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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JOHN J. SCAFIDE	1300 E. MAIN ST MERRILL WI 54452	☐ Town ☐ Village ☑ City Merrill	04/08/11
2. Rick Moser	206 Hendrick St Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4/8/11
3. Dan Kleinschmick	207 John St Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4-8-11
4. Alvina Boyce	Merrill WI 54452 Mill St	☐ Town ☐ Village ☑ City Merrill	4-8-11
5. [illegible]	[illegible] Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4-8-11
6. [illegible]	Merrill 601 Woodlane Ave	☐ Town ☐ Village ☑ City Merrill	4-8-11
7. John Doe	Fuck U Ave Suck U U S A	☐ Town ☐ Village ☑ City Merrill	4-9-11
8. Cindy [illegible]	507 Prospect Merrill	☐ Town ☐ Village ☑ City Merrill	4-8-11
9. Megan Soysek	Merrill 308 Grand Ave	☐ Town ☐ Village ☑ City Merrill	4-8-11
10. [illegible]	318 Grand Ave Merrill	☐ Town ☐ Village ☑ City Merrill	4-8-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

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.

4-11-11 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 1101

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patti Kemper	5050 Sand Lake Rd. Eagle River	☒ Town ☐ Village ☐ City EAGLE RIVER Oneida	4/5/11
2. Kathy Abster	107 Johnson	☐ Town ☐ Village ☒ City EAGLE RIVER Oneida	4/5/11
3. Emily Cancutz	N11635 Cordy	☐ Town ☐ Village ☒ City Lincoln	4-5-11
4. Mary Clemente	N11635 Nuoy Pmanook	☒ Town ☐ Village ☒ City Bradley	4/5/11
5. Robert Richman	8998 Blumenthal	☐ Town ☐ Village ☐ City Woodruff	4-5-11
6. [illegible]	8475 Hwy 70	☒ Town ☐ Village ☐ City ST GERMAIN	4-5-11
7. [illegible]	7770 Birchwood St G	☒ Town ☐ Village ☐ City St Germain	4-5-11
8. [illegible]	7440 Little Lane	☒ Town ☐ Village ☐ City St Germain	4-5-11
9. Betty J Kleven	1206 Smith Bay Rd	☒ Town ☐ Village ☐ City St Germain	4-5-11
10. Jane Gregg	1446 Creek channel Ln St Germain	☒ Town ☐ Village ☐ City St. Germain	4-5-11

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.

4/5/11
(date)

Sherri E. Ferrell
(signature of circulator)

Page No. 1102

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
-266-8005, http://gab.wi.gov email: 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.)***

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lynn Wojcicki	310 W. Leather Ave #47 Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4-5-11
2. Mary Deda Pena	W9798 CTY RD J Deerbrook, WI	☐ Town ☐ Village ☐ City Deerbrook	4-5-11
3. Randy E. White	309 W. Washington 54520	☒ Town ☐ Village ☐ City Crandon	4-5-11
4. Leon Wheeler	4353 Hwy 32	☒ Town ☐ Village ☐ City Lincoln	4-5-11
5. Tom Norton	3491 N. Fox Radin	☐ Town ☐ Village ☒ City Rhinelander WI	4-5-11
6. Heather Gaetke	2080 River Rd	☐ Town ☐ Village ☒ City Tomahawk	4-5-11
7. Jim Palubicki	10563 E. Isle of Pine L	☒ Town ☐ Village ☐ City Elcho	4-5-11
8. Mary Ann Pieper	203 N Wildwood Ave	☐ Town ☐ Village ☒ City Crandon	4-5-11
9. Debra J Mannerino	11285 Killarney Bay Dr Tomahawk	☐ Town ☐ Village ☒ City TOMAHAWK	4-5-11
10. Kayla AB	3540 Oak Lane Rhinelander	☐ Town ☐ Village ☒ City RHINELANDER	4/5/11

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.

4/5/11
(date)

Sherri E. Ferrell
(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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STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David Lew	467 1st Ave Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
2. Jodie Rey	386 Maple St Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
3. Brent Lawson	332 Maple St Birnamwood WI	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
4. G. Slater	332 Maple St Apt 5 Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
5. Karen Resch	N9704 State Rd 45 Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
6. Matthew J. Klingforth	P.O. Box 51 ~~501 Webb~~ Wittenberg WI 54499	☐ Town ☑ Village ☐ City Wittenberg	4-12-11
7. Holli Long	PO Box 103 Crandon WI 54520	☑ Town ☐ Village ☐ City Crandon	4-12-11
8. Diane Adams	500 South Pkwy #4 Wittenberg 54499	☐ Town ☑ Village ☐ City Wittenberg	4-12-11
9. Brent Bechwith	410 W College Ave Wittenberg	☐ Town ☑ Village ☐ City Wittenberg	4-12-11
10. Frank Burhoch	N5692 - Oriole Rd Wittenberg WI	☑ Town ☐ Village ☐ City Wittenberg	4-12-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

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)

Larry W. Schumacher (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1104

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Brittany J Schutte	218 Field St. Birnamwood, WI 54414	☐ Town ☒ Village ☐ City Birnamwood	4-12-11
2. Lester R Rogel	272 CTY N BIRNAMWOOD WI 54414	☐ Town ☒ Village ☐ City Birnamwood	4/12/11
3. [illegible]	401 E PIONEER AVE WITTENBERG WI 54499	☐ Town ☒ Village ☐ City WITTENBERG	4/12/11
4. Molly Stark	504 Webb St Wittenberg WI 54499	☐ Town ☒ Village ☐ City Wittenberg	4/12/11
5. Tammy [illegible]	206 E Grand Ave Wittenberg WI 54499	☐ Town ☒ Village ☐ City Wittenberg	4/12/11
6. Bryant [illegible]	549 S Webb St. Wittenberg WI 54499	☐ Town ☒ Village ☐ City Wittenberg	4/12/11
7. Douglas Long	3346 Indian Dr. 10 Crandon WI, 54520	☑ Town ☐ Village ☐ City Crandon	4-12-11
8. Sedi Bruno	wittenberg wi 9355 Blue Heron R	☒ Town ☐ Village ☐ City wittenberg wi	4/12/11
9. Eugene N Tellock	N6831 Cty Rd Q Wittenberg Wi	☒ Town ☐ Village ☐ City Wittenberg	4/12/11
10. Jody Wa[illegible]	144 State Hwy 49 Wittenberg WI	☒ Town ☐ Village ☐ City Elcdoron.	4/12/11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

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4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

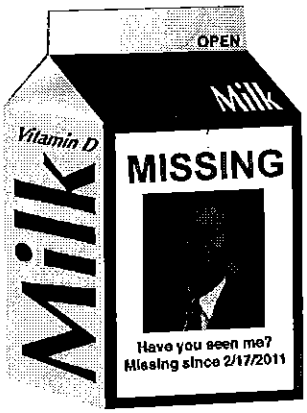
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jane Malitz	673 Kris Ln Mosinee, WI 54455	☒ Town ☐ Village ☐ City Knowlton	3-26-11
2. Mike Malitz	678 Kris Ln Mosinee, WI 54455	☒ Town ☐ Village ☐ City Knowlton	3-26-11
3. Tricia Malitz	209 George St Mosinee, WI 54455	☐ Town ☐ Village ☐ City Mosinee	3-26-11
4. David McGuskey	10659 N Mole Lake Rd Crandon WI	☒ Town ☐ Village ☐ City Mole Lake	3-26-11
5. Kenneth Mishler	Antigo 1117 8th Ave.	☒ Town ☐ Village ☐ City Antigo	4-5-11
6. Catherine Resch	Antigo 161 Park St	☐ Town ☐ Village ☐ City Antigo	4-5-11
7. Edward M Resch	406 E 10th Antigo	☐ Town ☐ Village ☐ City Antigo	4-5-11
8. Bonnie Strasser	406 Deprech St Antigo	☐ Town ☐ Village ☐ City Antigo	4-5-11
9. Arnold Moore	713 GRAHAM ANTIGO WI	☐ Town ☐ Village ☒ City ANTIGO	4-5-11
10. Susan M Harvey	622 Kaplanek Ave Antigo	☐ Town ☐ Village ☒ City Antigo	4-5-11

Certification of Circulator

I, Laurie Hottenstein, certify:
(name of circulator)

I reside at N3383 Meadow Rd Antigo.
(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.

4-5-11
(date)

Laurie Hottenstein
(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.
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RECALL PETITION

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(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol Krieger	1739 W. Pass Lake Rd Eagle River, WI	☑ Town ☐ Village ☐ City Washington	3/31/11
2. Bob Krieger	Same	☑ Town ☐ Village ☐ City Same	3/31/11
3. Valerie G. Kemler	2740 Hwy 45 N E.R. WI	☑ Town ☐ Village ☐ City Lincoln	4/1/11
4. Carol Newton	Same	☑ Town ☐ Village ☐ City Lincoln	4/1/11
5. Peggy Hansen	208 McKinley Blvd	☐ Town ☐ Village ☑ City Eagle River	4/1/11
6. Leif A Hansen	208 McKinley Blvd E.R. Wis 54521	☐ Town ☐ Village ☑ City Eagle River	1/11
7. Ron Seyfert	5237 Twilight Ln Eagle River 54521	☑ Town ☐ Village ☐ City Lincoln	4/1/11
8. David Seyfert	5237 Twilight Ln E.R. Wi 54521	☑ Town ☐ Village ☐ City Lincoln	4/1/11
9. Bay Holt	3907 EVERGREEN RD. EAGLE RIVER, WI 54521	☑ Town ☐ Village ☐ City LINCOLN	4/4/11
10. [illegible]	4488 Chain O'Lakes Rd Eagle River WI 54521	☑ Town ☐ Village ☐ City Washington	4/4/11

Certification of Circulator

I, Wanda Pace (name of circulator), certify:

I reside 904 Park Lane Eagle River, WI 54521 TWN 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.

4/5/11
(date)

Wanda Pace
(signature of circulator)

RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or lot no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. [illegible]	1891 Mistic Lake Rd Eagle River WI 54521	☐ Town ☐ Village ☐ City Town of Three Lakes Oneida Co	2/26/11
2. [illegible]	" " " "	☒ Town ☐ Village ☐ City THREE LAKES	2/26/11
3. KAY REIL	1739 McKinley Blvd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Town of Lincoln	2/26/11
4. Julie Anderson	P.O. Box 2191 Eagle River WI	☐ Town ☐ Village ☐ City Town of Lincoln	2/26/11
5. Michelle Quehe	1827 Watersmeet Eagle River WI	☒ Town ☐ Village ☐ City Town of Lincoln	2/27/11
6. [illegible]	1114 Held Lane Eagle River, WI	☒ Town ☐ Village ☐ City Town of Washington	2/27/11
7. [illegible]	6126 River Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Cloverland	2/28/11
8. [illegible]	256 Three Lakes	☐ Town ☐ Village ☐ City Three Lakes	2/28/28
9. Carole Denies	2437 SPIRIT LK. LN. EAGLE RIVER	☒ Town ☐ Village ☐ City Town of Washington	2/28/11
10. [illegible]	6790 Hwy G Eagle River WI	☒ Town ☐ Village ☐ City CLOVELAND	2-28-11

Certification of Circulator

I, JOE DUFFELL (name of circulator) 3/1/11, certify:

I reside at 1971 HWY 45 N LINCOLN.

Page No. 1108

RECALL PETITION

TO: Wisconsin Government Accountability Board
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STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
[illegible]	3289 Hwy 70 East	☐ Town ☐ Village ☒ City Eagle River	2/26/11
2. Robert L. Ohm	6420 SAFAR RD. THREE LAKES	☒ Town ☐ Village ☐ City THREE LAKES	3-1-11
3. Judith A. Ohm	6420 Safar Road Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3/2/11
4. Eugene W Ohm	6682 TIMBER LA Three LAKES	☐ Town ☐ Village ☐ City Three LAKES	3/2-11
5. Lois Kueng	990 GOLF COURSE LOOP 3 LAKES	☐ Town ☐ Village ☐ City 3 LAKES	3-2-11
6. Lisa Kwaterski	5955 LEHMAN RD. THREE LAKES	☒ Town ☐ Village ☐ City THREE LAKES	3/11/11
7. Joe Kwaterski	5955 LEHMAN RD. 	☒ Town ☐ Village ☐ City THREE LAKES	3/11/11
8. Arlene Kwaterski	1383 N. BIG LAKE LOOP THREE LAKES	☒ Town ☐ Village ☐ City THREE LAKES	3/11/11
9. Edward Kwaterski	1383 N Big Lake Loop Three Lakes	☐ Town ☐ Village ☐ City Three Lakes	3/11/11
10. Joseph Petersen	6691 WOODLAND LN. THREE LAKES	☐ Town ☐ Village ☐ City Three Lakes	3/11/11

Certification of Circulator

I, MARK ZUPAN (name of circulator), certify:

I reside at 7776 BRAEGER RD. THREE LAKES WI 54562 (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.

