

RECALL PETITION

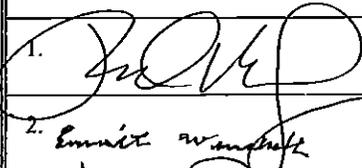
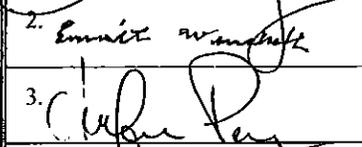
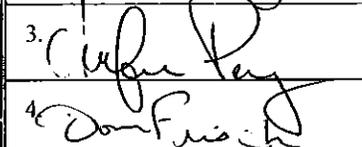
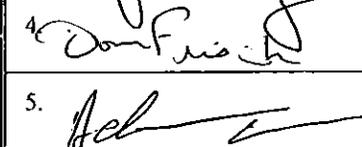
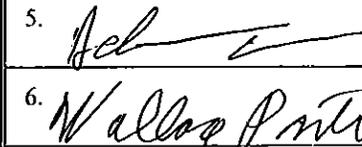
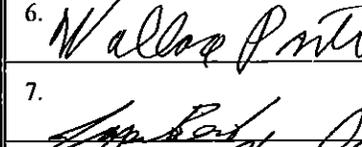
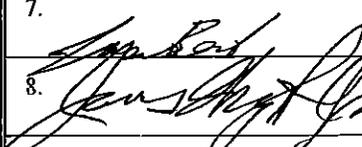
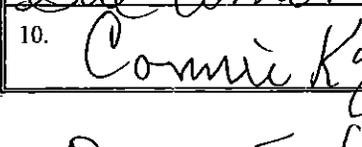
TO: Wisconsin Government Accountability Board

(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1622 Kaphaem rd apt TOMAHAWK WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3/31/11
2. 	202 East St. Merrill 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-31-11
3. 	787 Rainbow Dr. Athens WI 54411	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hamburg	3-31-11
4. 	1208 EAST 9th St. Merrill, Wisc. 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-31-11
5. 	705 Memorial Dr Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-31-11
6. 	Emma 54442 4125 Harwood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Birch	3-31-11
7. 	12231 Mantville Ave. Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-31-11
8. 	116787 Old Hwy 51 Tremont WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	3/31/11
9. 	13404 Forks Rd. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Harding	3/31/11
10. 	2401 W. Jackson St Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-31-11

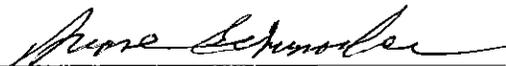
Certification of Circulator

I, Duane Schwocher, certify:
(name of circulator)

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

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

4-1-11
(date)


(signature of circulator)

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1. <i>Brian Bzinski</i>	<i>N3502 St. hung 17; Merrill WI, 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/31/11</i>
2. <i>Patricia Smith</i>	<i>209 S. CURRAN ST MERRILL WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>3/31/11</i>
3. <i>[Signature]</i>	<i>1700 E. First St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-31-11</i>
4. <i>Mary Walley</i>	<i>27297 GRADY RD GLEASON WI 54435</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Gleason</i>	<i>3/31/11</i>
5. <i>Jim Ballin</i>	<i>502 E. 16th St. Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-31-11</i>
6. <i>Jim Johnson</i>	<i>1901 W. 1st St. Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-31-11</i>
7. <i>Ray Hanson</i>	<i>W1384 1st AVE #3 GLEASON WI 54435</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>3-31-11</i>
8. <i>Hayes Puhl</i>	<i>W13896 BAVARIA GLEASONS 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Summit 77</i>	<i>3-31-11</i>
9. <i>Paula Strich</i>	<i>N4235 City Rd 12 Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3-31-11</i>
10. <i>David Verrinis</i>	<i>N2196 City Hwy K Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-31-11</i>

Certification of Circulator

I, *Duane Schumacher*, certify:
(name of circulator)

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

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4-1-11
(date)

[Signature]
(signature of circulator)

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1. Robert Kleinschmidt	808 E 9th St Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/31/11
2. DAVID J Meier	Merrill 54452 N640 Corning Rd	<input checked="" type="checkbox"/> Town Scott <input type="checkbox"/> Village Merrill <input checked="" type="checkbox"/> City	3-31-11
3. Donna Meier	N640 Corning Rd Merrill WI 54452	<input type="checkbox"/> Town Scott <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
4. Jacob Bartz	210 Blaine Street Merrill WI 54452	<input checked="" type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
5. Courtney VanDerBreed	709 Wildwood Ln Merrill 54452	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
6. Chris Huss	2301 West Jackson St. #62 Merrill, WI 54452	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
7. Michelle Roberge	1122 N State St Merrill WI 54452	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
8. JEFF WILDING	405 N. GENESSEE MERRILL WI, 54452	<input type="checkbox"/> Town MERRILL <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
9. DENNIS WILDING	312 E 4th St MERRILL WI 54452	<input type="checkbox"/> Town MERRILL <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
10. MARY JO MESSERSCHMIDT	2416 COTTER CT MERRILL WI 54452	<input type="checkbox"/> Town MERRILL <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11

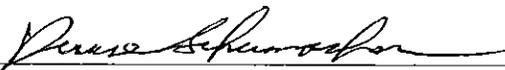
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4-11-11
(date)


(signature of circulator)

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1. Christopher R Anderson	2827 Little Pines Rd Lac Du Flambeau WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau	3-27-11
2. DAVID STENZ	1392 1392 JULIE COURT ARBOR VITAE WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3-27-11
3. Christopher M. Partlo	503 2nd Ave Woodruff WI 54588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Onida County	3-27-11
4. Audrey Sawyer	1445 Main Leaf Trl Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City arbor vitae	3-27-11
5. Daryl Lee Jensen	10860 Doe Ct, Arbor Vitae 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	28 Mar 2011
6. Jeff Roosa	11528 Back Bay Rd #7 MINOCQUA WI 54548	<input type="checkbox"/> Town Back Bay Rd #7 <input type="checkbox"/> Village MINOCQUA <input checked="" type="checkbox"/> City	3-27-11
7. Josh Nobles <small>Josh Noller</small>	1996 Hanger Lane Lac Du Flambeau 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City L.D. Flambeau	3-27-11
8. HENRY J. St Germaine Tony J. St Germaine	28131 St ^{St. Artishon St} St Lac Du Flam.	<input checked="" type="checkbox"/> Town Artishon <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau	3-27-11
9. Chris Smith	8270 Hwy 515 Minocqua, WI 54548	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-27-11
10. Jack Mantle	20085 Blue Lake Rd MINOCQUA	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-27-11

Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave, Detroit Lakes, MN 56501

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

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3-28-11

(date)

Duane Schumacher

(signature of circulator)

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1. <i>Richard D Anderson</i>	<i>5132 Popple Dr Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>03/30/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Richard D Anderson*, certify:
(name of circulator)

I reside *5132 Popple Dr, Florence, WI 54121*.
(circulator's residence - include number, street, and municipality)

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

30 March 2011
(date)

Richard D Anderson
(signature of circulator)

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1. <i>Richard L Kreider</i>	<i>3067 US, Hwy 2</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>FLORENCE</i>	<i>3/30/11</i>
2. <i>Sharon R Kreider</i>	<i>3067 US Hwy 2</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>FLORENCE</i>	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *RICHARD L KREIDER*, certify:
(name of circulator)

I reside *3067 US HWY 2, FLORENCE, WI 54121*
(circulator's residence - include number, street, and municipality)

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

MARCH 30, 2011
(date)

Richard L Kreider
(signature of circulator)

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1. <i>Helw Thede</i>	<i>3565 RED OAK LANE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FLORENCE</i>	<i>3/29/11</i>
2. <i>Betty Fuller</i>	<i>500 Roman</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3/3/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Katherine Thede*, certify:

I reside at *3565 Red Oak LN FLORENCE*
(name of circulator)
(circulator's residence - include number, street, and municipality)

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

3/30/11
(date)

Katherine Thede
(signature of circulator)

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DATE OF SIGNING

Rural address must also include box or fire no. Indicate Town, City, or Village

- | | | | | |
|-----|--|---|--------------|---------|
| 1. | <i>M. L. Noonan</i>
11668 Deepwoods Rd Hazelhurst, WI 54531 | q Town <input checked="" type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | MINOCQUA, WI | 2-24-11 |
| 2. | <i>Michael L. Noonan</i>
11668 Deepwoods Rd. Hazelhurst, WI 54531 | q Town <input checked="" type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | MINOCQUA, WI | 2-24-11 |
| 3. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 4. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 5. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 6. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 7. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 8. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 9. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |
| 10. | | q Town <input type="checkbox"/>
q Village <input type="checkbox"/>
q City <input type="checkbox"/> | | |

Certification of Circulator

I, *Michael L. Noonan* *M. Noonan*
(name of circulator)

I reside at *11668 Deepwoods Rd Hazelhurst, WI 54531-9586*
(circulator's residence - include number, street, and municipality)

Te certify:
MINOCQUA

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

opposite his 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.

