  |
| 9. <u>Paul Hansen</u>   | <u>8122 Hill Rd<br/>Eagle River</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Sugar Camp</u>                    | <u>2/26/11</u>  |
| 10. <u>Michael A. Wald</u>  | <u>4327 Daisy Lane<br/>Eagle River Wis</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Lincoln</u>                       | <u>2/26/11</u>  |

**Certification of Circulator**

I, Paula Visner

(name of circulator)

, certify:

I reside at 6045 BEAVER TR

CLOVELAND

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

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.

2/26/2011

(date)

Paula Visner

(signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District

(jurisdiction or district of officeholder)

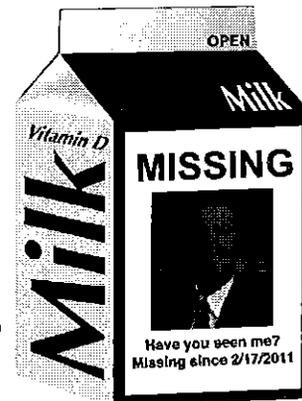
petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District

(name of officeholder to be recalled and office)

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

## STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <u>Bonnie E. Grew</u>  | <u>4570 148</u><br><u>Carmen, WI 54511</u>   | <input checked="" type="checkbox"/> Town <u>Carmen</u><br><input type="checkbox"/> Village<br><input type="checkbox"/> City      | <u>3-26-11</u>  |
| 2. <u>Debra Honzelka</u>  | <u>10972 Circle Pine</u><br><u>Arbor Vitae WI 54568</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Arbor Vitae</u> | <u>3-26-11</u>  |
| 3. <u>Lee M. Winton</u>   | <u>05428 N Blaine-Heywood</u><br><u>Florida WI 54121</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>FLORWEE</u>     | <u>3-26-11</u>  |
| 4. <u>Nancy Schroepfer</u>  | <u>3980 Lake Shore Dr</u><br><u>Rhineland WI 54501</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine Lake</u>   | <u>3-26-11</u>  |
| 5. <u>Tom Bingle</u>  | <u>5460 Manor Rd</u><br><u>Rhineland WI 54501</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine Lake</u>   | <u>3-27-11</u>  |
| 6. <u>Jeanne Lengler</u>  | <u>5460 Manor Rd</u><br><u>Rhineland WI 54501</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pine Lake</u>   | <u>3-27-11</u>  |
| 7. <u>Donna Nelson</u>  | <u>3420 Country A</u><br><u>Pelican Lake WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Enterprise</u>  | <u>3-27-11</u>  |
| 8. <u>Jim Kelly</u>   | <u>3687 Lake Thompson Rd</u><br><u>Rhineland, WI</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>PELICAN</u>     | <u>3-27-11</u>  |
| 9. <u>Angie Kempf</u>   | <u>4239 Circle Dr</u><br><u>Rhineland, WI 54501</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pelican</u>     | <u>3/27/11</u>  |
| 10. <u>Suzanne K. Kempf</u>   | <u>4239 Circle Dr</u><br><u>Rhineland, WI 54501</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Pelican</u>     | <u>3/27/11</u>  |

### Certification of Circulator

I, Robert Talbot, certify:  
(name of circulator)  
 I reside at 4475 Country P Rhineland, WI 54501 Town PELICAN  
(circulator's residence - include number, street, and municipality)

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

3/27/11 (date) [Signature] (signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
 www.recalljim.com • admin@recalljim.com

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, <http://gab.wi.gov> email: [gab@wi.gov](mailto:gab@wi.gov)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9,10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

*Because he left the state, and didn't stay here to do his job. Anyone who leaves his job, should lose it!*

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>                                   | DATE OF SIGNING |
| 1. <i>Shirley J. Kitzembla</i>  | <i>2800 Thielman St. 16-C<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City | <i>3/30/11</i>  |
| 2. <i>Donald E. Kitzembla</i>   | <i>2800 Thielman St. 16-C<br/>Merrill, WI 54452</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City | <i>3/30/11</i>  |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City            | <i>/ / 11</i>   |

### Certification of Circulator

I, *Shirley J. Kitzembla*, certify:  
(name of circulator)

I reside *2800 Thielman St. 16-C Merrill, WI 54452*.  
(circulator's residence - include number, street, and municipality)

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

*3.30.2011*  
(date)