3/16/2011 (date)

Mark Zupan (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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marlene Towns	80 S Vine ST #14 Niagara	☐ Town ☐ Village ☒ City Niagara	3-28-11
2. Ann Brolin	716 Florence Ave. Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	3-28-11
3. David A Degnitz	N5515 Nutdale Dr Porterfield WI 54159	☒ Town Porterfield ☒ Village ☐ City	3-28-11
4. Joshua Guard	1323 Cleveland ST Niagara, WI 54151	☐ Town ☐ Village ☒ City Niagara	3-28-11
5. Donna Eberlandt	8325 Millan Rd Armstrong Creek, WI 54103	☒ Town ☐ Village ☐ City Armstrong Creek	3-28-11
6. Ada, Bunij	Armstrong Crk 8325 Millan Rd	☒ Town ☐ Village ☐ City Armstrong CK	3-28-11
7. Dennis La Violette	N17395 Breeze-wood Ave Pembine	☒ Town Beecher ☐ Village ☐ City Pembine	3-28-11
8. Julie Quiroz	N 20125 US 141 Niagara, WI	☒ Town ☐ Village ☐ City Niagara	3/28/11
9. Bruce J Bartolac	900 PIERCE ST NIAGARA WI	☐ Town ☐ Village ☒ City NIAGARA	3/28/11
10. Rene Reda	N19844 Timms Lk Rd niagara	☐ Town ☐ Village ☐ City niagara	3-28/11

Certification of Circulator

I, David Smail, certify:
(name of circulator)

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.

3/29/2011 (date) David Smail (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. 110

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

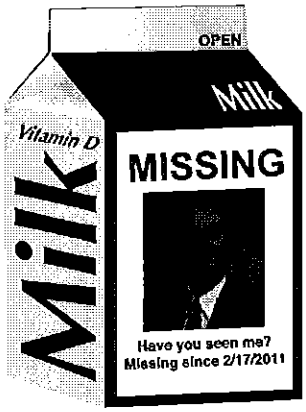
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jenny Brown	N883 US Hwy 45 Antigo, WI 54409	☑ Town Rolling ☐ Village ☐ City	3/16/11
2. Pat Lee	W12603 Hwy 64 Antigo WISC	☑ Town ☐ Village ☐ City Antigo	3-16-11
3. Lynn Jura	N6201 Claire Rd Deerbrook, WI	☑ Town reva ☐ Village ☐ City	3-16-11
4. Gertrude Williams	683 County Hwy Z Pelican Lake, WI	☑ Town ☐ Village Schoepke ☐ City	3-17-11
5. [illegible]	415 Morning Dove Ln Antigo WI 54409	☑ Town ☐ Village Antigo ☐ City	3/17/11
6. [illegible]	105 Enterprise Lk. Rd Pelican Lake, WI 54463	☑ Town ☐ Village Enterprise ☐ City	3/17/11
7. Christopher Rettig	W8355 Cty AA Antigo WI 54409	☑ Town ☐ Village Norwood ☐ City	3/17/11
8. Debra Rettig	W8355 Cty AA Antigo, WI 54409	☑ Town ☐ Village Norwood ☐ City	3-17-11
9. [illegible]	N1524 Hwy 45S Antigo WI 54409	☐ Town ☐ Village Rolling ☐ City	3-17-11
10. Bob Hunter	205 Main ST Antigo, WI	☐ Town ☐ Village ☑ City Antigo	3-17-11

Certification of Circulator

I, Laurie Hottenstein, certify:
(name of circulator)

I reside at N3383 Meadow Rd. 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.

3-17-11
(date)

Laurie A Hottenstein
(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. 111

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jim Holt	3655 CTH N RHINELANDER	☐ Town ☐ Village ☐ City CRESCENT	3.04.11
2. Joanne Kusmierski	N9436 Wildernesse Tomahawk WI	☐ Town ☐ Village ☐ City Tomahawk	
3. Eric Wolter	2206 Sturdevant st Merrill, WI 54452	☐ Town ☐ Village ☐ City Merrill	3/4/11
4. Kris Kienbaum	W6095 Wadell Rd Tomahawk WI 54487	☐ Town ☐ Village ☐ City Tomahawk	3/4/11
5. Maryline Pflugrath	1558 Kings Hill Dr. Tomahawk, WI 54487	☐ Town ☐ Village ☐ City Tomahawk, WI	3/4/2011
6. Eric M. Oncott Eric M Oncott	3 1/2 W. Wisconsin Ave Tomahawk WI 54487	☐ Town ☐ Village ☐ City Tomahawk	3/4/2011
7. Nettie Knudson	26 Pine Ridge Ln Tomahawk, 54487	☐ Town ☐ Village ☐ City Tomahawk	3-4-11
8. Daniel Myers	N10858 South Country Court	☐ Town ☐ Village ☐ City Tomahawk	3-4-11
9. Carl E. Pfeifer	110 So 2ND St (Hwy 17) Tomahawk WI	☐ Town ☐ Village ☐ City Tomahawk	3-4-11
10. Matthew L. Carothers Matthew L. Carothers	11102 Kilawee RD Minocqua, WI 54548	☐ Town ☐ Village ☐ City Minocqua	3-4-11

Certification of Circulator

I, Joseph F. Heim (name of circulator), certify:

I reside at 7754 Hixon Rd. Minocqua, 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.

3/4/11 (date)

Joseph F. Heim (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1112

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Scott Wick	8110 Camp Rd Eagle River WI. 54521	☒ Town ☐ Village ☐ City Sugar Camp	2/24/11
2. Ed Wick	8125 Hwy H Eagle River, WI 54521	☒ Town ☐ Village ☐ City Sugar Camp	2/24/11
3. Thor Wick	8014 Hwy 17 S Eagle River, WI 54521	☒ Town ☐ Village ☐ City Sugar Camp	2/24/11
4. BEN BAUMECHT	7664 CHILLEN IN THE WOODS RD THREE LAKES, WI 54562	☒ Town ☐ Village ☐ City THREE LAKES	2/24/11
5. CHRIS RHODE	5950 Hwy 17N RHINELANDER, WI. 54501	☒ Town ☐ Village ☐ City SUGAR CAMP	2-24-11
6. Paul Will	1635 DOG WOOD DR St. GERMAIN WI 54558	☐ Town ☒ Village ☐ City St. GERMAIN	2-24-11
7. Richard Huber	11671 Hwy 8 Crandon WI 54520	☐ Town ☒ Village ☐ City Crandon	2-24-11
8. Trent Johnson	4295 County P Rhinelander WI 54501	☒ Town ☐ Village ☐ City Rhinelander	2-24-11
9. Gary Landowski	P.O Box 402 (8956 Lawson) St. Germain, WI 54558	☒ Town ☐ Village ☐ City St. Germain	2-25-11
10. Thomas DART	5455 Hwy 17N Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pinelake	2-25-11

Certification of Circulator

I, Joseph I. Hein (name of circulator), certify:

I reside at 7754 Hixon Rd, Minocqua, 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.

2/25/11 (date)

Joseph I. Hein (signature of circulator)

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

Page No. 1113

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald Tibbar	1203 E 14th St Merrill, Wis	☐ Town ☐ Village ☒ City Merrill	3/31/11
2. Troy R. Hintzmacher	W3551 State Hwy 64 Merrill, WI	☒ Town ☐ Village ☐ City Pine River	3/31/11
3. Ben Norman	N3305 Cty Rd G Merrill, Wis 54452	☒ Town ☐ Village ☐ City Pine River	3/31/11
4. Robert VanDeWege	N1850 Hwy 17 Merrill WI 54452	☒ Town ☐ Village ☐ City Pine River	3/31/11
5. Dennis Brandner	N1438 Big Eddy Rd Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/31/11
6. Gary Klein	P.Box 113 Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4/1/11
7. Gerald Zuckerhoff	W1242 Heinemann Rd ~~Gleason 54435~~	☐ Town ☒ Village ☐ City Gleason	4/1/11
8. Joanne Brandner	Merrill, WI 54452 N1438 Big Eddy Rd	☒ Town ☐ Village ☐ City Pine River	4/1/11
9. Don Ashby	W13532 Hwy 5 Gleason WI 54435	☒ Town ☐ Village ☐ City Summit	4/1/11
10. David DeHart	N1217 Heritage Rd. Merrill W.I. 54452	☒ Town ☐ Village ☐ City Pine River	4/1/11

Certification of Circulator

I, Dennis Brandner (name of circulator), certify:

I reside N1438 Big Eddy Rd Merrill, WI 54452 (circulator's residence - include number, street, and municipality) Town of Pine River

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.

4-1-11 (date)

Dennis Brandner (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol J. Pukall	W14675 1st Ave Gleason WI 54435	☒ Town ☐ Village ☐ City Summit	3-20-11
2. [illegible]	N7034 Golf Rd Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Upham	3-25-11
3. [illegible]	N9490 Hwy B Summit Lake	☒ Town ☐ Village ☐ City Upham	3/25/11
4. James Kuranik	N 4308 Cty Rd V 54409 Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3-25-11
5. Melody Klockow	4144 Ocanto Drive Wabeno WI 54566	☒ Town ☐ Village ☐ City Wabeno	3-25-11
6. [illegible]	4144 Ocanto Drive Wabeno, WI 54566	☒ Town ☐ Village ☐ City Wabeno	3/25/11
7. [illegible]	W9709 Hwy 47 Antigo WI 54409	☒ Town ☐ Village ☐ City Norwood	3/25/11
8. Richard Schacht	N3368 Hill Rd Antigo WI	☒ Town ☐ Village ☐ City Polar	3/25/11
9. Susan Bera	N3268 Hill RD Antigo WI 54409	☒ Town ☐ Village ☐ City Polar	3-25-11
10. Nancy K. Gueum	W 10704 Popple Lane	☐ Town ☐ Village ☐ City Pelican Lake 54463	3-25-11

Certification of Circulator

I, Laurie Hottenstein, certify:
(name of circulator)

I reside at N3383 Meadow Rd, Antigo.
(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)

Laurie Hottenstein
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, email: gab@wi.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board
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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

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1. [illegible]	8544 KENWOOD TER MINOCQUA WI.	☒ Town ☐ Village ☐ City MINOCQUA WI.	3-10-11
2. Mike Ryden	PO Box 75 Hazelhurst WI 54531	☐ Town ☐ Village ☐ City Hazelhurst WI	3-10-11
3. Susan Blemmert	W9011 State Rd 64 Merrill, WI 54452	☐ Town ☐ Village ☐ City Merrill, WI Corning	3-10-11
4. Lane Klimek	N2425 French Ridge Rd Merrill, WI 54452	☐ Town ☒ Village ☐ City Pine River	3-10-11
5. Jamie Finucan	410 E. 5th St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-10-11
6. [illegible]	N7791 Majestic Ln Merrill, WI	☒ Town ☐ Village ☐ City Pine River	3/10/11
7. Joan Lange	W366 Cty Rd C Gleason WI 54435	☐ Town ☐ Village ☐ City Schley	3/10/11
8. Edward Simon	801 W. Taylor Merrill, WI	☐ Town ☐ Village ☐ City Merrill	3/10/11
9. Renee Sladky	N7383 Cty K Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3/10/11
10. JEFFREY KRALL	WILLIAM SCHOOL AVE MERRILL WI 54452	☒ Town ☐ Village ☐ City SCOTT	3/10/11

Certification of Circulator

I, Barbra Noone (name of circulator), certify:

I reside at 9835 N. Yawkey Lake Road Hazelhurst WI 54531 (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 11, 2011 (date)

Barbra Noone (signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 116

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Thomas A Granlund	8955 BLUMENSTEIN RD WOODRUFF, WI 54568	☑ Town ☐ Village ☐ City	2/27/11
2. [illegible]	8944 HIGHLAND Woodruff 54568	☑ Town ☐ Village ☐ City	2/27/11
3. [illegible]	8944 HIGHLAND Woodruff WI 54568	☑ Town ☐ Village ☐ City	2/27/11
4. [illegible]	8951 Highland Woodruff	☑ Town ☐ Village ☐ City	2/27/11
5. Thomas Gahlbeck	8951 Highland Dr. Woodruff WI	☑ Town ☐ Village ☐ City	2/27/11
6. Louise Tackney	9003 Highland Dr. Woodruff, WI 54568	☑ Town ☐ Village ☐ City	2/27/11
7. Mark A. Corson	9003 Highland Dr. Woodruff WI	☑ Town ☐ Village ☐ City	2/27/11
8. [illegible]	8991 Highland Dr. WOODRUFF, WI 54568	☑ Town ☐ Village ☐ City	2/27/11
9. Maryanne L. [illegible]	8973 Highland Dr. WOODRUFF WI 54568	☑ Town ☐ Village ☐ City	2/27/11
10. Dennis [illegible]	8955 BLUMENSTEIN RD Woodruff, WI 54568	☑ Town ☐ Village ☐ City	2/27/11

Certification of Circulator

I, THOMAS A. GRANLUND, certify:
(name of circulator)

I reside at 8955 BLUMENSTEIN Rd. WOODRUFF, 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.