2-24-11 *M. Noonan*
(date) (signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Bette Swan</i>	<i>5114 Dam Lk Rd</i>	<input checked="" type="checkbox"/> Town <i>Lugan Camp</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/22/11</i>
2		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, *BETTE SWAN*, certify that I reside at *5114 DAM LK RD* *SUGAN CAMP*

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

2/22/11
(date)

Bette Swan
(Signature of Circulator)

RECALL PETITION

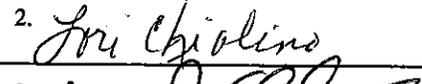
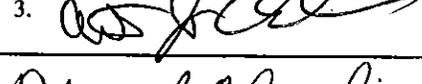
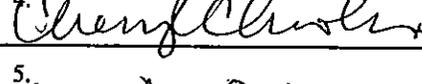
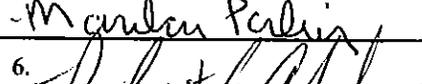
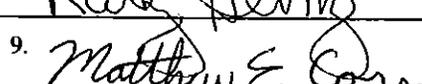
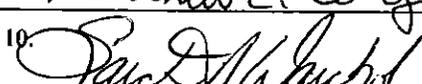
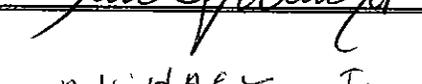
TO: Wisconsin Government Accountability Board

(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	8547 Sutton Rd MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	2/27/11
2. 	8547 SUTTON Rd MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	2/27/11
3. 	10486 Hwy 70 Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/2/11
	10486 Hwy 70W Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/2/11
5. 	8128 CONSTELLATION DR MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/2/11
6. 	8700 RICHARDSON PLANT MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/2/11
7. 	10486 Curtis Lake MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/2/11
8. 	8128 Constellation Dr Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/3/11
9. 	13770 Hwy 70 Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-3-11
10. 	9644 Calumet Dr Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/6/11

Certification of Circulator

I, MICHAEL T. CHIOLINO, certify:

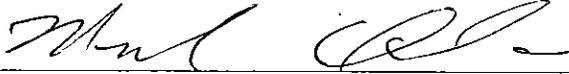
(name of circulator)

I reside 8547 Sutton ROAD MINOCQUA

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

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

3/17/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jaqueline Wedward</i>	413 N Pelham St. Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
2. <i>Lynn L. Parker</i>	6612 S BLUEBIRD RD LAKE TOMAHAWK WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	3/29/11
3. <i>Sarah M. Mahner</i> <i>Samantha Mahner</i>	3717 S. Limberlost RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
4. <i>Amber Strong</i>	1234 Oleason St Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
5. <i>[Signature]</i>	PO BOX 92 853 Goodheart Wabeno, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wabeno	3/29/11
6. <i>[Signature]</i>	N10339 PEACOCK VALLEY RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	3/29/11
7. <i>Cynthia Powell</i>	3469 Rocky Shores Rd Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/29/11
8. <i>Julie Z. Deuch</i>	2927 Crestwood Dr Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/29/11
9. <i>[Signature]</i>	4547 Acorn Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassion	3/29/11
10. <i>[Signature]</i>	306 N PELHAM ST Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11

Certification of Circulator

I, SHERRI FERRILL, certify:

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

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

3/29/11 (date) *Sherrie Ferrill* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William Haslin</i>	<i>615 Forest Place</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk WI.</i>	<i>2 Mar 11</i>
2. <i>Larry E. Winiferman</i>	<i>422 Charles Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk, WI</i>	<i>2 Mar 11</i>
3. <i>Sherora J. Winiferman</i>	<i>422 Charles Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk, WI</i>	<i>2 Mar 11</i>
4. <i>Jane A. Laner</i>	<i>1219 E. Kings</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk, WI</i>	<i>5 Mar 11</i>
5. <i>Patricia E. Haslin</i>	<i>615 Forest Pl 1</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk WI</i>	<i>10 Mar 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *William Haslin* **Certification of Circulator**, certify:
(name of circulator)

I reside *615 Forest Place, Tomahawk WI 54487*
(circulator's residence - include number, street, and municipality)

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

2 Mar 11 (date) *William J Haslin* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. DALE MAERZ	N 2034 CAIN CREEK RD MERRILL WI. 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE RIVER	2-28-11
2. Susan Maerz	N 2034 Cain Creek Rd Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	2-28-11
3. Ryan Maerz	N 2034 Cain Creek Rd. Merrill WI. 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	2-28-11
4. Sarah Maerz	N 2825 City Rd. K Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-1-11
5. Brian Kelly	68309 Greendale Dr Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Corning	3/2/11
6. Greg Amz	N 3190 S. End Rd Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-3-11
7. Robin Dehonay	W 3204 Center Rd Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE RIVER	3/3/11
8. Brenda Peterson	430 Deeglise St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3/3/11
9. Neal Wozniak	N 3410 Hill Rd Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	3-3-11
10. Dale Maerz	430 Deeglise St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/4/11

Certification of Circulator

I, Dale Maerz (DALE MAERZ), certify:
(name of circulator)

I reside at N 2034 CAIN CREEK RD, MERRILL, WI. 54452 Pine River
(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.

3-4-2011

(date)

Dale Maerz
(signature of circulator)

RECALL PETITION

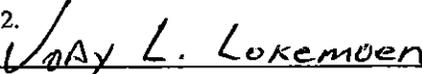
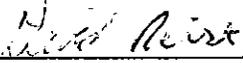
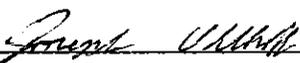
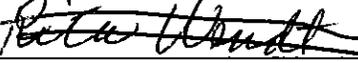
TO: Wisconsin Government Accountability Board

(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.)

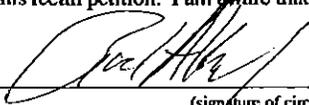
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W6354 Forest Dr. Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	2/28/11
2. 	W6354 Forest Dr. Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	2/28/11
3. 	W6354 Forest Dr. Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	2/28/11
4. 	W6354 Forest Dr. Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	2/28/11
5. 	400 East Saint Paul St Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/1/11
6. 	W3254 C.F. Rd. Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3/1/11
7. 	Rt 146 Co. Hwy W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. 	N1788 Blackhawk Ln Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3/7/11
9. 	N2062 Cain Creek Rd Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3/15/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Rod A Key, certify:
(name of circulator)
 I reside at N2062 Cain Creek Rd Pine River Merrill, WI 54452
(circulator's residence - include number, street, and municipality)

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

3-15-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>George Metrek</i>	<i>302 May St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>(Keshena)</i>	<i>2/26/11</i>
2. <i>Mary Motnick</i>	<i>302 May St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>2-26-11</i>
3. <i>Laura Porath</i>	<i>N770 Lake Road</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Scott</i>	<i>2/26/11</i>
4. <i>Nancy Porath</i>	<i>N770 Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>2/26/11</i>
5. <i>Tom Hulke</i>	<i>1401 Cedar St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2-27-11</i>
6. <i>Betty Hulke</i>	<i>1401 Cedar</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2-27-11</i>
7. <i>Florence Porath</i>	<i>111 E 1st St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/6/11</i>
8. <i>Leah Akey</i>	<i>N2062 Cain Creek Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine River</i>	<i>3-15-11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Leah L. Akey* (name of circulator) *Leah L. Akey*, certify: *Town of*
 I reside at *N2062 Cain Creek Road Merrill, WI 54452, Pine River*
(circulator's residence - include number, street, and municipality)

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

3/15/11
(date)

Leah L. Akey
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	204 E C/PL	<input checked="" type="checkbox"/> Town Merrill, WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-3-11
2. <i>Josia Smith</i>	2109 6th Ave	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village WI <input checked="" type="checkbox"/> City 54452	4-3-11
3. <i>Kelly Richter</i>	2004 WATER ST	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village WI <input checked="" type="checkbox"/> City 54452	4/3/11
4. <i>Makela Munchow</i>	807 Chippewa St	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village WI <input checked="" type="checkbox"/> City 54452	4/3/11
5. <i>Debb Sommerly, Ed</i>	14720 Black Bear	<input checked="" type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
6. <i>Kandy Martin</i>	610 N State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
7. <i>Jeannette Smith</i>	807 Cottage St Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	4/3/11
8. <i>Nikki Ellis</i>	W 4836 Amisworth Av Irma	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Irma	4/3/11
9. <i>Jessica Rose</i>	319 N. Nast St Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
10. <i>Sam Pullen</i>	222 1/2 E Prospect Ave Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/3/11

Certification of Circulator

I, SHERRI FERRELL, certify:

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.

4/3/11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

Government Accountability Board

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

signed qualified electors of the Wisconsin Senate District 12, petition for the recall of Senator Jim Holperin from office pursuant

III, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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 holder. 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	N 930 Center Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King River	4-3-11
2. <i>Elizabeth O. Zduvek</i>	2008 Water St Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11
3. <i>[Signature]</i>	912 W. 5th St Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11
4. <i>Dave Fochelson</i>	N. 4160 Pier St. Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
5. <i>John Berg</i>	Gleason WI 54435 N4514 Town Hall Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Gleason	4-3-11
6. <i>James Jattioni</i>	N2554 Spruce Ln Merrill WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
7. <i>Elaine Kurtzweil</i>	N2554 Spruce Ln Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
8. <i>Jim Hummel</i>	307 S. Sales St. Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
9. <i>Russell Welch</i>	U5569 Joe Snow Rd Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
10. <i>Janette Lane</i>	N1715 State Hwy 17 Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pin River	4-3-11

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.

4/3/11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Stephanie Nelson</i>	504 N. Scott Street Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
2. <i>Dina Hooley</i>	1008 Elm St. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
3. <i>Christina M...</i>	301 North Park St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
4. <i>Robert H. Wells</i>	1201 W. Tenth St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
5. <i>Russell McLean</i>	205 N. 5th St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
6. <i>Chris C...</i>	1862 E 8th St Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/5/11
7. <i>Dan S. Kraft</i>	202 Cottage Str	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-5-11
8. <i>Tommy L...</i>	W8643 Joe Snow Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Corning	4-5-11
9. <i>Kevin H...</i>	5010 1st St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11
10. <i>John M...</i>	14207 City Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11

Certification of Circulator

I, SHERRI FERRELL, certify:

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.