*Shirley J. Kitzembla*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. Janet Shank  | N4980 Bradley St<br>Gleason  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Merrill   | 4-4-2011        |
| 2. Mark Kofahl  | 1208 E Main St<br>Merrill WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Merrill              | 4-4-2011        |
| 3. [Signature]  | 65 N Van Rensselaer<br>Merrill WI 54452  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Merrill   | 4-2-2011        |
| 4. Rowena Ford  | 1010 Liberty St<br>Merrill WI  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Merrill   | 4/2/11          |
| 5. Tim Walford  | N1311 Golf Dr<br>Merrill WI 54452  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Merrill   | 4.2.11          |
| 6. Jess Schaypp   | N3404 Polak Pa<br>Merrill  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Merrill   | 4-2-11          |
| 7. Barbara Jaw Rupal  | 101270 W.S. Riviera Rd<br>Merrill  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Merrill   | 4-2-11          |
| 8. Amy Collet   | N975 Hawk W 4-9<br>Merrill WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Pine Hill | 4-2-11          |
| 9. [Signature]  | 1808 E. 12th<br>Merrill  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Merrill   | 4-2-11          |
| 10. Mary Euster   | 645 Johnson St<br>apt 403. Merrill   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br>Merrill   | 4-2-11          |

### Certification of Circulator

I, SHERRI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

4/11/11  
(date)

Sherrie E. Ferrell  
(signature of circulator)

Page No. 185



# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Ricky Kumbier</i>   | 8693 Thunderbird Lane<br>Minocqua, WI 54548  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Minocqua        | 3-25-11         |
| 2. <i>Laura Finucane</i>  | <del>7930 Big Buck Cr.</del><br>7930 Big Buck Cr.<br>WI 54568                                    | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Minocqua        | 3-26-11         |
| 3. <i>Julia Miller</i>  | <del>5589 Hwy 51 S.</del><br>Hazelhurst Wj 54539   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Hazelhurst      | 3-26-11         |
| 4. <i>Jerry Wall</i>  | 2828 Woodruff Rd<br>Woodruff WI 54567  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Woodruff        | 3-26-11         |
| 5. <i>James Karam</i>   | 7727 S. Kaubshie<br>Hazelhurst WI 54531  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Hazelhurst      | 3-27-11         |
| 6. <i>Alfred Nobles</i>   | 1996 Hanser Lane<br>LaC Du Flambeau 54538  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>LaC Du Flambeau | 3-27-11         |
| 7. <i>Robin Long</i>  | 8004 N. ALVA RD<br>HARSHAW, WI 54452   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Cassian         | 3-27-11         |
| 8. <i>Amanda Johnson</i>  | 9019 mobile DR<br>Woodruff WI 54568  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Woodruff        | 3-27-11         |
| 9. <i>Donna Schmit</i>  | 1191 Tonya Dr<br>Arbor Vitae, WI 54568   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Arbor Vitae     | 3-27-11         |
| 10. <i>Laura Schulte</i>  | 8092 Clark Rd<br>Minocqua, WI 54548  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br>Minocqua        | 3/27/11         |

### Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 2nd Ave, Detroit Lakes, MN 56501

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

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

3-28-11

(date)

*Duane Schumacher*

(signature of circulator)

Page No. 147

# RECALL PETITION

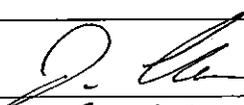
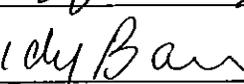
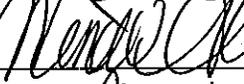
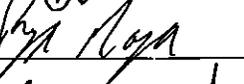
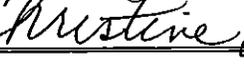
TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                          |
|---|--|---|--------------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING          |
| 1.   | 9971 RIDGEWOOD DR<br>MINOCQUA WI 54548   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City HAZELHURST  | 25 MAR 11                |
| 2.   | 8617 CONSTELLATION DR.<br>MINOCQUA WI 54548  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA    | 25 MAR 11                |
| 3.   | 3877 DARTON LAKE<br>EAGLE RIVER  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LINCOLN     | 25 MARCH 11              |
| 4.    | 8686 Hwy 51 N<br>MINOCQUA 54548  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA    | 25 March 11              |
| 5.   | <del>1035 S. Woodruff</del><br><del>13584th St S.</del><br>MINOCQUA WI 54548                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA    | 25 March 11              |
| 6.   | 5836 HIGH LAKE RD<br>BOULDER JCT WI 54512  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City BOULDER JCT | 25-MAR-11                |
| 7.   | 9059 Rudolph Rd<br>Woodruff WI 54568   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City MINOCQUA    | 3-26-11<br>26-March 2011 |
| 8.   | 10687 Hwy 70E<br>Woodruff WI 54568   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City WOODRUFF               | 3-26-11<br>26-March 2011 |
| 9.   | 13584th St S.<br>BOULDER Jct WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City BOULDER JCT | 3-26-11<br>26-3          |
| 10.    | 7828 WOODLAND DR<br>WOODRUFF WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City WOODRUFF    | 3-27-11                  |

### Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave, Detroit Lakes, MN 56501

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

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

3-28-11

(date)



(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                  |
|---|--|--|------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING  |
| 1. <i>Cynthia Schoenck</i>  | <i>3089 Cty Q, 54463<br/>Pelican Lake, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Pelican Lake</i> | <i>4/11/2011</i> |
| 2. <i>Vivian Bayler</i>   | <i>4921 Horsted Lk. RD<br/>Pelican Lake, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Horseshoe</i>    | <i>4-11-11</i>   |
| 3. <i>Carroll Letovic</i>   | <i>2108 N. Pelican Dr.<br/>116 Rd 12, Rhineland</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Pelican</i>                 | <i>4-11-11</i>   |
| 4. <i>Ken E. Danz</i>   | <i>5130 Pioneer St<br/>Rhineland WI 54501</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Pelican</i>      | <i>4/11/11</i>   |
| 5. <i>Karen Sewle</i>   | <i>635 Cherry St<br/>Rhineland WI</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><i>Rhineland</i>    | <i>4-11-11</i>   |
| 6. <i>Ruth Lammert</i>  | <i>5443 Monroed, WI<br/>Rhineland, WI</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Pine Lake</i>    | <i>4-11-11</i>   |
| 7. <i>Billy Quinn</i>   | <i>4431 Harmony Hill Dr<br/>Rhineland</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Newbold</i>      | <i>4-11-11</i>   |
| 8. <i>Daniel Barber</i>   | <i>344 Woodland HT's<br/>Rhineland</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Rhineland</i>    | <i>4/11/11</i>   |
| 9. <i>Donna Erindorio</i>   | <i>746 Shepard St<br/>Rhineland</i>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><i>Rhineland</i>    | <i>4/11/11</i>   |
| 10. <i>Jayme Levanche</i>   | <i>1328 Hwy 32<br/>3 Lakes WI 54562</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><i>Three Lakes</i>  | <i>4/11/11</i>   |

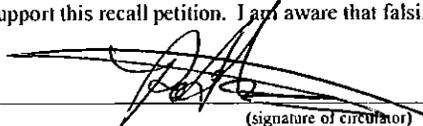
### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

I reside 2511 So. 59th W. Ave. Tulsa OK. 74107  
(circulator's residence - include number, street, and municipality)

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

4-12-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Eric Dalman</i>   | 222 E KING ST<br>RHINELANDER, WI   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City RHWYWOOD    | 4/11/11         |
| 2. <i>Jane Datt</i>   | 3968 Wausauky<br>Rhinelander   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City crescent    | 4/11/11         |
| 3. <i>Mike Gopet</i>  | 4117 Hook Lake RD<br>Rhinelander   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Newbold     | 4/11/11         |
| 4. <i>Bill Schwach</i>  | 945 CTY Q<br>PELICAN LAKE Wb.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City ENTERPRISE  | 4/11/11         |
| 5. <i>JJ O'D</i>  | 4340 ABERNETHY Rd<br>RHINELANDER   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PINE LAKE   | 4/11/11         |
| 6. <i>Gwen Kerchefti</i>  | 18 Edgewater<br>Rhinelander  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 4/11/11         |
| 7. <i>Frank Tschek</i>  | 4921 Horsehead Rd<br>Harshaw, WI.  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Harshaw     | 4/11/10         |
| 8. <i>K &amp; B</i>   | 876 S. KEENAN ST<br>RHINELANDER  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City RHINELANDER | 4/11/11         |
| 9. <i>Leona Brown</i>   | 635 Cherry St<br>Rhinelander   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Rhinelander | 4/11/11         |
| 10. <i>Bob M. Miller</i>  | W 7260 Focul Rd<br>Deerpootwis   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Deerpoot    | 4/11/11         |