2-27-2011
(date)

Thomas A Granlund
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1/17

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.)

Fled the state, abdicating his responsibilities as an elected official to do the job he was elected to do.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ashley Nuss Kuenzer	N11660 Lonely Rd. Antigo, WI 54409	☑ Town ☐ Village ☐ City Rolling	3/2/11
2. Jenny Schmidt	N5490 Cty B Deerbrook WI 54424	☑ Town ☐ Village ☐ City Neva	3/2/11
3. Kathy Drab	929 Clermont St Antigo, WI, 54409	☑ Town ☐ Village ☑ City Antigo	3-2-11
4. Ken Markey	W12306 1st Ave Aniwa, WI 54408	☐ Town ☑ Village ☐ City Aniwa	3-3-11
5. K Fastenau	1895 Cty RD B Pelican Lk 54463	☑ Town ☐ Village ☐ City Schoepke	3-3-11
6. [illegible]	510 Ackley St. Antigo, WI. 54409	☐ Town ☐ Village ☐ City Antigo	3/4/11
7. Mike [illegible]	W9626 Northave Antigo	☑ Town ☐ Village ☑ City Antigo	3/4/11
8. Steve Belcher	W9026 Hwy K Elcho WI	☑ Town ☐ Village ☐ City Elcho	3/6/11
9. Jenny L Kolpack	N4334 Polar Rd Bryant, WI 54418	☑ Town ☐ Village ☐ City Polar	3/22/11
10. Leonard P Lendt	N3507 Hill Rd Antigo, WI 54409	☑ Town ☐ Village ☐ City Polar	3/22/11

Certification of Circulator

I, Jean Greening (name of circulator), certify:

I reside at N1769 Goeman Rd, 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.

3/22/2011 (date)

Jean B. Greening (signature of circulator)

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

Page No. 118

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tom MARCON	416 Pine St	☐ Town ☒ Village ☐ City Athens	3-17-11
2. Karen Marcon	416 Pine St	☐ Town ☒ Village ☐ City Athens	3-17-11
3. Kelly Rich	7179 Nehrbass Rd	☐ Town ☐ Village ☐ City Athens	3-17-11
4. Timothy J Hartung	1026 CTY F	☒ Town ☐ Village ☐ City Athens	3-17-11
5. Greg Mader	2132 Cty A	☒ Town ☐ Village ☐ City Athens	3-17-11
6. Jenny Hartung	1026 E. Hwy	☒ Town ☐ Village ☐ City Athens	3-17-11
7. Kathryn Gentle	P.O. Box 321 Athens WI	☒ Town ☐ Village ☐ City Athens	3-17-11
8. Jeffrey Baly	6311 Hwy 97 Athens	☐ Town ☒ Village ☐ City ATHENS	3-17-11
9. Nick Wilcox	W4683 Kaegenk Ave Medford	☒ Town ☐ Village ☐ City Goodrich	3-17-11
10. Jack Rausch	13266 Swan Ranger Landing Tripoli	☐ Town ☐ Village ☐ City Minocqua	3-17-11

Certification of Circulator

I, Jeff Felczkowski, certify:
(name of circulator)

I reside at 7179 NEHRBASS RD Athens WI 54411 HALSEY
(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.

3-18-11
(date)

(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. 119

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lorine Vmik	621 Doyle St Rhinelander	☒ Town ☐ Village ☐ City Rhinelander	3/8/11
2. [illegible]	333 Spring lake Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Rhinelander	3/08/11
3. Tony [illegible]	333 Spring Lake Rhinelander WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3/08/11
4. Kristy Goosen	23552 Hwy G Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Rhinelander	3-8-11
5. Dorothy Birmingham	9896 Sty 33	☐ Town ☐ Village ☐ City Argonne	3/8/11
6. Margaret McCarthy	10394 Tauer Ln Hiles WI 54511	☐ Town ☐ City Hiles	3/9/11
7. Dan McCarthy	1094 Tauer Ln Hiles WI 54511	☒ Town ☐ Village ☐ City Hiles	3-9-11
8. Daniel Walker	8605 State WI 54511	☐ Town ☐ Village ☐ City Hiles	3-9-11
9. Benita Walker	8605 State Hwy 32 54511	☒ Town ☐ Village ☐ City Hiles	3/9/11
10. [illegible]	5455 Loggins Rd.	☒ Town ☐ Village ☐ City Eagle River	3/9/11

Certification of Circulator

I, Jennifer L. Nery (name of circulator), certify:

I reside at 9830 Hwy 32, Hiles, WI 54511 (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)

Jennifer L Nery (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cheryl Dilley	N3062 City Rd P White Lake, WI 54491	☐ Town ☒ Village ☐ City White Lake WI	3-21-11
2. [illegible]	53D Alpha Ct. Antigo, WI 54409	☐ Town ☐ Village ☒ City Township Antigo	3-21-11
3. Kathleen Gaell	1221 [illegible] Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
4. [illegible]	132 Edelo St ANTIGO ST 54409	☐ Town ☐ Village ☒ City ANTIGO	21 MAR 11
5. Megan [illegible]	342 Dorr St Antigo Wi 54409	☐ Town ☐ Village ☒ City Antigo	2/21/11
6. Brenda Burks	N1151 City D Birnamwood	☐ Town ☐ Village ☒ City Birnamwood	2/21-11
7. [illegible]	N2115 Hillside Rd Antigo	☐ Town ☐ Village ☒ City Antigo	3-21-11
8. Robert [illegible]	N8453 8TH W ANTIGO, WI 54409	☒ Town ☐ Village ☐ City NORWOOD	3-21-11
9. Bonnie Geiger	148 S. Park St. Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
10. Shelli Falk	N1051 Birch Rd Birnamwood WI	☐ Town ☒ Village ☐ City Birnamwood	3-21-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

I reside 4621 S. 72nd E. Pl, Tulsa, OK 74145 (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.

3-25-2011 (date) Larry W. Schumacher (signature of circulator)

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

Page No. 1121

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	323 9TH AVE. Antigo	☐ Town ☐ Village ☒ City ANTIGO	3/21/11
2. Victoria [illegible]	611 Pine St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	5/21/11
3. [illegible]	W10613 Maryland Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	5/21/11
4. Heather Wright	411 10th Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
5. [illegible]	2930 Cty rd Antigo Antigo	☒ Town ☐ Village ☐ City Harrison	3-21-11
6. Frank [illegible]	W 7550 CTY F Antigo WI 54409	☐ Town ☒ Village ☐ City Polar	3-21-11
7. Billie DeLacy	525 Park St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
8. [illegible]	W 9867 Hwy 64 Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3-21-11
9. [illegible]	W10488 Monarch Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	3-21-11
10. [illegible]	516 7TH AVE ANTIGO WI 54409	☐ Town ☐ Village ☒ City ANTIGO	3-21-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

I reside 4621 S. 72nd E. Pl., Tulsa, OK 74145 (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.

3-25-2011 (date) Larry W. Schumacher (signature of circulator)

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

Page No. 1122

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mathias J. Williams	W6512 Birchwood Rd. Crivitz, WI 54114	☒ Town ☐ Village ☐ City LAKE	3-6-11
2. Jane T. Williams	W6512 Birchwood Rd Crivitz, WI 54114	☒ Town ☐ Village ☐ City Lake	3/6/11
3. Gerhard J. Lemke	W8315 LEFT FOOT LN CRIVITZ WI. 54114	☐ Town ☐ Village ☐ City	
4. Richard P. Matty	N7343 St. Paul Crivitz, WI. 54114	☒ Town ☐ Village ☐ City Stephenson	3/11/11
5. Sandra A. Matty	N7343 St Paul Crivitz, WI 54114	☐ Town ☐ Village ☐ City Stephenson	3/11/11
6. Helen J. Franzey	411 George Crivitz WI	☐ Town ☒ Village ☐ City Crivitz	3/11/11
7. Donna Vandenhurst	W6506 Birchwood Crivitz, WI, 54114	☐ Town ☐ Village ☐ City Crivitz	3/11/11
8. Gerald A. Witt	W7593 Smith Creek Rd Crivitz WI 54114	☒ Town ☐ Village ☐ City Stephenson	3-13-11
9. Ray Lepovac	W10061 Co. Rd A Crivitz WI	☒ Town ☐ Village ☐ City Stephenson	3-13-11
10. Agatha Lepovac	W10061 County Rd A Crivitz WI 54114	☐ Town ☐ Village ☐ City Stephenson	3-14-11

Certification of Circulator

I, Arlis Shatley (name of circulator), certify:

I reside N 7981 HWY 141 Crivitz WI 54114
(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.

3-16-11
(date)

Arlis L. Shatley
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Christi Morris			
1. Christi Morris	3895 Lakeshore Dr Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
X 2. Rachel McFarlane	PO Box 1618 Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	3-25-11
3. Chuck Shoede	RR 3 Box 37 Margaret Rhinelander Wis.	☐ Town ☐ Village ☒ City Rhinelander	3/25/11
4. Agnes Shockto Agnes Shockto	7591 Potawatomi Trail Crandon Wis	☒ Town ☐ Village ☐ City Lincoln	3/25/11
5. Tara Adams Tara Adams	6116 Yellow Rd Crandon WI	☒ Town ☐ Village ☐ City Forest	3-25-11
6. Tiffany Pszeniczka	1207 N Stevens St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-25-11
7. Rodney Dretscher	2820 Bay Drive Rhinelander	☒ Town ☐ Village ☐ City Cresent	3-25-11
8. [illegible]	5361 [illegible] Rd Rhinelander	☒ Town ☐ Village ☐ City Pine/K	3-25-11
9. [illegible]	10651 Lower Kaubashine Hazelhurst	☒ Town ☐ Village ☐ City Hazelhurst	3-25-11
10. Elizabeth [illegible]	1390 Old Hwy 51 S Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3-26-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

I reside 4621 S. 72nd E Ave, Tulsa OK 74145 (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 28, 2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 1124

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dine Paul	119 State St Merrill	☑ Town ☐ Village ☐ City Merrill	4/7/11
2. Katie Knoche	507 Blaine St Merrill	☑ Town ☐ Village ☐ City Merrill	4/7/11
3. Cassie Blaboch	N 4908 Pier St. Irma	☐ Town ☑ Village ☐ City Irma	4/7/11
4. Heather Tutor	205 E 4th St. Merrill	☑ Town ☐ Village ☑ City Merrill	4/7/11
5. Jonathan Anthony	205 E 4th St. Merrill	☐ Town ☐ Village ☑ City Merrill	4/7/11
6. Ryan Nelson	604 N. Prospect St Merrill	☐ Town ☐ Village ☑ City Merrill	4-7-11
7. Bryce Cato	W9146 Langhoff Rd Merrill WI	☑ Town ☐ Village ☐ City Corning	4-7-11
8. Kati Lee	N2722 Pier St. Merrill, WI 54452	☐ Town ☐ Village ☑ City Merrill	04/07/11
9. Rachel Klann	Merrill 604 1/2 N State	☐ Town ☐ Village ☑ City Merrill	04-7-11
10. Jerome Bonkey	401 Cottage St Merrill	☐ Town ☐ Village ☑ City Merrill	4-7-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

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.

4-8-11 (date)

Larry W. Schumacher (signature of circulator)

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David Ruwaud	305 Logan St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4-7-11
2. Renae Kobuto	904 Hollywood Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/7/11
3. Eric Wiederhoeft	1605 1/2 E 7th St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4/7/11
4. [illegible]	809 E. 7th St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4-7-11
5. [illegible]	401 S 3rd Street Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4-7-11
6. Kathy Kuehl	507 Blaine St Merrill	☐ Town ☐ Village ☐ City Merrill	4-7-11
7. Corey [illegible]	2210 1/2 Rivet St Merrill	☒ Town ☐ Village ☐ City Merrill	4-7-11
8. David Beyer	1007 Jefferson Merrill	☐ Town ☐ Village ☒ City Merrill	4-7-11
9. Heather Rose	308 Blaine St Merrill	☐ Town ☐ Village ☒ City Merrill	4-7-11
10. Kathleen Feiler	N2252 French Ridge Rd., Merrill	☒ Town ☐ Village ☐ City Pine River	4-7-11

Certification of Circulator

I, Larry W. Schumacher (name of circulator), certify:

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.