4/8/11
(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)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ann E. Kieckhafer</i>	<i>702 N. State St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/01/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Ann E. Kieckhafer*, certify:
(name of circulator)

I reside *702 N. State St. Merrill WI 54452*.
(circulator's residence - include number, street, and municipality)

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

4/01/11
(date)

Ann E. Kieckhafer
(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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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Eugene J Kind	120 CHARLOTTE ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/1/11
2. Dorothy A Kind	120 Charlotte St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/1/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, Dorothy A. Kind, certify:

I reside 120 Charlotte St. Tomahawk, WI
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Dorothy A Kind
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Carole Knowles</i>	<i>10811 Cty. Rd. D Biramwood, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3/31/11</i>
2. <i>Harold Knowles</i>	<i>16811 Cty. Rd. D Biramwood, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3/31/11</i>
3. <i>Rena McAuley</i>	<i>W15863 Woodhams Rd. Biramwood WI 54414</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3/31/11</i>
4. <i>Rebecca Sandweh</i>	<i>203 4th St Mattoon WI 54450</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mattoon</i>	<i>3/31/11</i>
5. <i>Ottmar R. Sandweh</i>	<i>203 4th St Mattoon WI 54450</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Mattoon</i>	<i>3/31/11</i>
6. <i>K.M. Knowles</i>	<i>W15851 Cherry Rd. Biramwood WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>4/1/11</i>
7. <i>Kathryn M. Knowles</i>	<i>W15851 Cherry Rd Biramwood, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>4/1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *Carole A Knowles*, certify:
(name of circulator)

I reside *N10811 Cty. Rd D Biramwood WI town of Hutchins*
(circulator's residence - include number, street, and municipality)

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

April 1 2011
(date)

Carole A Knowles
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Patrick Van Duyn</i>	<i>1374 Broullier Rd Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>2/26/11</i>
2. <i>William Klumpp</i>	<i>W4465 5TH HWY 70E FLORENCE WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>COMMONWEALTH</i>	<i>3-4-11</i>
3. <i>Susan J Klumpp</i>	<i>W4465 5TH 70E FLORENCE WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Commonwealth</i>	<i>3-4-11</i>
4. <i>Jessica Klumpp</i>	<i>540 Lake Ave Florence WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i>	<i>3-10-11</i>
5. <i>[Signature]</i>	<i>3804 NOVAK LN FLORENCE WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>COMMONWEALTH</i>	<i>3-11-11</i>
6. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
7. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
8. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
9. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____
10. _____	_____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	_____

Certification of Circulator

I, Russell Trapp, certify:

(name of circulator)

I reside 3656 Mud Lake Rd Florence WI 54121

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

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

3/15/11
(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.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Tim Bailey</i>	<i>W 8765 Hwy AA Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NORWOOD</i>	<i>2-25-10</i>
2. <i>Jennifer Bailey</i>	<i>W 8765 Hwy AA ANTIGO, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NORWOOD</i>	<i>2-25-10</i>
3. <i>Mike Weyer</i>	<i>1225 2ND AV ANTIGO WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>2-26-11</i>
4. <i>Willie Clark</i>	<i>N 3609 Zephyrus DR Bryant WI 54118</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bryant</i>	<i>2-26-11</i>
5. <i>Thomas Beneschak</i>	<i>1204 Pine St. Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>2-26-11</i>
6. <i>Gloria Volkman</i>	<i>133 Wilson St. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>2-26-11</i>
7. <i>Tom Boers</i>	<i>923 Forest St Antigo WI 5</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>2/26/11</i>
8. <i>Bill Hermann</i>	<i>517 VIRGINIA ST ANTIGO, W.I. 5</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>2/26/11</i>
9. <i>Betty Wright</i>	<i>W 4491 City Rd B Bryant WI 54118</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>2-26-11</i>
10. <i>Kelly Orueger</i>	<i>211 E. 5th Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>2/26/11</i>

Certification of Circulator

I, *Tim Bailey*, certify:

I reside at *W 8765 Hwy 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.

2/26/11
(date)

Tim Bailey
(signature of circulator)

RECALL PETITION

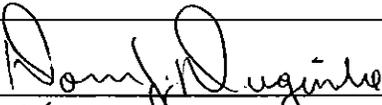
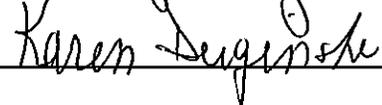
TO: Wisconsin Government Accountability Board

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

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.)

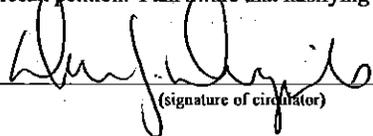
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	664 Co Rd N	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	19 Mar 11
2. 	664 Co. Rd N	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	3-19-11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

X I, , certify:
(name of circulator)

X I reside at 664 Co. Rd W Birnamwood, Wis 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.

29 Mar 11 
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	N6429 State Hwy 107 TOMAHAWK, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	3/24/11
2. Sharon Mundt	N6405 Hy 107 Tomahawk, Wis 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	3/24/11
3. Ray Mundt	N6405 Hy 107 Tomahawk Wis 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	3/24/11
4. E. Dollard	N6429 State Hwy 107 Tomahawk WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	3.24.11
5. Thomas A Wendt Sandra K Wendt	N6409 Hiw. Y. 107 Tomahawk, Wis. 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	3/28/11
6. Candee Kuhn	W5138 Winkelman Juna WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	4-1-11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

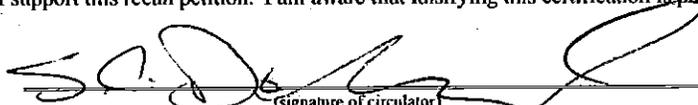
Certification of Circulator

I, STEPHEN C DOLLAN, certify:
(name of circulator)

I reside N6429 State Hwy 107 Tomahawk WI 54487 Town of Rock Falls.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)


(signature of circulator)

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction of district of officeholder)

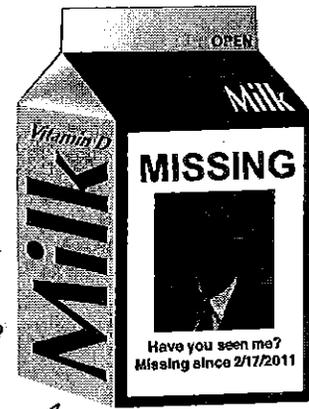
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District
(name of officeholder to be recalled and office)

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.)

Not upholding his duties by fleeing the state he was elected in which anyone else would have been fired & replaced by someone willing to uphold the rules



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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Carol A. de Loria</i>	<i>7361 Knepper Rd Three Lakes, WI 54562</i>	<input type="checkbox"/> Town <i>Three Lakes</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>April 2 2011</i>
2. <i>George D. de Loria</i>	<i>7361 Knepper Rd Three Lakes, Wis. 54562</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Three Lakes</i> <input type="checkbox"/> City	<i>April 2 2011</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Carol A. de Loria*, certify:
(name of circulator)
 I reside at *7361 Knepper Road 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.

April 2 - 2011 *Carol A. de Loria*
(date) (signature of circulator)

Please mail this form to: Recall Jim

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.)

For leaving MADISON, going to IL. AND
not doing his Electives Duties



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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <u>Elizabeth M. Fitch</u>	<u>10278 Red Pine Ct</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MINNEAPOLIS</u>	<u>3/15/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ELIZABETH M. FITCH, certify:
(name of circulator)

I reside at 10278 Red Pine Ct. MINNEAPOLIS WI
(circulator's residence - include number, street, and municipality)

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

3/15/11
(date)

Elizabeth M. Fitch
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

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

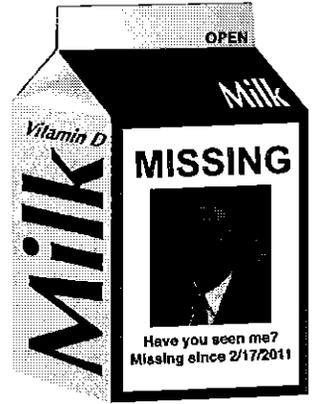
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Janet A. Groesch</i>	<i>7307 DEERWOOD RD MINOCQUA</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/15/11</i>
2. <i>James J. Groesch</i>	<i>7307 DEERWOOD RD MINOCQUA</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/15/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Janet A. Groesch, certify:
(name of circulator)

I reside at 7307 DEERWOOD 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.

March 15, 2011
(date)

Janet A. Groesch
(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. 1232

RECALL PETITION

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

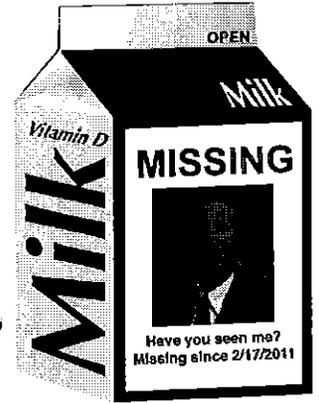
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	8181 Denoyer Dr. MINOCQUA, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	March 15, 2011
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kenneth R. Roan, **Certification of Circulator**, certify:
(name of circulator)
 I reside at 8181 Denoyer Drive, 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.

March 15, 2011
(date)

(signature of circulator)

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

RECALL PETITION

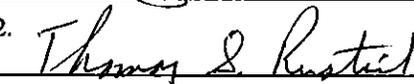
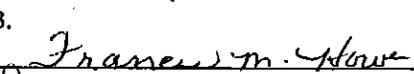
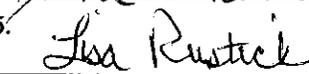
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1011731 Hwy 45 Elcho WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3/15/11
2. 	1011731 Hwy 45 Elcho, WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-15-11
3. 	111687 Enterprise La Rd Elcho Wis 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-15-11
4. 	1120 Old Elcho Rd Pelican Lake WI 54463	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Enterprise	3-15-11
5. 	1920 Old Elcho Rd Pelican Lake, WI 54463	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Enterprise	3-15-11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

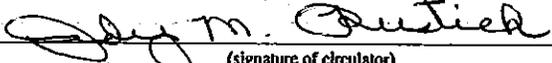
Certification of Circulator

I, Judy M. Rustick, certify:
(name of circulator)

I reside at 1011731 Hwy 45 Elcho WI 54428
(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.

03/16/2011
(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)

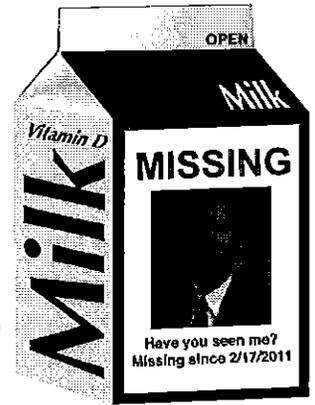
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
<i>Bonnie J. Passow</i>	<i>9386 W. Tomahawk Lk. Rd.</i>	<input checked="" type="checkbox"/> Town <i>Minocqua</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/15/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Bonnie J. Passow, certify:
(name of circulator)

I reside at 9386 W. Tomahawk Lk. Rd. 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.