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:  
(name of circulator)

I reside 2511 So. 59th W, Ave, Tulsa OK 74107  
(circulator's residence - include number, street, and municipality)

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

4-12-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Alan Vanderkoooy</i>  | <i>8555 Hickory Rd.<br/>Eland, WI 54427</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/25/11</i>  |
| 2. <i>Margie Vanderkoooy</i>  | <i>8555 Hickory Road<br/>Eland, WI 54427</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/25/11</i>  |
| 3. <i>Jack Schlottbauer</i>   | <i>8118 Hickory Rd<br/>ELAND, WI 54427</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/25/11</i>  |
| 4. <i>Sharon Schlottbauer</i>   | <i>8118 Hickory Rd<br/>Eland, WI 54427</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/26/11</i>  |
| 5. <i>Lyn Miller</i>  | <i>8075 Robin Ln<br/>Eland WI 54427</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/26/11</i>  |
| 6. <i>James Freds</i>   | <i>7855 Landing Rd<br/>Eland, WI 54427</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/26-11</i>  |
| 7. <i>Bonnie Mickelthals</i>  | <i>7855 Dundee Trd<br/>Eland, WI 54427</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/26/11</i>  |
| 8. <i>Jeff Anderson</i>   | <i>7959 Landing Rd.<br/>Eland WI 54427</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2-26-11</i>  |
| 9. <i>Dana Anderson</i>   | <i>7959 Landing Rd<br/>Eland WI 54427</i>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/26-11</i>  |
| 10. <i>Bruce Mangen</i>   | <i>2175 Hickory Rd<br/>HATLEY WI 54440</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Elderon</i> | <i>2/26-11</i>  |

### Certification of Circulator

I, *Alan Vanderkoooy*, certify:  
(name of circulator)  
 I reside at *8555 Hickory Road Eland, WI 54427 ELDERON TOWN*  
(circulator's residence - include number, street, and municipality)

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

*2/26/11* (date) *Alan Vanderkoooy* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

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| SIGNATURES OF ELECTORS      | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
|-----------------------------|--|---|-----------------|
| 1. <u>Gregory D Nichols</u> | <u>11050 FOUR DUCK LAKE Rd</u><br><u>THREE LAKES, WI 54562</u>                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Hiles</u>                               | <u>2-25-11</u>  |
| 2. <u>Paul Gerhart</u>      | <u>11070 4 Duck Lake Rd</u><br><u>3 Lakes WI 54562</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Hiles</u>                               | <u>2/25/11</u>  |
| 3. <u>Margaret Gerhart</u>  | <u>11070 4 Duck Lake Rd</u><br><u>3 Lakes, WI 54562</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>Hiles</u>                               | <u>2/25/11</u>  |
| 4. <u>Kris Gerhart</u>      | <u>4848 SHEPHERD Rd.</u><br><u>EGLE RIVER WI 54521</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>EAGLE RIVER (Washington)</u> | <u>2/25/11</u>  |
| 5. <u>Pete Gerhart</u>      | <u>4848 Shartown Rd.</u><br><u>EAGLE RIVER WI</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>EAGLE RIVER</u>              | <u>2/25/11</u>  |
| 6.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  |                 |
| 7.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  |                 |
| 8.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  |                 |
| 9.                          |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  |                 |
| 10.                         |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City  |                 |

### Certification of Circulator

I, GREGORY D NICHOLS, certify:

(name of circulator)

I reside at 11050 Four Duck Lake Rd THREE LAKES

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

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

2-25-11

(date)

Gregory D Nichols

(signature of circulator)

**RECALL PETITION**

to: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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

| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE                                 | MUNICIPALITY OF RESIDENCE   | DATE OF SIGNING |
|---|--|---|-----------------|
|   | <small>Rural address must also include box or fire no.</small> | <small>Indicate Town, City, or Village</small>  |                 |
| 1.  | 5823 Zeman<br>Eagle River Wis 54521                            | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Cloverland</u> | 2-26-11         |
| 2. <u>Shari Mohrman</u>   | 5823 Zeman Rd<br>Eagle River, WI 54521                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Cloveland</u>  | 2-26-11         |
| 3. <u>Khair E. Mohrman</u>  | 5857 RIDGE DR<br>EAGLE RIVER WIS 54521                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CLOVERLAND</u> | 2-26-11         |
| 4. <u>Clara A Mohrman</u>   | 5857 Ridge Dr<br>Eagle River, WI 54521                         | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>CLOVERLAND</u> | 2-26-11         |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                              |                 |

**Certification of Circulator**

GREGORY D. NICHOLS

(name of circulator)

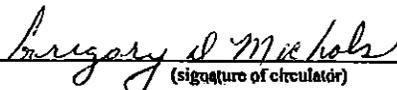
certify:

reside at 11050 FOUR DUCK LAKE RD THREE LAKES

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

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.