4-8-11 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 1126

1421

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.)

ABANDONING HIS JOB.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	4836 W Birchwood Dr Rhinelander WI 54501	☐ Town ☐ Village ☐ City Pine Lake	3/29/11
2. [signature]	4836 W Birchwood Dr Rhinelander Wis 54501	☐ Town ☐ Village ☐ City Pine Lake	3/30/11
3. [signature]	4836 W Birchwood Dr. Rhinelander, WI	☐ Town ☐ Village ☐ City Pine Lake	3/31/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, [signature], certify:
(name of circulator)

I reside 4836 W Birchwood Dr Rhinelander WI 54501 · PINELAKE.
(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 29 11
(date)

[signature]
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1127

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.)

Desertion of ~~elected~~ duty of elected office.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gail McAllister	N8118 Serenity Dr. Crivitz, WI 54114	☑ Town ☐ Village ☐ City Lake	3-14-11
2. Clarke Mc Allister	N8118 Serenity Dr. Crivitz, WI. 54114	☑ Town ☐ Village ☐ City Lake	3-14-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Arlis Shafley (name of circulator), certify:

I reside N7981 HWY 141, Crivitz Wi 54114 (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)

Arlis Shafley
(signature of circulator)

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

Page No. 1128

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Andrew [illegible]	W507 Dudley Rd Gleason WI 54435	☑ Town ☐ Village ☐ City Russell	4/13/11
2. Henry J Nichela	W1195 Vaschea Rd Gleason, WI 54435	☑ Town ☐ Village ☐ City Schley	4/13/11
3. Josh Belau	400 E 6th Street Merrill	☐ Town ☐ Village ☑ City Merrill	4/13/11
4. [illegible]	W507 2nd Ave. Gleason WI 54435	☐ Town ☐ Village ☐ City Russel	4/14/11
5. Melissa Gilbert	N6243 Hwy 17 Gleason, WI 54435	☐ Town ☑ Village ☐ City Russel	4/14/11
6. Andrea James	307 Logan St. Merrill, WI 54452	☑ Town ☐ Village ☐ City Merrill	4/14/11
7. Valencia A. Peter	N4777 Log Cabin Rd Gleason, WI 54435	☑ Town ☐ Village ☐ City Schley	4/14/11
8. Debra Romo	N4399 Hwy X Gleason, WI 54435	☑ Town ☐ Village ☐ City Schley	4/15/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jeffrey J. Mondeik, certify:
(name of circulator)

I reside N4839 Country Road X 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.

4-5-11
(date)

Jeffrey J. Mondeik
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert E. Koehler	W18242 BASSWOOD LN WITTENBERG WIS	☑ Town ☐ Village ☐ City	4/3/11
2. Gail R. Koehler	W18242 BASSWOOD LN. WITTENBERG, WI. 54499	☐ Town ☐ Village ☐ City	4/3/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Gail Koehler, certify:
(name of circulator)

I reside W 18242 Basswood Ln. Wittenberg WI 54499-8582.
(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)

Gail R. Koehler
(signature of circulator)

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	W1120 ECHO LAKE ROAD GLEASON WI 54435	☒ Town ☐ Village ☐ City RUSSELL	3/29/11
2.	W1120 ECHO LK RD GLEASON 54435	☒ Town ☐ Village ☐ City RUSSELL	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, S. THOMAS TOMPACH (name of circulator), certify:

I reside W1120 ECHO LAKE RD, GLEASON WI, RUSSELL TWP (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.

3-29-2011 (date)

S. Thomas (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: 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.)

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward C Welzen	14251 COUNTY RD S ATHENS	☒ Town ☐ Village ☐ City HAMBURG	3/30/11
2. Clifton Pehrich	411 County F Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/30/11
3. Vicki H Pehrich	789 Cty Rd F Athens WI 54411	☒ Town ☐ Village ☐ City Hamburg	3/31/11
4. Opal Desidi	789 CTY RD F Hamburg WI. 54411	☐ Town ☐ Village ☐ City Hamburg	/ /11
5. Kathleen Gluch	411 Cty Rd F Athens, WI 54411	☒ Town ☐ Village ☐ City Hamburg	4/2/11
6. Nancy Welzen	14251 County Rd S Athens, WI 54411	☒ Town ☐ Village ☐ City Hamburg	4/5/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Nancy E. Welzen, certify:
(name of circulator)

I reside 14251 Cnty Rd Athen WI 54411 - Town of Hamburg.
(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.

4/5/11 (date)

Nancy E Welzen (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dennis Tomaszewski	381 US Hy 8	☒ Town ☐ Village ☐ City Armstrong Cr.	3/29/11
2. Renetta Tomaszewski	381 US Hwy 8	☒ Town ☐ Village ☐ City Armstrong Creek Wis	3/30/11
3. Ronald Tomaszewski	1614 Hwy 8	☒ Town ☐ Village ☐ City Armstrong Creek Wis.	3/31/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Dennis Tomaszewski (name of circulator), certify:

I reside 381 US Hy 8 Armstrong Creek, WI, 54103 (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.

4-1-11 (date)

Dennis Tomaszewski (signature of circulator)

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

Page No. 1133

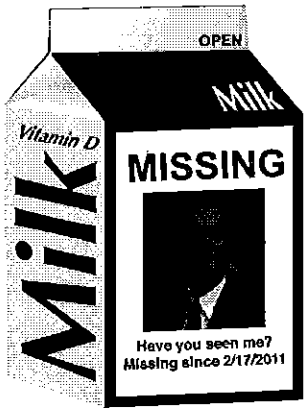
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Langer	W10734 St. Hwy 64 Antigo, WI 54409	☑ Town ☐ Village ☐ City Ackley	3-17-11
2. Christine Stanyer	503 Hudson St Antigo, WI 54409	☐ Town ☐ Village ☐ City Antigo	3-17-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Debra Tetting, certify:
(name of circulator)

I reside at W8355 County Rd. AA 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.

3-30-11
(date)

Debra Tetting
(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.
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608-266-8005, http://gab.wi.gov email: 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.)

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James E. Duedtke	539 Alder Cir Manitowish Wtrs	☑ Town Manitowish Wtrs ☐ Village ☐ City	3-8-11
2. Diane Galloway	139 Clear Lake Rd. Manitowish Waters	☑ Town Manitowish Waters ☐ Village ☐ City	3/16/11
3. Jan Galloway	139 Clear Lake Rd. Manitowish Waters	☑ Town Manitowish Waters ☐ Village ☐ City	3/16/11
4. Mike Gard	495 Alder Lake Rd manitowish waters	☑ Town ☐ Village manitowish ☐ City	3/16/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, THOMAS O. BUTLER (name of circulator), certify:

I reside at 535 ALDER CIRCLE - MANITOWISH WATERS, WI 54545 (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.

3/31/2011 (date)

Tom Butler (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 135

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Donald R. Warner	15394 Hwy 32 Mountain Wi. 54149	☒ Town ~~Athelstane~~ Wi. ☐ Village ☐ City Riverview	3-4-11
2. Lola VanderLanyenberg	16742 ST HWY 64 MOUNTAIN WI 54149	☒ Town ☐ Village ☐ City DOTY	3-4-11
3. Lola VanderLanyenberg	16742 St. Hwy. 64 Mountain WI 54149-0037	☒ Town ☐ Village ☐ City DOTY	3-4-2011
4. Judy Warner	15394 St. Hwy 32 Mountain WI 54149	☒ Town ☐ Village ☐ City Riverview	3-5-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, James G. Schneider (name of circulator), certify:

I reside at 17950 Sunset Bay Lane Townsend WI 54175 (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)

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

Page No. 1136

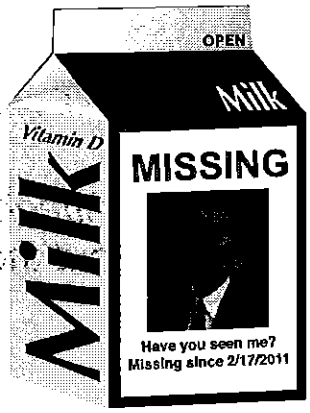
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Albert J. Walter	1470 Marsha Lane	☒ Town ☐ Village ☐ City Arbor Vitae	3/29/11
2. Jacquelyn C. Hatter	1470 Marsha Lane	☐ Town ☐ Village ☐ City Arbor Vitae	3/29/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jacquelyn C. Hatter, certify:
(name of circulator)

I reside at 1470 Marsha Lane, Arbor Vitae.
(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.

3/29/11 (date) Jacquelyn C. Hatter (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

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 from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	151 Theiler Dr. Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	03/23/11
2. STEVEN C. DETIENNE	2910 Crestwood Dr Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Woodboro	03/23/11
3.	2950 Boyce Dr Rhinelander WI 54501	☒ Town ☐ Village ☐ City Crescent	03-27-11
4.	2910 Crestwood Dr Rhinelander WI 54501	☒ Town ☐ Village ☐ City Woodboro	3/30/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

STEVEN C. DETIENNE, certify:
(name of circulator)

reside at 2910 CRESTWOOD DRIVE, RHINELANDER, WI 54501 WOODBORO
(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 strict 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 posite 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.

03/31/2011
(date)

(signature of circulator)

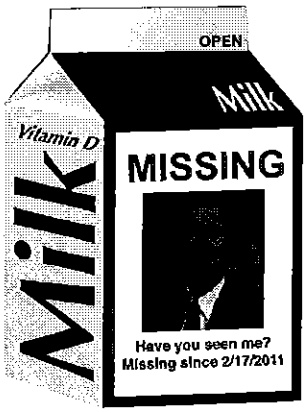
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jol J Taskay	N10392 E. HORSESHOE RD TOMAHAWK, WI 54487	☒ Town ☐ Village ☐ City KING	3-31-11
2. Diane M Taskay	N10392 E. HORSESHOE RD TOMAHAWK, WI 54487	☒ Town ☐ Village ☐ City KING	3-31-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JOHN J. TASKAY, certify:
(name of circulator)

I reside at N10392 E. HORSESHOE RD TOMAHAWK, WI KING.
(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) Jol J Taskay (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. 1139

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

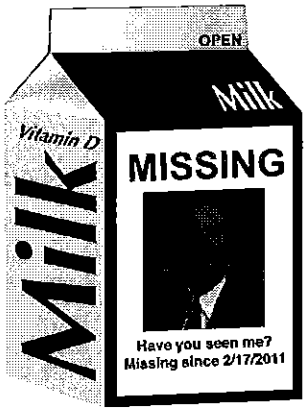
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Steen	W2154 Hwy 64 Hartford WI	☒ Town ☐ Village ☐ City Goodrich	3-17-11
2. [illegible]	7179 Nehrbass Rd Athens WI 54411	☒ Town ☐ Village ☐ City Halsey	3-18-11
3. Dustin [illegible]	5020 Town hall Rd Athens WI 54411	☒ Town ☐ Village ☐ City Johnson	3-18-11
4. [illegible]	Athens WI 54411 R937 E Town line Rd	☒ Town ☐ Village ☐ City Reitbrock	3-18-11
5. [illegible]	7179 NEHRBASS RD Athens WI 54411	☒ Town ☐ Village ☐ City Halsey	3-18-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jeff Felckowski, certify:
(name of circulator)

I reside at 7179 NEHRBASS RD Athens WI 54411 HALSEY.
(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.

3-18-11
(date)

(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. 1140

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: 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.)

Fled the state, abdicating his responsibilities as an elected official to do the job he was elected to do.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael T. Holup	N6256 Hwy A Deerbrook Wis 54424	☒ Town ☐ Village ☐ City Neva	3-23-11
2. Gerald Leggett	8765 ST. JOHN RD. CRANDON, WI 54520	☒ Town ☐ Village ☐ City Nashville	3-24-11
3. Diane Gruedl	N3203 Cty S Ant. 80	☒ Town ☐ Village ☐ City Ant. 80	3/26-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jean Greening (name of circulator), certify:

I reside at N1769 Goerman Rd, Antigo, WI 54409 (circulator's residence - include number, street, and municipality).

-lly 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 -d 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 I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

011 Jean B. Greening
(signature of circulator)

-1 this form is required by §§. 8.40 and 9.10, Wis. Stats.
- Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
gab@wi.gov

Page No. 1141

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary Gramlund	8955 BLUMENSTEIN	☑ Town ☐ Village ☐ City WOODRUFF, WI	2-27-11
2. [illegible]	10998 CHIPPEWA FLT	☑ Town ☐ Village ☐ City ARBOR VITAE	2-27-11
3. [illegible]	8780 Frank Dr WORK 8808 E Minch Rd Home	☑ Town ☐ Village ☐ City Minocqua	2/28/11
4. Richard M. Moore	8945 HIGHLAND DR.	☑ Town ☐ Village ☐ City Woodruff	3/05/11
5. Rebecca A. Lemire	2793 Wazhashk TR.	☑ Town ☐ Village ☐ City Lac du Flambeau	3/5/11
6. Sarah Reynolds	409 1ST AVE	☑ Town ☐ Village ☐ City WOODRUFF	3/5/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, THOMAS A. GRAMLUND (name of circulator), certify:

I reside 8955 BLUMENSTEIN Rd. WOODRUFF, 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.