3/15/11
(date)

Bonnie J. Passow
(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. 1235

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	5791 Hwy 8 Laona, WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/3/11
2.	2906 Ross Ct. #2 Cavour, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cavour	3-3-11
3. Sarah Chitko	5782 Ridge Lane Laona, WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-3-11
4.	5785 Ridge Lane Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-3-11
5.	W10030 Parkside Lane Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-3-11
6.	5157 Spruce St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3/3/11
7. Rebecca McFadden	707 N Wildwood Ave Crandon, WI 54620	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3-3-11
8.	4755 Section Line Road Laona, WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-3-11
9.	5472 Hwy 8 LAONA WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAONA	3/8/11
10.	LAONA WI 54541 4707 Elm St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAONA	3/8/11

Certification of Circulator

I, Steven R Guthrie

(name of circulator)

certify:

I reside at 10451 BLUE LAKE 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.

3-9-2011

(date)

(signature of circulator)

RECALL PETITION

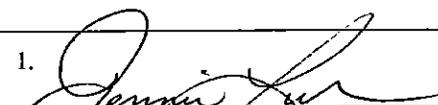
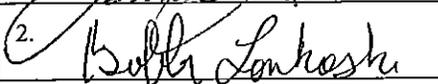
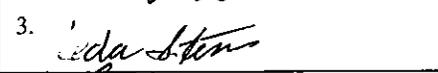
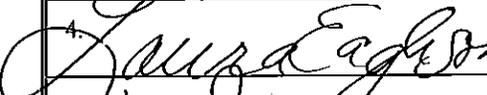
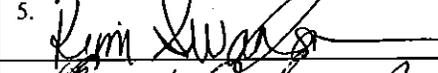
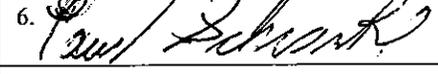
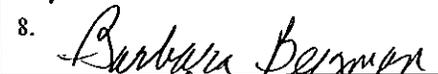
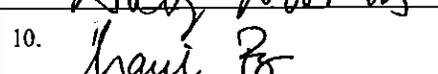
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

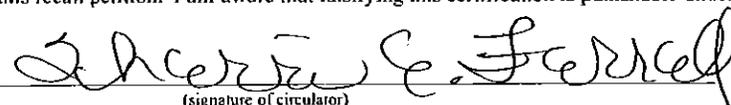
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	2928 County Rd N COUNTRY RD N	<input checked="" type="checkbox"/> Town Woodboro <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
2. 	602 SKENAW ST 602 S. Kanan St	<input checked="" type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11
3. 	625 Elmwood St	<input type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11
4. 	4089 NOKHAY RD. RHI.	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11
5. 	3147 Wild Flower Dr Rhineclaire	<input checked="" type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
6. 	315 Spring Lake RD 1315 SPRING LAKE RD	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11
7. 	4190 Klammey Way	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11
8. 	3337 DARA ST	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/31/11
9. 	325 Cranberry Ln.	<input type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11
10. 	331 Annette Ct	<input checked="" type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-31-11

Certification of Circulator

I, SHERRI FERRELL, certify:
(name of circulator)
 I reside 224 BERKSHIRE DR COCOA FL 32922
(circulator's residence - include number, street, and municipality)

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

3/31/11 (date)  (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	6001 A HWY 17 N Rhineland WI 53124	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUNNY CAMP	03-31-11
2.	3930 CAMP BURNETT Rhineland WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STELLA	3/31/11
3.	415 N STEVENS ST Rhineland WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER ONDICA CITY	3/31/11
4.	1647 W DAVENPORT ST Rhineland WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DANE COUNTY RHINELANDER	3/31/11
5.	RHINELAND WI 6640 CARPETS TR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER DANE COUNTY	3/31/11
6.	2656 MORGAN LA Rhineland WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/31/11
7.	1307 EAGLE ST Rhine WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/31/11
8.	Merrill WI 1016 Elm St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill WI	3/31/11
9.	713 Balsam St. Rhine	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland WI	3/31/11
10.	510 Shepherd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-31-11

Certification of Circulator

I, SHERRI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

3/31/11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>MATT WOLCZKA</u>	<u>2279 S RIVER RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CRESCENT</u>	<u>3/30/11</u>
2. <u>Erin Torres</u>	<u>740 Eagle St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>3/30/11</u>
3. <u>Billy Dahms</u>	<u>940 Eagle St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>3/30/11</u>
4. <u>Daniel Spinks</u>	<u>1212 River St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>3/30/11</u>
5. <u>Denise Sparks</u>	<u>1212 River St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-30-11</u>
6. <u>Nassandra Slesicki</u>	<u>801 E Timber Dr Apt 5</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-30-11</u>
7. <u>Mike Larson</u>	<u>387 Woodland Hghts Terrace</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3/30/11</u>
8. <u>Chad Zorn</u>	<u>4010 WASHINGTON RD.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stellingsma/Rhineland</u>	<u>3-30-11</u>
9. <u>Zhu Ann</u>	<u>718 S. Keenan St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-30-11</u>
10. <u>Robert Mehe</u>	<u>16 E ITASCA ST ITASCA</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-30-11</u>

Certification of Circulator

I, SHERRI FERRELL, certify:
(name of circulator)
 I reside 224 BERKSHIRE DR COCOA FL 32922
(circulator's residence - include number, street, and municipality)

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

3/31/11 (date) Sherrie 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)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Justin K. ...</i>	<i>Land O Lakes 8040 Palmer Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i>	<i>4-5-11</i>
2. <i>...</i>	<i>4540 Evergreen Dr Land O Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i>	<i>4/5/11</i>
3. <i>Jane E. ...</i>	<i>5955 LITTLE PORTAGE RD LAND O LAKES</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes WI</i>	<i>4/5/11</i>
4. <i>Carol E. ...</i>	<i>5955 LITTLE PORTAGE LAND O LAKES LAKE RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes WI</i>	<i>4/5/11</i>
5. <i>Melvin A. ...</i>	<i>5803 LITTLE PORTAGE RD Land O Lakes, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lake WI</i>	<i>4/5/11</i>
6. <i>Burton ...</i>	<i>5803 LITTLE PORTAGE LK RD LAND O LAKES, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAND O LAKES</i>	<i>4/5/11</i>
7. <i>Roni Mikost</i>	<i>7588 City Rd B</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i>	<i>4/5/11</i>
8. <i>Angela ...</i>	<i>4193 Oak St. 702</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O LAKES</i>	<i>4/5/11</i>
9. <i>Mark ...</i>	<i>7550 City Rd B Land O Lakes</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lake</i>	<i>4.5.11</i>
10. <i>Jane & ...</i>	<i>4420 RR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Land O Lakes</i>	<i>4-5-11</i>

Certification of Circulator

I, Allen J. Bybee, certify:
(name of circulator)
 I reside 4429 Hwy B Land O Lakes WI 54540
(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.

4/07/2011 (date) Allen J. Bybee (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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1.	111th St Rieder on 3/5 Elcho P.O. Box 431, 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-22-11
2.	1621 ... Antigo WI 54409	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
3.	44481 Angle Rd Antigo 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
4.	N7832 Hwy 52 July WI 54491	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Holy	3-22-11
5.	1130 1/2 7th Ave Antigo 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
6.	1016 5th Ave Apt 101 Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/22/11
7.	N3244 Hwy 5 Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POIAR	3-22-11
8.	W45831 City Rd CC Gleason 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Gleason	3-22-11
9.	W2036 Highland Rd Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Adley	3/22/11
10.	518 Dorr St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/22/11

I, Duane Schumacher, **Certification of Circulator**, certify:
(name of circulator)
 I reside (3528 290 Ave, Detroit Lakes, MN 56001)
(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) (signature of circulator)

10

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Michael R Hintz</i> MICHAEL R HINTZ	N 4536 CNT ROS BRYANT WI 54418	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRYANT	3-22-11
2. <i>William Cunningham</i> William Cunningham	N3705 Polar Rd Bryant WI 54418	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BRYANT	3-22-11
3. <i>Patricia Henke</i>	Mattson WI 54450 P.O. box 223 401 Quatz Ave 202 Clermont	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mattson	3-22-11
4. <i>Patricia Henke</i>	202 Clermont Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
5. <i>Michelle Jensen</i>	215 Lora Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-22-11
6. <i>Donis Shif</i>	11747 Thum DR Crandon 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3-22-11
7. <i>Nelle W</i>	W10520 Emerald Dr Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-22-11
8. <i>Dan Ackley</i>	W11039 State H, 61 Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ackley	3-22-11
9. <i>Burton Ackley</i>	9385 Deer Rd. Pearson WI 54402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ackley	3-22-11
10. <i>Key Anawood</i>	W3217 City Rd D Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	3/22/11

Certification of Circulator

I, Quane Schunacker, certify:

(name of circulator)

I reside 13528 290 Ave; Detroit Lakes, MN 56501

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

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

3-25-11

(date)

Quane Schunacker

(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Marilyn Wuestenmayer</i>	<i>7185 Hwy 47 N Lake Torchburg</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
2. <i>Richard Wuestenmayer</i>	<i>7185 Hwy 47 Lake Torchburg</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
3. <i>Jerry Wilkin</i>	<i>537 River Rd. Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
4. <i>Gerber Johns</i>	<i>4820 Appleson Dr Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
5. <i>Luis Johns</i>	<i>4820 Appleson Dr Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
6. <i>Don & Mary</i>	<i>6939 Lake Melodie Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
7. <i>Todd Fische</i>	<i>4725 Vets Memorial Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>
8. <i>Wendy Bear</i>	<i>420 WAUGHANSI RHI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RHINELANDER</i>	<i>2-25-11</i>
9. <i>D. Dupp</i>	<i>1028 Finos St. Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>2/25/11</i>
10. <i>Tom</i>	<i>6696 Long Lake Drive Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>2/25/11</i>

Certification of Circulator

I, CONNIE L. DRUMM, certify:
(name of circulator)
 I reside at 6696 LONG LAKE DRIVE, RHINELANDER WI NEWBOLD
(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) Connie L. Drumm (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Joyce Cosenza</i>	<i>7687 Bean Rd Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>2-28-11</i>
2. <i>Robert Cosenza</i>	<i>7687 Bean Rd Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>2-28-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Joyce Cosenza* **Certification of Circulator**, certify:
(name of circulator)
 I reside *7687 Bean 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.