2-26-11  
(date)

  
(signature of circulator)

# RECALL PETITION

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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|---|--|---|-----------------|
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| 1. <u>Linton Lierman</u>  | <u>N 10409 CTY RD D</u><br><u>Birnamwood, WI 54414</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hutchins</u> | <u>3/29/11</u>  |
| 2. <u>Mitch Jandwich</u>  | <u>W15415 Red River RD</u><br><u>Birnamwood WI 54414</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hutchins</u> | <u>3/29/11</u>  |
| 3. <u>Dee Sanchez</u>   | <u>W15415 Red River Rd</u><br><u>Birnamwood WI 54414</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hutchins</u> | <u>4/1/11</u>   |
| 4. <u>Pam Jandwich</u>  | <u>W15415 Red River Rd</u><br><u>Birnamwood, WI 54414</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hutchins</u> | <u>4/1/11</u>   |
| 5. <u>Andrea Jandwich</u>   | <u>W15415 Red River Rd.</u><br><u>Birnamwood, WI 54414</u>                                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hutchins</u> | <u>4/1/11</u>   |
| 6. <u>Jody Lierman</u>  | <u>N10409 CTY RD D</u><br><u>BIRNAMWOOD, WI 54414</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Hutchins</u> | <u>4/1/11</u>   |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u> / / 11</u>  |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u> / / 11</u>  |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u> / / 11</u>  |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                            | <u> / / 11</u>  |

### Certification of Circulator

I, Linton Lierman, certify:

(name of circulator)

I reside N 10409 CTY RD D, Birnamwood, WI, 54414 HUTCHINS

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

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

4/4/2011  
(date)

Linton Lierman  
(signature of circulator)

**RECALL PETITION**

**TO: The Wisconsin Government Accountability Board.**

WE, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

**STATEMENT OF REASON FOR RECALL**

Conspiracy to intentionally interfere with the proper functioning of the Wisconsin Senate and gross dereliction of duty.

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAT MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED**

| SIGNATURES OF ELECTORS         | STREET & NUMBER OR RURAL ROUTE<br>Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE<br>Indicate Town, City or Village  | Date of Signing |
|--------------------------------|---|--|-----------------|
| 1<br><i>Kelly Pike</i>         | 4493 Snowflake Lane<br>L6L, WI 54540  | <input checked="" type="checkbox"/> Town Land O Lakes<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3-3-11          |
| 2<br><i>Jim Star</i>           | 6882 Helen Creek Rd<br>Land O Lakes, WI 54540                                     | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City              | 3-3-11          |
| 3<br><i>Paul Star</i>          | 6882 Helen Creek Rd<br>Land O Lakes WI 54540                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City              | 3-3-11          |
| 4<br><i>Maxime Wasielewski</i> | 6485 N. Forest Lake Rd<br>Land O Lakes WI 54540                                   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City              | 3-8-11          |
| 5<br><i>Dennis Wasielewski</i> | 6485 N. Forest Lake<br>Land O Lakes WI 54540                                      | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City              | 3-8-11          |
| 6<br><i>Jim K</i>              | 5407 Hwy B<br>Land O Lakes WI 54540   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City              | 3-8-11          |
| 7<br><i>Paul</i>               | 4703 C.R.B.<br>Land O Lakes WI 54540  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City              | 3-9-11          |
| 8<br><i>Elizabeth Suarez</i>   | 4703 City Park<br>Land O Lakes, WI 54540  | <input checked="" type="checkbox"/> Town Land O Lakes<br><input type="checkbox"/> Village<br><input type="checkbox"/> City | 3-9-11          |
| 9<br><i>Dan VanHandel</i>      | 2349 S. Shore Rd.<br>Phelps, WI. 54554  | <input type="checkbox"/> Town Phelps<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                  | 3-9-11          |
| 10<br><i>Rob Anderson</i>      | 2474 S Shore Rd<br>Phelps WI 54554  | <input checked="" type="checkbox"/> Town Phelps<br><input type="checkbox"/> Village<br><input type="checkbox"/> City       | 3-9-11          |