3-14-2011 (date)

Thomas A. Gramlund (signature of circulator)

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

Page No. 1143

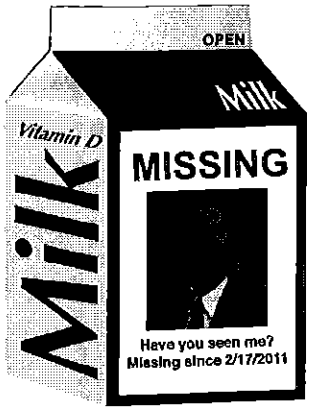
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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.)

DUCKING OUT ON YOUR JOB IS UNACCEPTABLE

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carl H. Liebig	8795 VanBuussum Rd Eagle River WI 54521	☑ Town ☐ Village ☐ City Three Lakes	3-26-11
2. Heidi M. Liebig	8795 VanBuussum Rd Eagle River, WI	☑ Town ☐ Village ☐ City Three Lakes	3-26-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

WE: CARL H. LIEBIG • HEIDI M. LIEBIG, certify:
(name of circulator)

I reside at 8795 VanBuussum Rd · Eagle River, WI 54521 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.

3-26-2011 (date) Carl H. Liebig (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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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

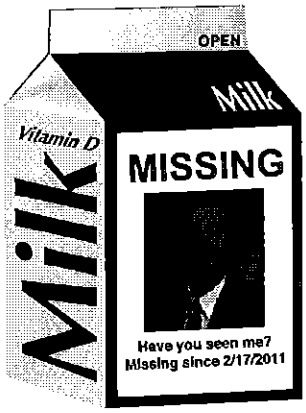
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barbara E. Hoover	W5769 Daoust Rd	☐ Town ☐ Village ☒ City Jomahawk, WI 54487	3-25-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Barbara Hoover, certify:
(name of circulator)

I reside at W5769 Daoust Rd Jomahawk 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.

3-25-11
(date)

Barbara E. Hoover
(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. 1145

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Harland E. Lee	10120 S. Kaubashine Rd Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City	3-28-11
2. JoAnn Lee	10120 S. Kaubashine Rd Hazelhurst, Wisc 54531	☒ Town ☐ Village ☐ City	3-28-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Harland E. Lee, certify:
(name of circulator)

I reside 10120 S. Kaubashine Rd, Hazelhurst, WI 54531.
(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)

Harland E. Lee
(signature of circulator)

GAB-170 (Rev 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1146

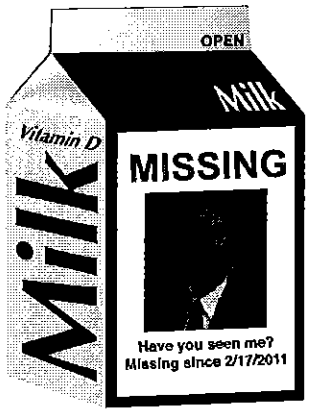
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joanne M. Splinter	5219 Hideaway Dr Eagle River, Wi	☒ Town ☐ Village ☐ City	3-26-11
2. Robert C Splinter	5219 Hideway Dr Eagle River Wi	☒ Town ☐ Village ☐ City	3-26-11
3. Arlene C. Dierbeck	5271 HIDEAWAY DR EAGLE RIVER, WI	☒ Town ☐ Village ☐ City	3-26-11
4. Christine Wright	5125 Hideaway Dr. Eagle River, WI	☒ Town ☐ Village ☐ City	3-26-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Joanne M. Splinter, certify:
(name of circulator)

I reside at 5219 Hideaway Dr. 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.

March 28, 2011 (date) Joanne M. Splinter (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. 147

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sandra J Wilber	W1607 Cameil Hill Tr Keshena, WI 54135	☐ Town ☐ Village ☐ City Menominee	3/14/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Elaine M Noel (name of circulator), certify:

I reside N1307 Rawhide Rd. Keshena, WI Town of Menominee (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.

3-14-11 (date)

Elaine M. Noel (signature of circulator)

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Page No. 1148

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julie Bessert	2011 JUNGLE LK Rd WABENO, WI.	☒ Town ☐ Village ☐ City WABENO	3/28/11
2. Bill Bessert	2011 JUNGLE LK Rd. WABENO, WI.	☒ Town ☐ Village ☐ City WABENO	3/28/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, BILL Bessert, certify:
(name of circulator)

I reside 2011 JUNGLE LAKE ROAD, WABENO, WI 54566.
(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)

Bill Bessert
(signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John R. Bailey	14242 BEAR PAW LN	☐ Town ☒ Village ☐ City LAC DU FLAMBEAU	3/28/11
2. Janet A. Bailey	14242 Bear Paw Ln.	☐ Town ☒ Village ☐ City Lac du Flambeau	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, John R. Bailey (name of circulator), certify:

I reside 14242 BEAR PAW LANE LAC DU FLAMBEAU W. 54538 (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.

3/28/2011 (date) John R. Bailey (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Casey Smith Casey S	W7925 Folson rd Bryant WI	☑ Town ☐ Village Bryant ☐ City	4/11/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA, 90212 (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)

Jay Taylor (signature of circulator)

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Page No. 1151

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. MIKE BRADY Michael Brady	3152 N Pelican Lake Rd RHLOR	☐ Town ☐ Village ☐ City RHIENLANDER	4-9-11
2. Ridgeliger [illegible]	N2439 HWY 17 Merrill	☐ Town ☐ Village ☐ City Merrill	4/9/11
3. Jordan Mahn Jordan Mahn	1303 Jackson St Merrill	☐ Town ☐ Village ☐ City Merrill	4/9/11
4. Shirley Bushar Shirley Bushar	N6336 Hwy 107 Tomahawk WI	☐ Town ☐ Village ☐ City Tomahawk	4/9/11
5. Trisha Kleinschmidt Trisha Kleinschmidt	N6386 HWY 107 Tomahawk WI	☐ Town ☐ Village ☐ City Tomahawk	4-9-11
6. Kevin Stadler [illegible]	N6386 Hwy 107 Tomahawk, WI	☐ Town ☐ Village ☐ City Tomahawk	4-9-11
7. Shannon Johnson Shannon Johnson	N2211 Clover Ln. Merrill WI	☒ Town ☐ Village ☐ City Merrill	4-9-11
8. Todd Severt [illegible]	2605 W main Merrill	☐ Town ☐ Village ☐ City Merrill	4/9-11
9. Dick Lotsee Lonsel [illegible]	merrill / Selmer 2884 WESTVIEW RD	☐ Town ☐ Village ☐ City Merrill	4/9/11
10. Doug Heath Doug Heath	N2163 Cty Rd G Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11

Certification of Circulator

I, JAY TAYLOR, certify:
(name of circulator)

I reside 9461 Charleville Blvd, #204 Beverly Hills, CA, 90212.
(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)

Jay Taylor
(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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Judy Damp Judy Damp	113 1/2 Polk St Merrill WI	☐ Town ☐ Village ☐ City Merrill	4-9-11
2. Phyllis Ney PHYLLIS NEY	600 So Foster St Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11
3. Peter Freyer Peter Freyer	N 1829 Monteray Dr Merrill, WI	☒ Town ☐ Village ☐ City Pine River	4/9/11
4. Dave Sweet	DAVID A Sweet W4436 Hy C Mean	☐ Town ☐ Village ☐ City Merrill	4-9-11
5. David Barney David Barney	N2357 Lake Pesobic Rd Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11
6. Linda Haynes Linda Haynes	1104 W. 10th St Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11
Rev. John M. Humphrey Rev. John M. Humphrey	409 Pier ST Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11
8. Nick Koenig Nick Koenig	Merrill 611 W. Third	☐ Town ☐ Village ☐ City Merrill	4-9-11
9. Tyler Schmidt Tyler Schmidt	705 Wisconsin St. Merrill	☐ Town ☐ Village ☒ City Merrill	4-9-11
10. Jon Lezak Jon Lezak	N479 Fairview Rd. Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA 90212 (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)

Jay Taylor (signature of circulator)

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Page No. 1153

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol Estreen	W7716 Crestwood Rd Antigo, WI 54409	☒ Town ☐ Village ☐ City Polar	3 29/11
2. Richard Estreen	W7716 Crestwood Rd Antigo, WI 54409	☒ Town ☐ Village ☐ City Polar	3 29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Richard Estreen, certify:
(name of circulator)

I reside W7716 Crestwood Rd Antigo, WI 54409 POLAR.
(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)

Carol Estreen
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. George Cross	N9580 Cty Hwy B Box 75	☒ Town Upham ☐ Village ☐ City	3/31/11
2. Sylvia Cross	N9580 Cty Hwy B Box 75	☒ Town Upham ☐ Village ☐ City	3/31/11
3. Jack J Ramuta	W11874 CTY T P.O. Box 87	☒ Town ☐ Village Elcho ☐ City	4/4/11
4. Kreeta M. Ramuta	W11874 Cty T P.O. Box 87	☒ Town Elcho ☐ Village ☐ City	4/4/11
5. Jean Weaver	N 10130 Co Rd B Summit Lake Wi	☒ Town ☐ Village Elcho ☐ City	4/4/11
6. Jan Dobry	N10305 Cty Rd B Summit Lake Wi	☐ Town ☐ Village Elcho ☐ City	4/4/11
7. Erma Scolley	N7252 Cty Rd B Deerbrook, Wi. 54424	☒ Town ☐ Village Neva ☐ City	4/5/11
8. David Scolley	N7252 Cty Rd B Deerbrook, Wi. 54424	☒ Town ☐ Village Neva ☐ City	4/5/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jack J. Ramuta, certify:
(name of circulator)

I reside W11874 CTY T Summit Lake, Wi 54485 ELCHO.
(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.

4-5-11
(date)

Jack J Ramuta
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald Claeles	4232 Island View Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City Pelican	3/30/11
2. Shirley Collier	4232 Island View Rd Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pelican	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Gerald Claeles, certify:
(name of circulator)

I reside 4232 Island View Rd 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.

3/30/11
(date)

Gerald Claeles
(signature of circulator)

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

Page No. 1156

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mavis J. Hicks	7214 Bay Road ~~7214 Bay Road~~	☒ Town ☐ Village ~~☒ City~~ Crescent Rhinelander	3/30/11
2. Laurie J. Bruckner	7214 Bay Road	☒ Town ☐ Village ~~☒ City~~ Crescent Rhinelander	3/30/11
3. Susan J. Hicks	2942 High Peak Rd	☒ Town ☐ Village ☒ City Woodboro Rhinelander	4/3/11
4. Darin M. Hicks	2942 High Peak Rd	☒ Town ☐ Village ☐ City Woodboro	4/3/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Mavis J. Hicks, certify:
(name of circulator)

I reside 7214 Bay Road, Rhinelander CRESCENT.
(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)

Mavis J. Hicks
(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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Louise Van Treeck	W9705 E. Townhall Rd Gresham WI 54128	☒ Town ☐ Village ☐ City Red Springs	3/30/11
2. Clifford J. Van Treeck	W9705 E Townhall Gresham Wi 54128	☒ Town ☐ Village ☐ City Red Springs	3/30/11
3. Susan L Smith	W10110 Beaulieau Lk Rd Gresham, WI 54128	☒ Town ☐ Village ☐ City Red Springs	4/3/11
4. Henry J Smith	W 10110 BEAULIEU LK. RD GRESHAM, WI 54128	☐ Town ☐ Village ☐ City RED SPRINGS	4/3/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Louise Van Treeck (name of circulator), certify:

I reside W9705 E. Townhall Road Gresham WI 54128. (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)

Louise Van Treeck (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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Loren E. Nelson	17374 RUGG LANE LAKEWOOD WI 54138	☒ Town ☐ Village ☐ City LAKEWOOD	4/4/11
2. Virginia L Nelson	17374 RUGG LANE	☒ Town ☐ Village ☐ City Lakewood	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, LOREN NELSON (name of circulator), certify:

I reside 17374 RUGG LANE, LAKEWOOD, WI 54138.
(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)

Loren E. Nelson
(signature of circulator)