2-28-11 (date) *Joyce Cosenza* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Dan Krueger</i>	<i>212 E Wisconsin Ave Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>3-2-11</i>
2. <i>Jendal Krueger</i>	<i>212 E. Wisconsin Ave. Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>3/2/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *DANIEL L. KRUEGER*, certify:
(name of circulator)

I reside *212 E. Wisconsin Ave Tomahawk, WI 54487*
(circulator's residence - include number, street, and municipality)

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

3-2-2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WIEN 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Pt K Lloyd</i>	<i>W 5243 Selmer Rd Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Bradley,</i>	<i>3-1-2011</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Peter Lloyd*, certify:
(name of circulator)

I reside at *W 5243 Selmer Rd Tomahawk WI 54487 town of Bradley, Lincoln County*.
(circulator's residence - include number, street, and municipality)

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

3-1-11
(date)

Pt K Lloyd
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Rebecca Haskins</i>	N2860 Hinz Rd Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	2/26/11
2. <i>[Signature]</i>	P702 WINDSOR CR WESDON WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WESDON	2/26/11
3. <i>[Signature]</i>	724 E. 2nd St. MERRILL, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	2/27/11
4. <i>[Signature]</i>	715270 County Rd WW WAUSAU, WI 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	2/27/11
5. <i>Alan Zimmerman</i>	W3310 Hillview Rd Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	2/27/11
6. <i>Diane E Zimmerman</i>	W3310 Hillview Rd Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	2/27/11
7. <i>Kathy Schuch</i>	7715 TRAUT CRK. Rd RAMELDAUER, WI 54503	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WOODBORO	2/27/11
8. <i>Donna Dehnel</i>	407 Pier St. Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	2/27/11
9. <i>James Deved</i>	407 Pier St. Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	2/27/11
10. <i>[Signature]</i>	1808 E. 12th St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	2/27/11

Certification of Circulator

I, GERTRUDE DUERR, certify:
(name of circulator)

I reside at 2504 RIO GRANDE DR. MERRILL WI 54452
(circulator's residence - include number, street, and municipality)

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

2/27/11
(date)

Gertrude Duerr
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kayla V. Gray</i>	810 1/2 5 th Ave APT 1 Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
2. <i>Jeff Schultz</i>	707 CHERMONT Antigo WISC 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/21/11
3. <i>Lucy Swartz</i>	N2649 Parkway Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3/21/11
4. <i>Steve Turner</i>	602 LINCOLN ST ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANT-60	3-21-11
5. <i>[Signature]</i>	1029 5 th Ave Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-21-11
6. <i>Tim Rindler</i>	1029 5 th Ave Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-21-11
7. <i>Rebecca L. Taylor</i>	1005 5 th Ave Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-21-11
8. <i>Janet Knapp</i>	1011 S. Superior St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-21-11
9. <i>Jenny Driest</i>	3225 School Rd Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Harrison	3-21-11
10. <i>Marsha Schroeder</i>	4702 Hwy G Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	3-21-11

Certification of Circulator

I, Duane Schumacher, certify:

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

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

3-25-11

(date)

Duane 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)

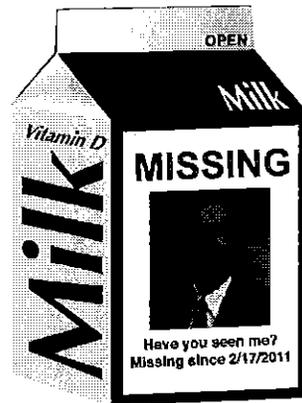
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Wayton G Murrell</i>	<i>2721 Riverside Dr MARINETTE WI 54142</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MARINETTE</i>	<i>4/2/11</i>
2. <i>James Halperin</i>	<i>413 Watson Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/2/11</i>
3. <i>Bob Halperin</i>	<i>Hatley WI 54440</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Hatley</i>	<i>4/2/11</i>
4. <i>Jim Halperin</i>	<i>503 5th Ave Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/2/11</i>
5. <i>Loren Nease</i>	<i>24 W Prospect Ave Tomahawk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/3/11</i>
6. <i>David G. G.</i>	<i>W4509 City Rd C Merrill, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4/3/11</i>
7. <i>Tom Duestbach</i>	<i>R15071 Ringle Ave Ringle WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ringle</i>	<i>4/3/11</i>
8. <i>Tina Duestbach</i>	<i>R15071 Ringle Ave Ringle WI 54471</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ringle</i>	<i>4/3/11</i>
9. <i>Curtis Thiel</i>	<i>W16706 LAKE DR BIRNAMWOOD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Shoketivo</i>	<i>4/3-11</i>
10. <i>Shonnet Dain</i>	<i>W8344 FRANK RD PARK FALLS, WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>EISENSTEIN</i>	<i>4/3/11</i>

I, JAMES R. DUCKLEY, **Certification of Circulator**, certify:
(name of circulator)
 I reside at 615 4th Ave Antigo, WI 54409
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.
 (date) 4-3-11 (signature of circulator) *James R. Duckley*

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

Page No. 1250

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Annex H. Olin</i>	<i>1896 Old 8 Rd Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4-6-11</i>
2. <i>Kristine Wenzel</i>	<i>5378 Newman Dr Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>4-6-11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

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

4-8-11
(date)

[Handwritten Signature]
(signature of circulator)

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1. <i>Amie A. Vn</i>	<i>8265 Great Bass Lk Rd. Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/6/11</i>
2. <i>Lloyd Howard</i>	<i>Woodcraft, WI. 54568 1895 HALL RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-7-11</i>
3. <i>Patricia Gregory</i>	<i>122389 Plumme 84 LN</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sac du Flambeau WI</i>	<i>4-7-11</i>
4. <i>Charles Frank Cather</i>	<i>13549 CATHERS COVE LAC DU FLAMBEAU WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAC DU FLAMBEAU MINOCQUA</i>	<i>4-7-11</i>
5. <i>Deborah & Jannah</i>	<i>Arbor Vitae 2nd Ave Woodruff, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>4-7-11</i>
6. <i>Ronula K. Brader</i>	<i>1075 Hwy #7 Arbor Vitae, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-7-11</i>
7. <i>Kurt Austin</i>	<i>1569 Marshie Ln Arbor Vitae, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-7-11</i>
8. <i>Sue Lehman</i>	<i>1119 016 Hwy 51 S Arbor Vitae, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-7-11</i>
9. <i>Paula</i>	<i>8780 Brunswick Rd Minocqua, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-7-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4-8-11
(date)

[Signature]
(signature of circulator)

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1. <i>Doug White</i>	7761 River Rd	<input checked="" type="checkbox"/> Town Lake Tausch <input type="checkbox"/> Village <input type="checkbox"/> City	3-31-11
2. <i>Lisa A. Seach</i>	1546 HWY 32	<input checked="" type="checkbox"/> Town LAKEWOOD <input type="checkbox"/> Village <input type="checkbox"/> City	3-31-11
3. <i>Edward J. Sporko</i>	4225 CO RD A	<input checked="" type="checkbox"/> Town A1014 W 6450 <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
4. <i>Ray R...</i>	2180 Hwy C	<input checked="" type="checkbox"/> Town Stella <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
5. <i>Beth...</i>	68 N Brown St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/31/11
<i>Ron Deeman</i>	7852 Hwy 139	<input checked="" type="checkbox"/> Town Crowell <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
<i>Danna Bisik</i>	48 Maple Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/31/11
8. <i>Kelsey Huginn</i>	824 Stoner St Apt 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/31/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

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

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3-31-11
(date)

[Signature]
(signature of circulator)

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1. <i>[Signature]</i>	1404 E Seventh St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/16/11
2. <i>[Signature]</i>	2600 E MAIN ST #4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-16-11
3. <i>[Signature]</i>	1005 Foster Apt 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-16-11
4. <i>[Signature]</i>	2163 Wildcat Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	4-16-11
5. <i>[Signature]</i>	N2819 Cty Rd K	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-16-11
6. <i>[Signature]</i>	7706 1/2 E 13th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	4-16-11
7. <i>[Signature]</i>	302 1/2 East St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/16/11
8. <i>[Signature]</i>	2412 Cotter Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/16/11
9. <i>[Signature]</i>	504 1/2 E 7th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/16/11
10. <i>[Signature]</i>	W7945 W Snow Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/16/11

Certification of Circulator

I, SHERI FERRILL, 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.

4/16/11 (date) [Signature] (signature of circulator)

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1. <i>Jim Thompson</i>	<i>1905 S. Choettler Rd Tomahawk</i>	<input checked="" type="checkbox"/> Town <i>No KomiS</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-19-11</i>
2. <i>Rachel Diamond</i>	<i>8949 Whispering Pines Sayre, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Plum Lake</i> <input type="checkbox"/> City	<i>4/16/11</i>
3. <i>Mary Simac</i>	<i>1859 O'neil Rd E. River WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Three Lakes</i> <input type="checkbox"/> City	<i>4/16/11</i>
4. <i>Pamela Beehan</i>	<i>915 MASON ST APT B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>4/16/11</i>
5. <i>Jeff Beehan</i>	<i>415 MASON ST APT B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>4/16/11</i>
6. <i>Steve Johnson</i>	<i>4465 Stella Lake R</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-16-11</i>
7. <i>Manda Phelan</i>	<i>7951 Johnson Rd Appleton WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Appleton</i>	<i>4-16-11</i>
8. <i>Brian A. Wolf</i>	<i>1414 etc 34501 Rhineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELAND</i>	<i>4/16/11</i>
9. <i>Steve Powell</i>	<i>5024 Grossman Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland WI</i>	<i>4/16/11</i>
10. <i>Paula Wolf</i>	<i>5024 Grossman Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELAND</i>	<i>4/16/11</i>

Certification of Circulator

I, *SHERI FERRER*, certify:
(name of circulator)
 I reside *224 BERKSHIRE DR COCOA FL 32922*
(circulator's residence - include number, street, and municipality)

I have personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.13(3)(a), Wis. Stats.