**CERTIFICATION OF CIRCULATOR**

I, Michael P. Keintz, certify that I reside at 6473 Spruce Meadows Ln, Land O Lakes, WI. 54540

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 residence given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

March 9, 2011  
(date)

Michael P. Keintz  
(Signature of Circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. Carolyn Schallack  | 1091 Schallack St<br>Crandon WI 54520  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Crandon    | 2/28/11         |
| 2. Art Tracy  | 1129 TRACY Rd.<br>CRANDON, WI 54520  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City CRANDON    | 3/1/11          |
| 3. Connie Tracy   | 1129 Tracy Rd<br>Crandon WI 54520  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Crandon    | 3/1/11          |
| 4. Pam Rane   | 975 Schellack Rd<br>Crandon WI 54520   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City crandon    | 3/1/11          |
| 5. Pete Bellomy   | 4305 State Hwy 55<br>Crandon WI 54520  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Nashville  | 3/1/11          |
| 6. Sharon Zeschberg   | 5126 Jamrock Ln<br><del>2</del> Crandon WI 54520   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Crandon    | 3/1/11          |
| 7. Diana Wheeler  | 7411 Wheeler Ln Rd<br>Trempealeau WI 54562   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Treeshakes | 3/1/11          |
| 8. Doreen Donak   | 4574 St. Hwy 55<br>Crandon, WI 54520   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City CRANDON    | 3/1/11          |
| 9. Jerry L. Schallack   | 1041 SCHALLOCK RD<br>CRANDON, WI 54520   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City CRANDON    | 3-1-11          |
| 10. Kelly Birchett  | 1017 Schallack Rd<br>Crandon WI 54520  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City Crandon    | 3-1-11          |

### Certification of Circulator

I, CAROLYN J. SCHALLOCK, certify:  
(name of circulator)

I reside 1041 SCHALLOCK RD CRANDON WI 54520  
(circulator's residence - include number, street, and municipality)

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

3-7-11  
(date)

Carolyn Schallack  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |   |  |                  |
|---|---|--|------------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING  |
| 1. <u>Chris Bueckel</u>   | <u>N9297 City Rd B<br/>GLEASON, WI 53435</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>HARRISON</u> | <u>3-25-2011</u> |
| 2. <u>Wynne D. Wata</u>   | <u>N9297 City Rd B<br/>GLEASON, WI 53435</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>HARRISON</u> | <u>3-25-2011</u> |
| 3. <u>Kenneth B. ...</u>  | <u>W9322 Four Mile Dr.<br/>TOMAHAWK WI 54487</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>TOMAHAWK</u> | <u>3-25-11</u>   |
| 4. <u>Riane M. Crucian</u>  | <u>N8744 Faust Rd<br/>TOMAHAWK WI 54487</u>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>TOMAHAWK</u> | <u>3/27/11</u>   |
| 5. <u>Leander Zosko</u>   | <u>1614 Riverview Ln<br/>TOMAHAWK WI</u>  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input checked="" type="checkbox"/> City<br><u>TOMAHAWK</u> | <u>4/16/11</u>   |
| 6. <u>Doni Schade</u>   | <u>2389 LKADOMIS Rd<br/>TOMAHAWK WI</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City<br><u>NOKOMIS</u>             | <u>4-8-11</u>    |
| 7.  |   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                  |
| 8.  |   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                  |
| 9.  |   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                  |
| 10.   |   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                               |                  |

### Certification of Circulator

I, Linda M. Kennworthy, certify:  
(name of circulator)

I reside W5220 Terrace View Rd Tomahawk, WI 54487  
(circulator's residence - include number, street, and municipality)

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

April 7, 2011 Linda M. Kennworthy  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |  |                 |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>  | DATE OF SIGNING |
| 1. <i>Beverly J. Fagan</i>  | <i>6459 Hoase Rd</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>4/1/11</i>   |
| 2. <i>Richard J. Fagan</i>  | <i>6459 Hoase Rd</i>   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>4/1/11</i>   |
| 3.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 4.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 5.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 6.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 7.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 8.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 9.  |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |
| 10.   |  | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City                                 | <i>1/11</i>     |