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

Page No. 1159

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kevi Lokemoen Kevi Lokemoen	W5574 Tug Lake Irma WI 54442	☐ Town ☐ Village ☐ City Irma	4/9/11
2. MARIAN J. DOMINIAK Marian J. Dominiak	W3860 Cloverbelt Rd Irma, WI 54442	☒ Town ☐ Village ☐ City SKANAWAN	4/9/11
3. [illegible] [illegible]	T6601 City Line Rd Merrill WIS	☐ Town ☐ Village ☒ City Merrill	4/9/11
4. Ted Schult Ted Schult	Merrill WIS 13495 12th Ave	☒ Town ☐ Village ☐ City Maine	4/9/11
5. Douglas Senn Douglas Senn	W2021 Schulz Rd Merrill Wis 54452	☐ Town ☐ Village ☒ City Merrill	4-9-11
6. Walter Ludwig [illegible]	N3277 Hwy 107 Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4-9-11
7. Mike Kostrzy [illegible]	9401 N Sherman St. Minocqua WI	☐ Town ☐ Village ☒ City Minocqua	4-9-11
8. MARK LEMKE Mark Lemke	N1805 Hill View Rd Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11
9. JEFF ROBINSON Jeff Robinson	~~P.O. Box 155~~ GLRASON N7200 McCloud Rd	☐ Town ☐ Village ☐ City GLRASON	4/9/11
10. Denise Maurisak Denise Maurisak	1100 Riverside Ave Merrill	☐ Town ☐ Village ☐ City Merrill	4/9/11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd, #204 Beverly Hills, CA 90212 (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)

Jay Taylor (signature of circulator)

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

Page No. 1160

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jim Birk	200 E 1st St Merrill	☐ Town ☐ Village ☑ City Merrill	4/9/11
2. Erik Koch	208 N. Ohio St Merrill	☐ Town ☐ Village ☑ City Merrill	4/9/11
3. E.R. Simon	N2755 E. Shore Merrill, WI	☑ Town ☐ Village ☐ City Merrill	4/9/11
4. Tammy Simon	N2755 E. Shore Dr. Merrill, WI 54452	☐ Town ☐ Village ☐ City Merrill	4/9/11
5. Josh Bayer	117 Cottage St Merrill, WI 54452	☐ Town ☐ Village ☐ City Merrill	4/9/11
6. Robert L Koebe	N3479 CTY Rd G MERRILL, WI	☐ Town ☐ Village ☐ City MERRILL	4/9/11
7. Fawen Klahn	W2755 Yanda Ave Gleason, WI	☑ Town ☐ Village ☐ City Gleason	4-9-11
8. Kristen Kane	N6507 Old Hwy 51 Irma, WI 54442	☐ Town ☑ Village ☐ City Irma	4-9-11
9. Travis Teske	224 Studemann St Merrill, WI	☐ Town ☐ Village ☐ City Merrill	4-9-11
10. Crystal Josiger	N499 Hwy 4 W MERRILL WI	☐ Town ☐ Village ☐ City MERRILL	4-9-11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

I reside 9461 Charleville Blvd #204 Beverly Hills, CA 90212 (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) Jay Taylor (signature of circulator)

GAB-170 (Rev 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1161

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia Roetz	N283 Hilly Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Corning	4/9/11
2. Debbie Leverence Debbie Leverence	510 E St. MERRILL, WI 54452	☒ Town ☐ Village ☐ City MERRILL	4-9-11
3. Dale E Bowe DALE E BOWE	W5105 S State MERRILL WI	☐ Town ☐ Village ☒ City MERRILL	4/9/11
4. Jim McNeil Jann McNeil	110 S. State St. Merrill, Wi.	☐ Town ☐ Village ☒ City Merrill	4/9/11
5. Jill Shaw Jill Shaw	1806 Logan Ave Merrill	☐ Town ☐ Village ☒ City Merrill	4/9/11
6. Kathleen Neumann Kathleen Neumann	W6939 Georges Rd Merrill	☒ Town ☐ Village ☐ City Merrill	4/9/11
7. Pete Jonajcik	N1265 Wisconsin River Rd Merrill	☒ Town ☐ Village ☐ City Pine River	4/9/11
8. [illegible]	W4791 Golf Course Dr Merrill	☐ Town ☐ Village ☐ City Merrill	4/9/11
9. Holly Schulz Holly Schulz	612 N State St Merrill	☐ Town ☐ Village ☒ City Merrill	4/9/11
10. [illegible]	1200 W. St. Paul Street Merrill	☐ Town ☐ Village ☒ City Merrill	4/9/11

Certification of Circulator

I, JAY TAYLOR, certify:
(name of circulator)

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA 90212.
(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)

Jay Taylor (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. R. KAISER Randy R. KAISER	2301 W. JACKSON St. #10 MERRILL, WI 54452	☒ Town ☐ Village ☐ City MERRILL	4/9/11
2. DENNIS L. KRENZKE Dennis L. Krenzke	507 Cottage St Merrill Wi	☒ Town ☐ Village ☐ City MERRILL	4/9/11
3. STEVEN SAMUELSON Steve Samuelson	2nd/In Hendricks Merrill, WIS	☒ Town ☐ Village ☐ City Merrill	4/9/11
4. WILLIAM P. HOHMAN William P. Hohman	W4438 Spring Lake Rd. Merrill, WI. 54452	☒ Town ☐ Village ☐ City Merrill	4/9/2011
5. Emil ROSENAU Emil Rosenau	Merrill wi 7106 Joe Snow Rd	☐ Town ☐ Village ☐ City Merrill	4/9/2011
~~6. Amy Brunner~~ ~~Amy J. Brunner~~	~~PO Box 95~~ ~~Merrill WI 54452~~	~~☐ Town ☐ Village ☒ City~~ ~~Merrill~~	~~4/9/11~~
7. Bill Mueller Bill Mueller	5122 Joe Snow Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	4/9/11
8. Nick Glaeser Nick Glaeser	604 E 3rd St Merrill WI,	☐ Town ☐ Village ☒ City Merrill	4/9/11
~~9. Melissa Scantlin~~ ~~Melissa Scantlin~~	~~1100 S 50th Ave~~ ~~Wausau, WI~~	~~☐ Town ☐ Village ☒ City~~ ~~Wausau~~	~~4/9/11~~
10. Misty Hamel Misty Hamel	309 N. Mill St. Merrill	☐ Town ☐ Village ☐ City Merrill	4-9-11

Certification of Circulator

I, JAY TAYLOR, certify:
(name of circulator)

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA. 90212.
(circulator's residence - include number, street, and municipality)

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4/12/11
(date)

Jay Taylor
(signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1163

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carrie Mauer Carrie Mauer	N2460 Overgaard Rd Elroy, Wis 53929	☒ Town ☐ Village ☐ City Elroy	4/9/11
2. Corey Bronson Corey Bronson	811 Divison St Merrill WI	☒ Town ☐ Village ☐ City Merrill	4/9/11
3. Gertie M Cherek Gertie M Cherek	W2784 CTY RD P Merrill, WI	☐ Town ☐ Village ☐ City Merrill	4/9/11
4. Jamie Wiesman Jamie Wiesman	N2370 Pier St Merrill WI	☐ Town ☐ Village ☐ City Merrill	4/9/11
5. LARRY HAMPEL [illegible]	200W RIVERSIDE AVE MERRILL, WI	☒ Town ☐ Village ☐ City MERRILL	4/9/11
6. ~~Pete [illegible]~~ ~~[illegible]~~	~~Madison WI~~ ~~17 Stacy Lane~~	☐ Town ☐ Village ☐ City ~~MADISON~~	~~4/9/11~~
7. ~~Gale Ann MacWilliams~~ ~~Gale Ann MacWilliams~~	~~"~~	☐ Town ☐ Village ☐ City	
8. Mary Beth Peterson Mary B Peterson	809 N Memorial Merrill	☐ Town ☐ Village ☐ City MERRILL	4/9/11
9. Mike Rathbun Mike Rathbun	N3040 Cty G Merrill	☐ Town ☐ Village ☐ City Merrill	4.9.11
10. ALOYS J. MICHALSKI Aloys Michalski	N1548 RANGELINE RD MERRILL	☐ Town ☐ Village ☐ City MERRILL	4-9-11

Certification of Circulator

I, JAY TAYLOR (name of circulator), certify:

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA 90212
(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) Jay Taylor (signature of circulator)

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

Page No. 1164

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JOHN GRZEWACZ	N7004 Grundy Rd GLENSON	☒ Town ☐ Village ☐ City GLENSON	4/9/11
2. GARY MADDEN	N4887 HWY 6 MERRILL	☐ Town ☐ Village ☐ City MERRILL	4-9-11
3. Michael Marsh	122 S Prospect St Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4/9/11
4. ~~JEFF GUETZLOW~~	~~2503 N 6TH ST~~ ~~WAUSAU WI~~	~~☐ Town~~ ☐ Village ☐ City	
5. JEFF KUNZ	8553 Bo-Di-Lac MINOCQUA	☐ Town ☐ Village ☒ City MINOCQUA	4/9/11
6. Scott Abrams	4093 North Bay Rd ~~Rhinelander~~ Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	4/9/11
7. RANDY KRAEGE	6228 THORNAPPLE CR RD RINGLE WI 54471	☐ Town ☐ Village ☐ City RINGLE	4-9-11
8. Kristi Bohm	2405 8 St Merrill WI	☐ Town ☐ Village ☐ City Merrill	4-9-11
9. Ty Zimmerman	N1158 Hwy 64 #107 Merrill WI	☒ Town ☐ Village ☐ City Corning	4/9-11
10. ~~Osvaldo Jaral~~	~~444 9th Ave A~~ ~~Wisconsin Rapids WI~~	~~☐ Town~~ ☐ Village ☐ City	

Certification of Circulator

I, Jay Taylor, certify:
(name of circulator)

I reside 9461 Charleville Blvd. #204 Beverly Hills, CA 90212.
(circulator's residence - include number, street, and municipality)

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4/12/11
(date)

Jay Taylor
(signature of circulator)

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Page No. 1165

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julie Maschke	507 N Genesee St Merrill WI	☐ Town ☐ Village ☒ City Merrill	4-9-11
2. [illegible]	W2241 City Rd P Merrill WI	☒ Town ☐ Village ☐ City Pine River	4/9/11
3. [illegible]	1608 E Main St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	4-9-11
4. Debra A Lemmer	N6616 City Rd KQ Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	4-9-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

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4/12/11 (date)

Jay Taylor (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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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JOHN A. BREITEN John A. Breiten	1061 KEPPLER RD. WINCHESTER	☒ Town ☐ Village ☐ City WINCHESTER	4/8/11
2. Rodd C. Umlauf Rodd C. Umlauf	7881 Rainbow Rd Lake Tomahawk	☒ Town ☐ Village ☐ City Lake Tomahawk	4/8/11
3. DIAN GROBIER [illegible]	3141 Hwy 17 Lac du Flambeau	☐ Town ☐ Village ☐ City Lac du Flambeau	4/8/11
4. Craig Holmquist Craig Holmquist	7996 Heron Rd. Lake Tomahawk	☒ Town ☐ Village ☐ City Lake Tomahawk	4/8/11
5. Michael E Kellner [illegible]	8847 LISA LANE WOODRUFF, WISC	☒ Town ☐ Village ☐ City WOODRUFF	4/8/11
6. Leslie Johnson Leslie Johnson	2906 Cemetary Rd Lac du Flambeau, WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4/8/11
7. JOHN JOHNSON [illegible]	2900 CEMETARY RD LAC DU FLAMBEAU	☒ Town ☐ Village ☐ City LAC DU FLAMBEAU	4/8/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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(name of circulator)

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4/12/11
(date)

Jay Taylor
(signature of circulator)

RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Linda West LINDA WEST	W4786 ST. HWY. 64 ELTON, WI. 54433	☒ Town ☐ Village ☐ City EVERGREEN	Apr. 8/11
2. Doris Yuvan DORIS YUVAN	7584 RIVER ROAD L. Tomahawk, WI	☒ Town ☐ Village ☐ City LK. TOMAHAWK	4/8/11
3. Mark Janke M. Janke	7574 FORREST COURT Lake Tomahawk	☒ Town ☐ Village ☐ City Woodruff	04-08-11
4. Daniel H. Miller Daniel H. Miller	8439 S. Squaw Lake Ln LDF, WI 54538	☒ Town ☐ Village ☐ City Minocqua	4-8-11
5. Tom Bella Tom Bella	8919 Curtis Lake Rd Minocqua WI 54	☒ Town ☐ Village ☐ City Minocqua	4-8-11
6. JUDY GASPAR Judy Gaspar	10570 Tamarline Woodruff, WI	☐ Town ☐ Village ☐ City WOODRUFF	4-8-11
7. JOY TORKELSON Joy Torkelson	9598 TIMBER WOLF Boulder Jct, WI 54512	☒ Town ☐ Village ☐ City Presque Isle	4-8-11
8. GERRY FRIGGE Gerry Frigge	8678 Kodiak Rd. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4-8-11
9. ROBERT LEPPER Robert Lepper	4299 W BRANCH Rd PARK FALLS, WI 54552	☒ Town ☐ Village ☐ City SHERMAN	4-8-11
10. Bill McCutchin Bill McCutchin	4185 Hwy H Boulder Jct, WI 54512	☒ Town ☐ Village ☐ City Boulder Jct.	4/8/11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