4/16/11 (date) *Sheri Ferrer* (signature of circulator)

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1. <i>E. Napata Fojtik</i>	925 Elm Dr Eagle River	<input checked="" type="checkbox"/> Town Linton <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4-15-2011
2. <i>Robt Moon</i>	407 Co. Hwy P Rhinelander	<input checked="" type="checkbox"/> Town Pelican <input type="checkbox"/> Village <input type="checkbox"/> City	4-15-2011
<i>Frank Styczinski</i>	P.O. Box 2410 151 W. City Hwy W. Unit	<input type="checkbox"/> Town Manitowish Waters <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4-16-2011
4. <i>Tia Leslie</i>	21035 Spring Rd Rhinelander, WI 54850	<input checked="" type="checkbox"/> Town Pelican <input type="checkbox"/> Village <input type="checkbox"/> City	4-16-2011
5. <i>Ruth Raymond</i>	201 Arbutus Rhinelander, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	4-16-2011
6. <i>Donna Hefner</i>	8443 Little Horsehead Hill	<input checked="" type="checkbox"/> Town Heratow <input type="checkbox"/> Village <input type="checkbox"/> City	4-16-2011
7. <i>Donna Thompson</i>	1990 S. Schmetler Tama Hawk WI	<input checked="" type="checkbox"/> Town Nokomis <input type="checkbox"/> Village <input type="checkbox"/> City	4-16-11
8. <i>Luzina Carles</i>	407 Hillside Rd Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-16-11
9. <i>Jim Rusch</i> <i>JIM RUSCH</i>	PARRISH HWY 11 10011	<input checked="" type="checkbox"/> Town PARRISH <input type="checkbox"/> Village <input type="checkbox"/> City	4-16-11
10. <i>Denise C. Marchner</i>	W8096 Sams Dam Rd. Tama Hawk, WI 54487	<input checked="" type="checkbox"/> Town Wilson <input type="checkbox"/> Village <input type="checkbox"/> City	4/16/11

Certification of Circulator

I, SHARON FERRELL, certify:
(name of circulator)
 I reside 224 BERKSHIRE DR COCOA FL 32922
(circulator's residence - include number, street, and municipality)

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4/16/11 (date) Sharon E. Ferrell (signature of circulator)

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1. <i>Jimmy Johnson</i>	STREET & NUMBER OR RURAL ROUTE <small>Rural addresses must also include box or fire no.</small> 2574 GYRAC	<input checked="" type="checkbox"/> Town Rhineland <input type="checkbox"/> Village WI 54501 <input type="checkbox"/> City	4/16/11
2. <i>John & Thelma</i>	8749 WINDSOR DRIVE PINES LN / SAYNER / 54560	<input checked="" type="checkbox"/> Town SAYNER <input type="checkbox"/> Village <input type="checkbox"/> City	4/16/11
3. <i>Adam & Nancy</i>	977 Lakeview Pelican Lake	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Meida	4-16-2011
4. <i>Joe Simac</i>	1859 OVERC BLDG E.R	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Overde	4/16/11
5. <i>Chris & Kelly</i>	601 Albany ALBANY	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Alenlandu	4/16/11
6. <i>Brian & ...</i>	4307 HUNTS HUNTS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City HARSITAW	4/16/11
7. <i>Marlene Instoski</i>	227 Suttell Ave 6591 Round Pt Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/16/11
8. <i>Carola A. Webster</i>	2600 Pelican Ranch RD #17	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	4-16-11
9. <i>John Rusch</i>	2600 Pelican Ranch Rd #17	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	4/16/11
10. <i>Joseph Shauer</i>	#17		

Certification of Circulator _____, certify:

SHERI FERRELL
(name of circulator)

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

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Sheri Ferrell
(signature of circulator)

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1. Pat Powell	W8078 NY AA ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	2/24/11
2. Virginia Powell	W8078 NY AA ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	2-24-11
3. Mark Powell	1014 4th ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-24-11
4. Sean Lewis	W8078 CTH RD AA Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	2-24-11
5. Rachel Hughes	1417 Cedar Dr Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	2/24/11
6. Jim Powell	W8078 CTH RD ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	2-24-11
7. Jellie Powell	W8078 CTH RD AA ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	2-24-11
8. Jim Powell	N2055 COZY LN ANTIGO WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWOOD	2-24-11
9. Kristina Bradley	1748 Clermont antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	2-26-11
10. James Powell	305 FORREST RD ANTIGO, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3/1/11

Certification of Circulator

I, PAT POWELL TOWN OF NORWOOD, certify:
(name of circulator)

I reside at W8078 NY 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 4 11
(date)

Pat Powell
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Peter Clemening</i>	<i>5751 Rustic Colony BOULDER Jct. WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct.</i>	<i>2/26/11</i>
2. <i>W. B. ...</i>	<i>9855 County Rd K Boulder Jct. WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
3. <i>JESSE VAUROSEN</i>	<i>10070 HIGH FISH TAP ROAD PO Box 747 Boulder Jct WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
4. <i>Beth Marohn</i>	<i>8674 Crawford Lake Rd. Presque Isle WI 54557</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
5. <i>John Schuler</i>	<i>PO Box 73 Boulder Jct WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
6. <i>Ferris Trickey</i>	<i>P.O. Box 162 Boulder Jct. WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
7. <i>Marilyn Hemming</i>	<i>P. O. Box 604 Boulder Jct. WI 54512</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
8. <i>Debbie Stough</i>	<i>5438 Annes Place Boulder Jct</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Junction</i>	<i>2/26/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Colleen J. Swanson*, certify:
(name of circulator)
 I reside at *9821 CTH K - PO Box 144, Boulder Junction, WI 54512*
(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.

I, *3-1-2011* (date)
 I, *Colleen J. Swanson* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Christine S. Matke</i>	<i>2116 W. WIS. Ave #2 Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-10-11</i>
2. <i>Kenee Webb</i>	<i>PO Box 1235 8999 Rudolph Woodville</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodville</i>	<i>4-10-11</i>
3. <i>MARGARET</i>	<i>373 HWY 51 N ARBOR VITAE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>4-10-11</i>
4. <i>Mary Dicker</i>	<i>373 HWY 51 N ARBOR VITAE W.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i>	<i>4-10-11</i>
5. <i>Rebecca S. Martin</i>	<i>719 Clow St Wauwatosa</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Lac Du Flambeau</i>	<i>4-10-11</i>
6. <i>Christine M. M...</i>	<i>2040 W. PARKING Packer Plant Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-10-11</i>
7. <i>Brandon M...</i>	<i>8709 Packer Plant Rd Packer Plant Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-10-11</i>
8. <i>Rebecca C...</i>	<i>9897 Morgan oaks dr Minocqua, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-10-11</i>
9. <i>Lance Chapman</i>	<i>9897 Morgan oaks dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-10-11</i>
10. <i>Mary S. Wilson</i>	<i>89 Hawthorn Estate</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-10-11</i>

Certification of Circulator

I, *Jacqueline Morales*, certify:
(name of circulator)
 I reside *7271 NW 174th Ter. Hialeah, FL 33015*
(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.

4-10-11
(date)

J Morales
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>John H. Gony</i>	<i>1202 5th Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-20-11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

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

I reside *N 3000 Orchard Rd., Antigo 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.

4-4-11
(date)

Pamela Augustyn
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	10516 Lutz Lake Lane Minocqua	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village 54548 <input type="checkbox"/> City	4/8/11
2.	10516 Lutz Lake Lane Minocqua	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village 54548 <input type="checkbox"/> City	4/8/11
3.	11444A LEMMA ^{CREEK} RD ARBOR VITAE, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ARBOR VITAE <input type="checkbox"/> City	4/8/11
4.	10977 HWY 70 Arbor Vitae	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ARBOR VITAE <input type="checkbox"/> City	4-8-11
5.	8525 Stonegate Ct Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Minocqua <input type="checkbox"/> City	4/8/11
6.	926 ST Hwy 70 West 324 3rd Hancock Lake Rd Minocqua	<input type="checkbox"/> Town <input type="checkbox"/> Village LARSHAM <input type="checkbox"/> City	4/8/11
7.	616 Old Abe Rd	<input checked="" type="checkbox"/> Town LAC DU FLAM <input type="checkbox"/> Village LDF <input type="checkbox"/> City	4/8/11
8.	11812 Franklin Ln Rd	<input checked="" type="checkbox"/> Town MINOCQUA <input type="checkbox"/> Village <input type="checkbox"/> City	4-8-11
9.	5521 HOWE RD #20	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Minocqua <input type="checkbox"/> City	4-8-11
10.	111002 Somolake Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village WILSON <input type="checkbox"/> City	4-8-11

Certification of Circulator

I, Jaqueline Morales, certify:
(name of circulator)
 I reside 7271 NW 174th Ave Hialeah, FL 33015
(circulator's residence - include number, street, and municipality)

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

4-8-11 (date) (signature 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Robert D Anderson</u>	<u>3481 Buile Dam Road Florence, WI 54121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
2. <u>Karen M Anderson</u>	<u>3481 Buile Dam Road Florence, WI 54121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Karen M Anderson, certify:

(name of circulator)

I reside 3481 Buile Dam Road Florence, WI 54121

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

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

March 30, 2011
(date)

Karen M Anderson
(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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1. <i>Ernest V. Henshaw</i>	10380 SOUTH RD TOMAHAWK	<input checked="" type="checkbox"/> Town Tomahawk WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-4-11
2. <i>Mr. [unclear]</i>	5161 Sand Lake Rd Eagle River WI 54501	<input checked="" type="checkbox"/> Town Sugar Camp WI <input type="checkbox"/> Village <input type="checkbox"/> City	4-4-11
3. <i>John [unclear]</i>	2246 Hill Rd Phelps	<input checked="" type="checkbox"/> Town Phelps <input type="checkbox"/> Village <input type="checkbox"/> City	4/4/11
4. <i>Shirley Trudgen</i>	428 Railroad St	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhineland <input checked="" type="checkbox"/> City	4/4/11
5. <i>Mary Potter</i>	706 W. Brown St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-4-11
6. <i>Joseph Mason</i>	181 Edgewater Homes	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/4/11
7. <i>[unclear]</i>	3730 Vernon Green Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/4/11
8. <i>Jim [unclear]</i>	4734 B. Rowanwood	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City B. Rowanwood	4-4-11
9. <i>Cheryl Hamela</i>	W5975 Deletch Rd	<input checked="" type="checkbox"/> Town Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	4/4/11
10. <i>Scott Coulter</i>	703 W Phillip	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/4/2011

I, *Jacqueline Morales*, certify:
(name of circulator)
 I reside 7271 NW 174th Ave. Hialeah, FL 33015
(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) *J. Morales* (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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1. <i>J.C. Parsons</i>	1339 Sunset Rd. P.O. Box 1646 Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	2/24/11
2. <i>James D. Ritzen</i>	5235 Twilight Ln PO BOX 762 Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2/25/11
3. <i>Maryk. Ritzen</i>	PO Box 762 Eagle River 5235 Twilight Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2/25/11
4. <i>Laye Parsons</i>	1339 Sunset Rd. Eagle River, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	2-27-11
5. <i>Karen Chamuelin</i>	5800 Zeman Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	2-28-11
6. <i>Chamberl</i>	5806 Zeman Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	2-28-11
7. <i>Jim Witz</i>	3459 White Pine Loop Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3-1-2011
8. <i>Karen Van Bussem</i>	8472 Cloverland Dr. Eagle River Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-1-11
9. <i>Phyllis Dumbice</i>	5487 Cloverland Dr. Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-1-11
10. <i>Jean Greening</i>	N1769 Goeman Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/2/11

Certification of Circulator

I, Robert C. PARSONS, certify:

I reside at 1339 Sunset Rd, Eagle River, WI 54521 Town of Cloverland
(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.