### Certification of Circulator

I, *Beverly J. Fagan*, certify:  
(name of circulator)

I reside *6459 Hoase Rd, Lake Tomahawk, WI 54559*.  
(circulator's residence - include number, street, and municipality)

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

*April 1, 2011* *Beverly J. Fagan*  
(date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

| SIGNATURES OF ELECTORS         | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire po.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING  |
|--------------------------------|--|---|------------------|
| 1. <u>Fred Moore</u>           | <u>3904 Bay</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> |                  |
| 2. <u>Fred Moore</u>           | <u>3904 Bay Lane<br/>Phelps</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> | <u>3/26/2011</u> |
| 3. <u>C. Thomas Moore</u>      | <u>3807 Madison Ln<br/>Phelps, WI 54554</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> | <u>3/26/2011</u> |
| 4. <u>Corey Staff</u>          | <u>3396 Hwy 17<br/>PHELPS 54554</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>PHELPS</u> | <u>3-26-11</u>   |
| 5. <u>Christine (P) Little</u> | <u>3226 Hwy 17<br/>Phelps, WI 54554</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>"</u>      | <u>3-26-11</u>   |
| 6. <u>April R. Cross</u>       | <u>2575 Hwy 17<br/>Phelps, WI 54554</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> | <u>3/26/11</u>   |
| 7. <u>Don Cross</u>            | <u>2575 Hwy 17<br/>Phelps, WI 54554</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> | <u>3/26/11</u>   |
| 8. <u>James Ostrom</u>         | <u>2448 Hwy 17<br/>Phelps, WI 54554</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> | <u>3/26/11</u>   |
| 9. <u>Ron Moly</u>             | <u>PHHELPS WI 54554<br/>2346 Hwy 17</u>  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u> | <u>3/26/11</u>   |
| 10. <u>Nancy Ziebell</u>       | <u>Phelps<br/>4349 Mill Lane</u>   | <input type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City <u>Phelps</u>            | <u>3-26-11</u>   |

### Certification of Circulator

JEFF KIRSCHMANN

(name of circulator)

certify:

reside at 3000 KENTUCK LANSING RD.

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

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.

3/26/11

(date)

Jeff Kirschmann

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

### STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.<br>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. |  |   |                 |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS  | STREET & NUMBER OR RURAL ROUTE<br><small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE<br><small>Indicate Town, City, or Village</small>   | DATE OF SIGNING |
| 1. <i>Joe Hill</i>  | 5179 COUNTY ROAD L<br>EAGLE RIVER WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Sugar Camp  | 2-24-12         |
| 2. <i>Michelle Small</i>  | 7915 SUNSET PARKWAY<br>THREE LAKES WI 54562  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Three Lakes | 2-25-11         |
| 3. <i>John August</i>   | 1716 E. BASS LK RD.<br>EAGLE RIVER, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City WASHINGTON  | 2/25/11         |
| 4. <i>Tony August</i>   | 1191 DRAGER RD.<br>EAGLE RIVER, WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LINCOLN     | 2/25/11         |
| 5. <i>Scott Harris</i>  | 1693 WINKLER RD<br>THREE LAKES WI  | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City THREE LAKES | 2/25/11         |
| 6. <i>Alan Aeger</i>  | 2652 COLUMBUS RD<br>EAGLE RIVER WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City WASHINGTON  | 2/25/11         |
| 7. <i>Chris Callis</i>  | 1795 MCKINLEY BLVD<br>Eagle River WI   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City Lincoln     | 2-25-11         |
| 8. <i>Donald Dzik</i>   | 4140 South Shore Drive<br>RIVERLAKES, WI 54501   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City PELICAN     | 2-25-11         |
| 9. <i>Sherri Leon</i>   | 826 Bloom Rd.<br>Eagle River, WI 54521   | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City LINCOLN     | 2-25-11         |
| 10. <i>Dennis Hoo</i>   | <del>5179 County Road L</del><br>8465 ONEIPA FARMS<br>EAGLE RIVER WI 54521                       | <input checked="" type="checkbox"/> Town<br><input type="checkbox"/> Village<br><input type="checkbox"/> City 3 lakes     | 2-25-11         |

### Certification of Circulator

I, Joseph I. Holm, certify:

I reside at 7754 Hixon Rd; Minocqua, WI 54548

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.

2/25/11  
(date)

*Joseph I. Holm*  
(signature of circulator)