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4/12/11 (date)

Jay Taylor (signature of circulator)

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Page No. 1168

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. HAROLD WEST Harold West	W4786 Hwy 64 Elton WI 54430	☒ Town ☐ Village ☐ City Evergreen	4-8-11
2. Barbara Jahnke Barbara Jahnke	7574 Forest Court Lake Tomahawk, WI	☒ Town ☐ Village ☐ City Woodruff	4-8-11
3. Suzanne C. Miller Suzanne C. Miller	8439 So Squaw Lk Rd Lac du Flambeau WI	☒ Town ☐ Village ☐ City Minocqua	4-8-11
4. Arnold Torkelson	9598 Timberwolf Presque Isle WI	☒ Town ☐ Village ☐ City Boulder Junction	4/8/11
5. Joyce M. Hepper Joyce M. Hepper	Rt 4299 W Branch Rd Springstead WI	☒ Town ☐ Village ☐ City Sherman	4/8/11
6. Richard R. Bucklew Richard R. Bucklew	8516 Rogers Drive Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/8/11
7. Matt Drewry Matt Drewry	9999 C, Kanbashine Hazelhurst WI 54531	☐ Town ☐ Village ☐ City Hazelhurst	4/8/11
8. William C. Kolich William C. Kolich	1824 FAWN COURT AV, WI 54568	☐ Town ☐ Village ☐ City ARBOR VITAE	4/8/11
9. Louis W Adams LOUIS W ADAMS	11378 COUNTRY LN RD WOODRUFF, WI 54568	☒ Town ☐ Village ☐ City WOODRUFF	4/8/11
10. Janet A. Miller Janet A. Miller	7960 Big Buck Circle Woodruff WI	☒ Town ☐ Village ☐ City Woodruff	4/8/11

Certification of Circulator

I, Jay Taylor (name of circulator), certify:

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4/12/11 (date) Jay Taylor (signature of circulator)

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Page No. 11 69

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Susan R. Breiten Susan R. Breiten	1061 Keppler Rd Winchester, WI 54557	☒ Town ☐ Village ☐ City Winchester WI	4/8/11
2. Stacie Larson Stacie Larson	1233 Arrowhead Dr. Arbor Vitae, WI 54568	☐ Town ☐ Village ☐ City Arbor Vitae	4/8/11
3. William E. Reight [illegible]	8977 [illegible] [illegible] WI	☒ Town ☐ Village ☐ City Minocqua	4-8-11
~~4. Laura Logan~~ ~~Laura Logan~~	~~PO Box 826~~ ~~Boulder Jct. WI 54512~~	~~☐ Town ☐ Village ☐ City~~ ~~Boulder Jct~~	~~4-8-11~~
5. Pauline M. Huven Pauline M. Huven	5662 Hwy 8 Rhinelander, WI 54501	☐ Town ☒ Village ☐ City Monico	4-8-11
6. Tom THRALL Tom Thrall	11645 Sunset Lk Rd Woodruff, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	4/8/11
7. Ginnie Shober Ginnie Shober	~~PO Box~~ 1318 2nd Ave Woodruff WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	4/8/11
8. NANCY L HORN Nancy L Horn	9085 SCHLITZ Rd Woodruff, WI 54568	☒ Town ☐ Village ☐ City Woodruff	4/8/11
9. JONATHAN DOBBS [illegible]	3546 ROCKY REEF LANE BOULDER JUNCTION WI 54512	☒ Town ☐ Village ☐ City BOULDER JUNCTION	4/8/11
10. Dennis Griebel [illegible]	8955 Blumenstein RD Woodruff, WI	☒ Town ☐ Village ☐ City Woodruff	4/8/11

Certification of Circulator

I, Jay Taylor, certify:
(name of circulator)

I reside 9461 Charleville Blvd #204 Beverly Hills, CA 90212
(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)

Jay Taylor (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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jean A. Rein	178 River Rd (RF178) Manitowish Waters, WI 54545	☑ Town ☐ Village ☐ City	4/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jean A. Rein, certify:
(name of circulator)

I reside 178 River Rd, Manitowish Waters, WI 54545.
(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.

4/1/11
(date)

Jean A. Rein
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edmund J. Overton	11581 MacLean Drive Presque Isle, WI 54557	☒ Town ☐ Village ☐ City Presque Isle	4/2/11
2. X Betty J. Overton	11581 MacLean Drive Presque Isle, WI 54557	☒ Town ☐ Village ☐ City Presque Isle	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Edmund J. OVERTON, certify:
(name of circulator)

I reside 11581 MacLean Drive Presque Isle, WI 54557-9339.
(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 2, 2011
(date)

Edmund J. Overton
(signature of circulator)

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Page No. 1172

RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald N. Namz	15592 Bea Lane Mountain, Wi. 54149	☒ Town ☐ Village ☐ City Doty	4/3/11
2. Julie A. Namz	15592 Bea Ln. Mountain Wi 54149	☒ Town ☐ Village ☐ City Doty	4/3/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Gerald N. Namz Gerald N. Namz, certify:
(name of circulator)

I reside 15592 Bea Lane Mountain, Wi 54149 DOTY.
(circulator's residence - include number, street, and municipality)

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4-3-11
(date)

Gerald N. Namz
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Peter C. Sunstrom	W9755 BECKER RD AMBERG, WI. 54102	☑ Town ☐ Village ☐ City ATHELSTANE	03/29/11
2. Karen L. Sunstrom	W9755 Becker Rd Amberg WI 54102	☑ Town ☐ Village ☐ City Athelstane	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, PETER C. SUNSTROM, certify:
(name of circulator)

I reside W9755 BECKER RD, AMBERG, WI, 54102 (TWN OF ATHELSTANE, MARINETTE CO
(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.

APR. 3, 2011
(date)

Peter C. Sunstrom
(signature of circulator)

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Henry Fleischman	N9953 McMahon Rd Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	3/29/11
2. Mary Jane Fleischman	N9953 McMahon Rd Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	3/29/11
3. Bill Swieling	W7665 Marquis Rd Amberg, WI 54102	☒ Town ☐ Village ☐ City Amberg	4/2/11
4. Doris Swieling	same as above Amberg, WI 54102	☒ Town ☐ Village ☐ City Amberg	4/2/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Henry Fleischman, certify:
(name of circulator)

I reside at N9953 McMahon Rd Wausaukee, WI ; Middle Inlet Township.
(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)

Henry Fleischman
(signature of circulator)

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Page No. 1/75

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert O. Lindmark		☒ Town ☒ Village ☐ City	/11
2. Robert O. Lindmark	W10079 Stroika Lane. Crivitz Wi. 54114	☒ Town ☐ Village ☐ City Stevenson Crivitz Wi.	4/2/11
3. Christine Lindmark	W10079 Stroika La Crivitz WI	☒ Town ☐ Village ☐ City Stephenson	4/2/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside W10079 Stroika La., Crivitz WI 54114 STEPHENSON.
(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.

4-2-2011
(date)

Christine Lindmark
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Wm. M. Stapelfeldt	W12572 EAGLE LAKE LANE CRIVITZ, WI 54114	☑ Town ☐ Village STEPHENSON ☐ City	4/2/11
2. Kathleen Stapelfeldt	W12572 Eagle Lake Lane Crivitz WI 54114	☑ Town ☐ Village Stephanson ☐ City	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, WERNER M. STAPELFELDT, certify:
(name of circulator)

I reside W12572 EAGLE LAKE LANE, CRIVITZ, WI 54114 STEPHENSON.
(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)

(signature of circulator)

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RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald N Readman	N13857 Northway Dr Amberg, WI 54102	☒ Town Athelstane ☐ Village ☐ City	3/30/11
2. Mary Kryger	N16446 Dam Rd Beecher, WI 54157	☒ Town Beecher ☐ Village ☐ City	3/31/11
3. Arlene M. Readman	N13857 Northway Dr Amberg, WI	☒ Town Athelstane ☐ Village ☐ City	3/31/11
4. Jim Donaldson	W10075 Country C Athelstane WI	☒ Town Athelstane ☐ Village ☐ City	4/2/11
5. Rachel Donaldson	W10075 Cty C Athelstane WI	☒ Town Athelstane ☐ Village ☐ City	/ /11
6. Tom Buchna	N10498 Gaylord Rd Wausaukee WI	☒ Town Wausaukee ☐ Village ☐ City	4/2/11
7. Jim Vanderwalt	N13040 Boulder Ln	☒ Town Athelstane ☐ Village ☐ City	4/2/11
8. Robert Lom	W10448 Park Lane Amberg, WI	☒ Town Amberg ☐ Village ☐ City	4/02/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Arlene M. Readman (name of circulator), certify:

I reside N13857 Northway Dr. Amberg WI 54102 (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.

04-02-11 (date)

Arlene M. Readman (signature of circulator)

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Page No. 1178

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Howard Tackick	W14066 CO-C SILVER CLIFF	☒ Town SILVER CLIFF ☐ Village ☐ City	4/1/11
2. Josephine Tackick	W14066 Co. C. Athelstane, Wi.	☒ Town Silver Cliff ☐ Village 54104 ☐ City	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Howard Tackick, certify:
(name of circulator)

I reside W14066-CO-C SILVER CLIFF 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.

4/2/11 (date)

Howard Tackick (signature of circulator)

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Page No. 1179

RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Julius Panske	N5713 Hwy W Porterfield WI	☒ Town ☐ Village ☐ City Lake	4/1/11
2. Mary Panske	N5713 Hwy W Porterfield, Wis	☒ Town ☐ Village ☐ City Lake	4/1/11
3. Betty Larsen	400 Wilbert St Crivitz, WI 54114	☐ Town ☒ Village ☐ City Crivitz	4/1/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Charles R. Larsen, certify:
(name of circulator)

I reside 400 Wilbert St. Crivitz.
(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)

Charles R Larsen
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Betty Rogalski	914 Fritzie AVE Cudahy, Wi. 54114	☐ Town ☑ Village ☐ City	4/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Betty Rogalski (name of circulator), certify:

I reside 914 FRITZIE AVE. Cudahy, Wi. 54114 Village.
(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 1st 2011 (date)

Betty Rogalski (signature of circulator)

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Page No. 1189

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	4351 White Pine Loop Eagle River WI	☒ Town Lincoln ☐ Village ☐ City	3/29/11
2. Irene V. Bricco	4351 White Pine Loop Eagle River WI	☒ Town ☐ Village Lincoln ☐ City	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, DAVID A. BRICCO, certify:
(name of circulator)

X I reside 4351 White Pine Loop, Eagle River, WI 54521 LINCOLN.
(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 3/29/2011
(date)

X [signature]
(signature of circulator)

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Page No. 1182

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dona Groves	145 Hwy 45 54414 Birnamwood, WI	☐ Town ☒ Village ☐ City	3/30/11
2. Orlo Groves	145 Hwy 45 54414 Birnamwood, WI	☐ Town ☒ Village ☐ City	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Orlo Groves, certify:
(name of circulator)

I reside 145 Hwy 45 Village of Birnamwood, WI 54414.
(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)

Orlo Groves
(signature of circulator)

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	580 Ford Dr. Birnamwood WI 54414	☐ Town ☑ Village ☐ City Birnamwood	3/31/11
2. Kimberly A Zeller	580 FORD DR BIRNAMWOOD WI 54414	☐ Town ☑ Village ☐ City	3/31/11
3. Robert Rau	366 Ford Dr Birnamwood WI 54414	☐ Town ☑ Village ☐ City Birnamwood	3/31/11
4. Robin MEVERDEN	272 Cty Rd N Apt D Birnamwood WI 54414	☐ Town ☑ Village ☐ City	3/31/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jeffrey A Zeller, certify:
(name of circulator)

I reside 580 Ford Dr. Birnamwood WI 54414.
(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)

[signature]
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1184

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Oscar Koeppel	W 7424 N. ST. BOX 11 PHLOX, WIS. 54464	☒ Town ☐ Village ☐ City NORWOOD	3/29/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, OSCAR KOEPPEL, certify:
(name of circulator)

X I reside PHLOX, WIS. 7424 N. ST. BOX 11 TOWN OF NORWOOD.
(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 (date) X Oscar Koeppel (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1185

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.)