3/2/2011

(date)

Robert C. Parsons
(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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1. <i>Wilford M Lund</i>	1050 Vlach Rd Eagle River, Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-4-11
2. <i>Janette Lund</i>	1050 Vlach Road Eagle River, Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-4-11
3. <i>Betty Webb</i>	1092 Vlach Rd Eagle River, Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-4-11
4. <i>Sally Webb</i>	1092 VLACH RD EAGLE RIVER WIS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	3/5/11
5. <i>Patricia</i>	5468 Cloverland Dr Eagle River, Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City cloverland	3/6/11
6. <i>Mike Touko</i>	5516 Cloverland Eagle River Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City cloverland	3-6-11
7. <i>Cindy Touko</i>	5516 Cloverland Eagle River wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-6-11
8. <i>Joe Touko</i>	5516 Cloverland Dr. Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-6-11
9. <i>Tony Zhou</i>	3973 Cloverland Dr Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-7-11
10. <i>Beef</i>	1115 Sundstem Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3-6-11

I, *W M Lund* **CLOVERLAND**, certify:
(name of circulator)

I reside at 1050 Vlach Rd Eagle River 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.

March 8, 2011 *Wilford M Lund*
(date) (signature of circulator)

RECALL PETITION

To: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL.

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sara Bassett</u>	<u>418 MILWAUKEE ST</u> <u>MINOCQUA, WIS. 54458</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>2-26-11</u>
2. <u>JoAnn Wenzlick</u>	<u>11485 Hwy 70W</u> <u>Minocqua</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>2-26-11</u>
3. <u>Mark Herrick</u>	<u>12940 Hwy D.</u> <u>L.D.F.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>L.D.F.</u>	<u>2-28-11</u>
4. <u>Nicole Lassien</u>	<u>5453 Ada St.</u> <u>BS WI 54512</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Boulder Et</u>	<u>2-28-11</u>
5. <u>Shrodher</u>	<u>7385 Forest Dr</u> <u>LP Tamarack</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>2-28-11</u>
6. <u>Christina Bradshaw</u>	<u>7385 Forest Dr</u> <u>LP Tamarack</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>2-28-11</u>
7. <u>Dave Kendall</u>	<u>8130</u> <u>Box View Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fresque</u> <u>FLSCE</u>	<u>@31-Jo11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Susax Hanser SUSAX HANSER, certify:

I reside at 8178 Earls Ct Woodruff
(circulator's residence - include number, street, and municipality)

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

2/26/11
(date)

Susax Hanser
(signature of circulator)

RECALL PETITION

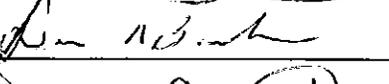
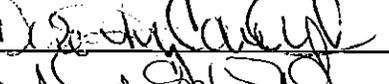
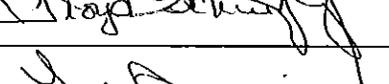
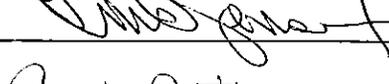
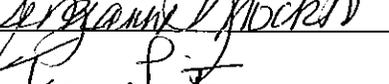
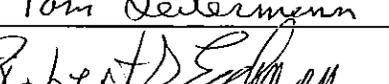
TO: Wisconsin Government Accountability Board

(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	W 6360 Lee Sacramento	<input checked="" type="checkbox"/> Town Scott <input type="checkbox"/> Village <input type="checkbox"/> City	3-26-11
2. 	203 1/2 West 6th St.	<input type="checkbox"/> Town Meville <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3-26-11
3. 	N 7971 County Road	<input checked="" type="checkbox"/> Town Jimmy <input type="checkbox"/> Village <input type="checkbox"/> City	3-26-11
4. 	2005 River St. MORRILL WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MORRILL	3-26-11
5. 	1316 W 4TH A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-28-11
6. 	1502 5th Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-28-11
7. 	N 4360 Bluebird Rd Stanol	<input checked="" type="checkbox"/> Town Elard <input type="checkbox"/> Village <input type="checkbox"/> City	3-28-11
8. 	P.O. 307 S. Mebanga	<input checked="" type="checkbox"/> Town Chardon <input type="checkbox"/> Village <input type="checkbox"/> City	3-28-11
9. 	375 LEITEMANN LN PICKEREL	<input checked="" type="checkbox"/> Town NASHVILLE <input type="checkbox"/> Village <input type="checkbox"/> City	3-28-11
10. 	8227 Berna Ln Pickeral, Wis 54465	<input checked="" type="checkbox"/> Town Nashville <input type="checkbox"/> Village <input type="checkbox"/> City	3-28-11

I, Jaqueline Morales, **Certification of Circulator**, certify:
(name of circulator)
 I reside 7271 NW 174 Terr HiALEAH, FL 33015
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Tom Ewles	607 Thayer Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
2. Janet Puffer	4466 Hugo B Land O' Lakes, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Land O' Lakes	3/29/11
3. Paul M	11400 Santo RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3-29-11
4. Nath B...	4686 Hilltop Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
5. Janine Mackey	4586 Moore St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wabeno	3-29-11
6. Jan Mohr	4568 Jamie Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
7. Sharon Van Epps	W13401 2nd Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Gleason	3/29/11
8. Karen Wolf	4221 N. Birchwood RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/29/11
9. Renee Brass	9445 ^{county} N	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Argonne	3/29/11
10. Regina A Pounds	7836 High Peak Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Boulder Jet	3-29-11

I, Jaqueline Morales, **Certification of Circulator**, certify:
(name of circulator)
 I reside 7271 NW 174th Terr. HIA, FL 33015
(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) J Morales (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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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.**

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Charlotte C. Furry</i>	<i>11130 Bellwood AAFCF</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
2. <i>Christy Furry</i>	<i>1384 Wisconsin</i>	<input checked="" type="checkbox"/> Town <i>Lac du Flambeau</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>LDI</i>	<i>3/29/11</i>
3. <i>Mark M. Jossan</i>	<i>5453 Ada St Boulder Jct.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct.</i>	<i>3/29/11</i>
4. <i>[Signature]</i>	<i>302 Oneida St Apt 2</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
5. <i>Yvonne Kramer</i>	<i>1005 E. Chicago Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
6. <i>Kristen Helkhus</i>	<i>PO Box 26 / 4240 Hwy Boulder Jct</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lac du Flambeau</i>	<i>3/29/11</i>
7. <i>[Signature]</i>	<i>8730 Brunswick Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
8. <i>Diane G. Moran</i>	<i>8800 Brown Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
9. <i>Will Seely</i>	<i>8148 Badtge Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
10. <i>Bryan C. Clark</i>	<i>601 Forwell Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/29/11</i>

Certification of Circulator

I, *Jaqueline Morales*, certify:
(name of circulator)
 I reside *7271 NW 174 Terr. #1A, Ft. 33015*
(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)

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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1. <i>Justin Clares</i>	701 Rio Grande Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/29/11
2. <i>Barbara Ferguson</i>	2502 Burek Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MATH	3/29/11
3. <i>Jean Newsum</i>	110548 PINELK RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GLEASON	3-29/11
4. <i>Suzie Kloss</i>	5317 Horseshoe Ln Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashua	3/30/11
5. <i>Jeannette Dailey</i>	6975 Ct Rd S Asg JO	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne	3/30/11
6. <i>Ashley Beema</i>	203 N Lake Ave Apt 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11
7. <i>Billie Kall</i>	108 W Glen St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3-30-11
8. <i>Suzie Moore</i>	201 E LAKEVIEW	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3-30-11
9. <i>Wendy</i>	2934 Lake Ave Wabern	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wabern	3-30-11
10. <i>Amber Maurer</i>	18708 CHANEY Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3-30-11

I, Jaqueline Morales (name of circulator), certify:
 I reside 7271 NW 174 terr. Hialeah, FL 33015
(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) Jaqueline Morales (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Eleanor Mueske</i>	<i>W15220 Blueberry Rd. Bowler, WI. 54416</i>	<input checked="" type="checkbox"/> Town <i>Almon</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>Eleanor Mueske</i>	<i>W15220 Blueberry Rd. Bowler-Wi. 54416</i>	<input type="checkbox"/> Town <i>ALMON</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Eleanor Mueske*, certify:
(name of circulator)

I reside *W15220 Blueberry Rd. Bowler - WI. 54416 ALMON*
(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)

Eleanor Mueske
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Loretta J. Baker</i>	<i>N170 Maple Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-2-11</i>
2. <i>Casey</i>	<i>w2925 Edison Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-2-11</i>
3. <i>Jason King</i>	<i>8896 Bailey Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>4-2-11</i>
4. <i>Jeff Schulz</i>	<i>W15815 Cty F</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>4-2-11</i>
5. <i>David Estro</i>	<i>NE890 County Rds</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar (Antigo)</i>	<i>4-2-11</i>
6. <i>Chris</i>	<i>3484 J Glensaa</i> <i>3484 County Rd J</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>3484 J Glensaa</i>	<i>4-2-11</i>
7. <i>Chris Lucas</i>	<i>431 MAURINE ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>4-2-11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Jaqueline Morales*, certify:
(name of circulator)
 I reside *7271 NW 174th Ave, Aventura, FL 33015*
(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)