SEN HOLPERIN FAILED TO MEET HIS STATUTORY DUTIES BY FLEEING THE STATE TO AVOID VOTING ON AN IMPORTANT BILL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Virginia Schwanebeck	14327 LOWER SUGARBUSH LN	☒ Town ☐ Village ☐ City LAC DU FLAMBEAU	4/5/11
2. James W Schwanebeck	14327 LOWER SUGARBUSH LN	☒ Town ☐ Village ☐ City LAC DU FLAMBEAU	4/5/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, VIRGINIA SCHWANEBECK (name of circulator), certify:

I reside 14327 LOWER SUGARBUSH LN, LAC DU FLAMBEAU, 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.

4-5-11
(date)

Virginia Schwanebeck
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Florence E Sontag	9894 Morgan Oaks #6	☐ Town ☐ Village ☐ City Minocqua Oneida	3/31/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, Florence E. Sontag (name of circulator), certify:

X I reside 9894 Morgan Oaks #6 Minocqua Oneida (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 (date) X Florence E Sontag (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1187

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	W17733 WHITEBIRCH RD BIRNAMWOOD WI 54414	☒ Town ☐ Village ☐ City ANIWA	3/29/11
2. [signature]	W17733 White Birch Rd Birnamwood WI 54414	☒ Town ☐ Village ☐ City Aniwa	3/29/11
3. [signature]	13520 Hwy 8 TRIPOLI, WI 54564	☒ Town ☐ Village ☐ City LYNNE	3/30/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, GLENN TROY GROSHEK, certify:
(name of circulator)

I reside W17733 WHITEBIRCH RD BIRNAMWOOD WI, 54414 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.

4/4/11 (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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Richard Vincent	14341 Cabin LN Mountain, WI 54149	☒ Town ☐ Village ☐ City Mountain	4/2/11
2. [illegible]	14341 Cabin LN Mountain, WI 54149	☒ Town ☐ Village ☐ City Mountain	4/2/11
3. Carol L. Vincent	14341 Cabin LN Mountain, WI 54149	☒ Town ☐ Village ☐ City Mountain	4/2/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Carol L. Vincent, certify:
(name of circulator)

I reside 14341 Cabin LN 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.

4/2/11
(date)

Carol L. Vincent
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Frances J. Poplawski	6144 W. Buckatabon Rd Conover, WI 54519	☑ Town ☐ Village ☐ City Conover	3/31/11
2.		☑ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Frances J. Poplawski, certify:
(name of circulator)

I reside 6144 W. Buckatabon Rd., Conover, WI 54519.
(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 31, 2011
(date)

Frances J. Poplawski
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1190

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nick [illegible]	404 East Jackson Crandon WI	☐ Town ☐ Village ☒ City Crandon	3-27-11
2. Rick [illegible]	7050 St. Hwy 32 & 55 Argonne WI 54511	☒ Town ☐ Village ☐ City Lincoln	3/28/11
3. Linda Hagelin	7050 St Hwy 32/55 Argonne Wis. 54511	☒ Town ☐ Village ☐ City Lincoln	3/28/11
4. Anne Hanselard	8445 W. Pine Lk Hiles 54511	☒ Town ☐ Village ☐ City Hiles	3/28/11
5. Bill [illegible]	880 State Hwy 32 Hiles, WI	☒ Town ☐ Village ☐ City Hiles	3/28/11
6. Linda Huffman	8337 cty rd S Hiles, Wis 54511	☐ Town ☐ Village ☐ City Hiles	3/28/11
7. Philip Huffman	8337 cty Rd S Hiles Wis 5	☐ Town ☐ Village ☐ City Hiles	3-28-11
8. Mary Winkelman	8810 Hwy 32 Hiles Wis	☒ Town ☐ Village ☐ City Hiles	3-28-11
9. [illegible]	8260 E. Pine Lk Hiles Wi	☐ Town ☐ Village ☐ City Hiles	3-28-11
10. Chuck [illegible]	10554 Hy 32 Hiles Wis	☒ Town ☐ Village ☐ City Hiles	3-28-11

Certification of Circulator

I, Jennifer Nery (name of circulator), certify:

I reside at 9830 Hwy 32 Hiles, WI 54511 (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)

Jennifer L Nery (signature of circulator)

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1141

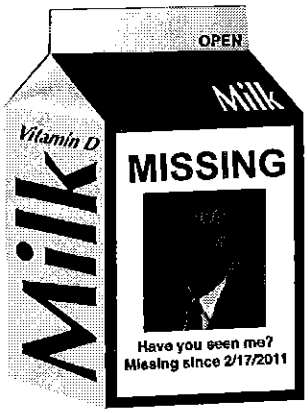
RECALL PETITION

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dian Paneitz	228 Little Manitowish	☒ Town ☐ Village ☐ City Manitowish WI 54545	3/26/11
2. Robert C Paneitz	228 Little Manitowish	☒ Town ☐ Village ☐ City Manitowish WI 54545	3/26/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Dian Paneitz (DIAN PANEITZ), certify:
(name of circulator)

I reside at 228 Little Manitowish Rd, Manitowish, Waters, WI 54545.
(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)

Dian Paneitz (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. 119

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: 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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael Lang	Hamburg 8830 6th Lane	☑ Town ☐ Village ☐ City	3-29-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, David J Cotrone, certify:
(name of circulator)

I reside 8610 16th Lane Athens, WI 54411 HAMBURG.
(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)

D J Cotrone
(signature of circulator)

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

Page No. 193

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert J. Hebb	10137 BLUE LAKE RD	☑ Town ☐ Village ☐ City MINOCQUA	2-28-11
2. Norman Paulsen	12 E. CLEAR LAKE	☑ Town ☐ Village ☐ City LAC DU FLAMBEAU	2-28-11
3. Doug Dressart	6930 NIEDOLY LN	☑ Town ☐ Village ☐ City LK TOMAHAWK	2-28-11
4. David Sloan	8445 Resort Rd	☑ Town ☐ Village ☐ City Lake Tomahawk	2-28-11
5. [illegible]	354 BRUCE [illegible]	☑ Town ☐ Village ☐ City MINOCQUA	2/28/11
6. [illegible]	8562 Huber Lane	☑ Town ☐ Village ☐ City Minocqua	2/28/11
7. James [illegible]	10830 Buckhorn	☑ Town ☐ Village ☐ City Arbor Vitae	2/28/11
8. [illegible]	218 Lakeshore Dr	☑ Town ☐ Village ☐ City Minocqua	2/28/11
9. Jane Huber	8105 LaFrenier Ct	☑ Town ☐ Village ☐ City Minocqua	2/28/11
10. [illegible]	8105 LAFRENIER CT	☑ Town ☐ Village ☐ City MINOCQUA	2/28/11

Certification of Circulator

I, DAVID R. HUBER, certify:
(name of circulator)

I reside at 8105 LAFRENIER CT. 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.

2-28-11
(date)

(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1144

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 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12th 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. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Allan Hanson	Antigo, WI 129 Wilson St 54409	☐ Town ☐ Village ☒ City ~~715 623-2149~~ Antigo	3-17-11
2. Jerry E Mum	antigo wis 1132 Pine 54409	☐ Town ☐ Village ☒ City ANTIGO	3-17-11
3. [illegible]	BRYANT WI 54418	☒ Town ☒ Village ☐ City BRYANT	3-17-11.
4. Roy [illegible]	Crandon, WI 54520	☒ Town ☐ Village ☐ City CRANDON	3-17-11
5. [illegible]	4781 JONES RD BRYANT 54418	☒ Town ☐ Village ☐ City POLAR	3-21-11
6. ARON SPRAGUE	4781 JONES Road BRYANT WI	☒ Town ☐ Village ☐ City POLAR	3-28-11
7. [illegible] Sprague	325 S Sycamore ST antigo wi	☐ Town ☐ Village ☒ City Antigo	3-27-11
8. Jane Eldridge	4777 HILL Rd BRYANT	☐ Town ☒ Village ☐ City POLAR	3-28-11
9. Bailey Eldridge	4777 HILL road bryant W	☒ Town ☐ Village ☐ City POLAR	32811
10. JESSE INSALLS	534 FIELD ST. Antigo	☐ Town ☐ Village ☒ City ANTIGO	3-28-11

Certification of Circulator

I, RICHARD SPRAGUE, certify:
(name of circulator)

I reside at 4781 JONES RD BRYANT.
(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)

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

Page No. 1/95

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: 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.)

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dolores Bradley	10 Clear Lake Rd Manitowish Waters WI	☒ Town ☐ Village ☐ City Manitowish Waters	3/30/11
2. James Bradley	10 Clear Lake Rd. Manitowish Waters	☒ Town ☐ Village ☐ City Manitowish Waters	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Joan K. Galloway (name of circulator), certify:

I reside 139 Clear Lake Rd, Manitowish Waters (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)

Joan K. Galloway (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1196

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rosalia Hanrod	8614 US Hwy 8 West Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Woodboro	3/28/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Rosalia T. Hanrod, certify:
(name of circulator)

I reside 8614 US HWY 8 West, Rhinelander 54501 Woodboro.
(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)

Rosalia T. Hanrod
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1197

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paul Simpkins (Simpkins)	W10085 Pike Plains Rd Dunbar	☒ Town ☐ Village ☐ City Dunbar	2-27-11
2. James Duncan	W10085 Pike Plains Rd. Dunbar, Wi.	☒ Town ☐ Village ☐ City Dunbar	2/27/2011
3. Jamie Atwell	205 4th St Goodman WI	☒ Town ☐ Village ☐ City Goodman	2/28/11
4. Renee Atwell	205 4th St Goodman Wi 54125	☒ Town ☐ Village ☐ City Goodman	2/28/11
5. Michael C Lopez (Lopez)	Goodman 54125 WI 301 4th Goodman	☐ Town ☐ Village ☐ City Goodman	2/28/11
6. Diane L Lopez	Goodman 54125 301 4th Goodman	☐ Town ☐ Village ☐ City Goodman	2/28/11
7. DAVID LINDHOLM David J. Lindholm	308 5th St Goodman	☒ Town ☐ Village ☐ City Goodman	2/28/11
8. Caroline Goudreau	406 5th Goodman	☒ Town ☐ Village ☐ City Goodman	2/28/11
9. Anthony Mudlie Sr	410 6TH. STREET GOODMAN, WI	☒ Town ☐ Village ☐ City GOODMAN	3/1/11
10. N. J. Wesolowski	DUNBAR, WI N. 19073 CTY. RD. O	☒ Town ☐ Village ☐ City DUNBAR	3/2/11

Certification of Circulator

I, David Smail (name of circulator), certify:

I reside at 209 Mill St. Goodman 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)(n), Wis. Stats.

3/3/11 (date)

David Smail (signature of circulator)

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: 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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James A. Nelson	7077 COUNTY Rd P PRESQUE ISLE, WI 54557	☒ Town ☐ Village ☐ City PRESQUE ISLE	03/30/11
2. Kathy K. Nelson	7077 County Rd P Presque Isle, Wi 54557	☒ Town ☐ Village ☐ City Presque Isle	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JAMES A. NELSON, certify:
(name of circulator)

I reside 7077 COUNTY Rd P PRESQUE ISLE, WI 54557.
(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.

03-30-11
(date)

James A. Nelson
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Harvey L. Hyslop Harvey L. Hyslop	309 N. 2nd St. Eagle River, WI. 54521	☐ Town ☐ Village ☒ City Eagle River	2/24/11
2. Beverly Hyslop	309 N. 2nd St	☐ Town ☐ Village ☒ City Eagle River	2/24/11
3. Rosemary Barkowski	4795 Airport Rd ~~PO Box 384~~	☐ Town ☐ Village ☒ City Eagle River	2/26/11
4. Beatrice Dickin	339 N 2nd St Eagle River	☐ Town ☐ Village ☒ City Eagle River	2/26/11
5. J.W. Langkau J.W. LANGKAU	4254 Hwy 70, E. EAGLE RIVER, WI.	☒ Town ☐ Village ☐ City LINCOLN	2-26-11
6. Ed Gallagher	3078 Sunlight Ln Conover, WI 54519	☐ Town ☐ Village ☐ City Conover	2-26-11
7. RJ Jakby	PO BOX 2499 E.R. WI. 433 Stevens St	☐ Town ☐ Village ☐ City Eagle River	2-26-11
8. [illegible]	2437 Range Line Rd Eagle River, WI 54521	☒ Town Town Washington ☐ Village ☒ City Eagle River	2-26-11
9. [illegible]	[illegible] Eagle River, WI	☐ Town ☐ Village ☒ City Eagle River	2-26-11
10. Donald Smith	3876 Forest Circle Eagle River, WI	☒ Town Washington ☐ Village ☐ City	2-26-11

Certification of Circulator

I, Harvey L. Hyslop (name of circulator), certify:

I reside at 309 No. Second St. (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)

Harvey L. Hyslop (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1200