J Morales
(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 <small>Rural address must also include box or fire no</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Maureen McLaughlin</i>	11831 Kobart rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/11/11
2. <i>Karen Yehrbach</i>	9853 Belger Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/11/11
3. <i>Lauran Potts</i>	9347 BLUE HOKAN RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	4/12/11
4. <i>Jamie M' Donough</i>	6184 Wildwood TR CT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct.	4/12/11
5. <i>Roger J. Sammler</i>	5788 EVERGREEN LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct.	4/12/11
6. <i>Nancy Schauss</i>	10320 Reible Ct. Boulder Jct.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct.	4/12/11
7. <i>Linda Emery</i>	5792 Evergreen	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct.	4/12/11
8. <i>Laurie Thompson</i>	9609 Redfox Spire Boulder Jct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct.	4/12/11
9. <i>Ida Olson</i>	5791 AIRPORT RD BOULDER Jct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Boulder Jct	4/12/11
10. <i>Marcia Kellison</i>	9197 Mc Comb Rd Seymour	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plum Lake	4/12/11

Certification of Circulator

I, Jacqueline Morales, certify:

I reside 7271 NW 174th Terr, Hialeah, FL 33015
(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)

J Morales

(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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1. <i>Kenneth Perry</i>	6809 VEER TRAIL	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PRESQUE ISLE	4/12/11
2. <i>Mary Ohlman</i>	10330 C Church St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BOULDER BJW Jet	4-12-11
3. <i>Tim Hunt</i>	5561 DAM Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4-12-11
4. <i>[Signature]</i>	264 PRO PINES RD MANITOWISH WATERS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5. <i>Mary Hampton</i>	1407 3rd Ave #B	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4-12-11
6. <i>Mary Smith</i>	1407 3rd Ave #F	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4/12/11
7. <i>Shirley Smith</i>	1407 3rd Ave 1407 3rd Ave #F	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4/12/11
8. <i>Foul Beque</i>	1403 3rd Ave #B P.O. Box 455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4/12/11
9. <i>[Signature]</i>	P.O. Box 1403 3rd Ave WOODRUFF #C	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4-12-11
10. <i>[Signature]</i>	#15 1424 3RD AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4.12.11

Certification of Circulator

I, Jaqueline Morales, certify:
(name of circulator)
 I reside 7271 NW 174 Terr. Aialeah, FL 33015
(circulator's residence - include number, street, and municipality)

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4-12-11 (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.

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1. <i>Carol Engels</i>	<i>1422 3rd Ave Apt. 14</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-12-11</i>
2. <i>Mary Christoff</i>	<i>25016 Hwy 155</i>	<input checked="" type="checkbox"/> Town <i>Seyner</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-12-11</i>
3. <i>Edwin M. Borz</i>	<i>657 Mason St. Apt A</i>	<input checked="" type="checkbox"/> Town <i>Rhineland</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-12-11</i>
4. <i>Brad Bell</i>	<i>5082 Pine Lake Rd</i>	<input type="checkbox"/> Town <i>Rhineland</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/12/11</i>
5. <i>Mae Wilmett</i>	<i>136 King St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-13-11</i>
6. <i>Walt Mym</i>	<i>4140 N Birchwood Dr.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-13-11</i>
7. <i>Kurt Meyer</i>	<i>17 W Prospect St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-13-11</i>
8. <i>[Signature]</i>	<i>327 A. East River St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>4-13-11</i>
9. <i>John A. Koch</i>	<i>2925 Taylor Lane</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>4-13-11</i>
10. <i>John A. Koch</i>	<i>2925 Taylor Lane</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>4-13-11</i>

I, *Jaqueline Morales*, **Certification of Circulator**, certify:
(name of circulator)
 I reside *7271 NW, 174 terr. Hiatah, FL 33015*
(circulator's residence - include number, street, and municipality)

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

4-13-11
(date)

[Signature]
(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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1. <i>Becky A. Wolf</i>	<i>508 Fritzie Ave Crivitz, WI 54114 Apt. 4</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crivitz</i>	<i>3/29/11</i>
2. <i>Steven Cronin</i>	<i>508 Fritzie Ave Crivitz, WI 54114 Apt 4</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crivitz</i>	<i>4/2/11</i>
3. <i>Jane Grabasik</i>	<i>N7960 Twin Pine Cr. Porterfield, WI 54159</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Porterfield</i>	<i>3/8/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

I, *Becky A. Wolf* **Certification of Circulator**, certify:
(name of circulator)
 I reside *508 Fritzie Ave Apt. 4 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.

4-2-11 (date) *Becky A. Wolf* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Cindy Jones</i>	<i>W13668 Cagle River Rd Silver Cliff, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>
2. <i>John R. McDowell</i>	<i>Silver Cliff, WI 54104 Kimball Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>
3. <i>Danny Weber</i>	<i>W16449 Blue Heron Ln Athelstone, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>
4. <i>Steve Weber</i>	<i>W16449 Blue Heron Ln Athelstone, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>
5. <i>Kaylene H. King</i>	<i>W12330 Wheeler Ln. Silver Cliff, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SILVER CLIFF</i>	<i>3-8-11</i>
6. <i>Susan Victoria</i>	<i>W14219 CTY RDC Silver Cliff, WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-10-11</i>
7. <i>Edith E. Brich</i>	<i>N11124 Boat Lndg. 10 Athelstone</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3-10-11</i>
8. <i>Margaret Thorsen</i>	<i>N11480 Boat Landing 11 Silver Cliff WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-11-11</i>
9. <i>Charlotte Elsering</i>	<i>N13161 Flom Rd Wausauke WI 54145</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausauke</i>	<i>3-11-11</i>
10. <i>Melissa Thorsen</i>	<i>N11480 Bt Lndg 11 Rd Silver Cliff WI 54104</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-11-11</i>

Certification of Circulator

I, *Michelle Baldwin*, certify:

(name of circulator)

I reside *N11701 Boat Landing 11 Rd, Silver Cliff, WI 54104*

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

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

3/23/11
(date)

Michelle D. Baldwin
(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Charles R. Lansen</i>	<i>400 Wilhelm St Crivitz, Wis</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crivitz</i>	<i>3-11-11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Carl Atkins*, certify:

I reside *N 8528 Iroquois Dr Crivitz 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.

4-11-11
(date)

Carl Atkins
(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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1. <i>Janey Zashender</i>	<i>2470 S. Shore Rd. Pelican Lake, Wis. 54463</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Enterprise</i>	<i>4/1/11</i>
2. <i>Janey Zashender</i>	<i>2470 S. Shore Rd. Pelican Lake, Wis 54463</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Enterprise</i>	<i>4/1/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

I, *Janey Zashender*, certify:
(name of circulator)

I reside *2470 S. Shore Rd. Pelican Lake, Wis 54463*
(circulator's residence - include number, street, and municipality) *Enterprise*

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his 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) *Janey Zashender* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Marie S. Jeske</i>	<i>W4688 Spruce Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/30/11</i>
2. <i>Richard G. Jeske Jr</i>	<i>W4688 Spruce Rd Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Richard G Jeske Jr*, certify:
(name of circulator)

I reside *W4688 Spruce Rd. Merrill, WI. 54452*
(circulator's residence - include number, street, and municipality)

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

03-30-2011
(date)

Richard G Jeske Jr
(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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1. <i>Greg Lehman</i>	<i>N9526 County Road B Summit Lake WI 54485</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Upham</i>	<i>3/1/11</i>
2. <i>Gary G. Goerke</i>	<i>N11022 Hwy 45 Elcho WI 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3/1/11</i>
3. <i>Ande J. Bond</i>	<i>W1608 State Hwy 64 White Lake WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf Riva.</i>	<i>3/1/11</i>
4. <i>Brenda Goerke</i>	<i>N11022 U.S. Hwy. 45 Elcho, WI. 54428-0022</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3-01-11</i>
5. <i>Dan Miller</i>	<i>W11251 Frd. Ln Elcho, WI. 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3/1/11</i>
6. <i>Janet Hightower</i>	<i>N11244 Riordan St Elcho WI 54428</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3/1/11</i>
7. <i>John Isore</i>	<i>1495 Meister Parkway Pelican Lake WI 54463</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schoyke Pelican Lake</i>	<i>3/2/11</i>
8. <i>John Isore</i>	<i>1815 Lake Rd Monico WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Monico</i>	<i>3/2/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Gary G. Goerke*, certify:
(name of circulator)

I reside *N11022 Hwy 45 Elcho, WI 54428*
(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)(d), Wis. Stats.

X *Gary G. Goerke*
(date)

X *March 5, 2011*
(signature of circulator)

RECALL PETITION

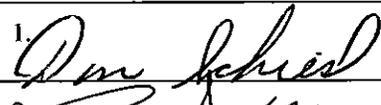
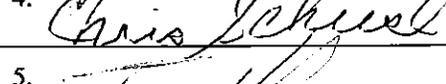
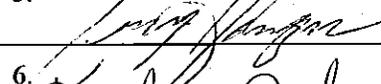
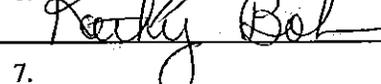
TO: Wisconsin Government Accountability Board

(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.)

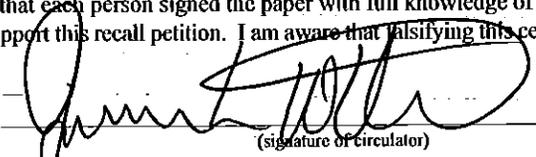
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1190 ZEMAN RD EAGLE RIVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	2-25-10
2. 	1303 SUNSET LANE EAGLE RIVER, WIS 5462	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	2/20/11
3. 	1190 Zeman Rd E.R. WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3/2/2011
4. 	412 CONOVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-2-11
5. 	4593 Starbuck	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	3-2-11
6. 	4251 Spruce LN Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	3-4-11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jennifer WILLMAN, certify:
(name of circulator)
 I reside at 60676 Timber Ln 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.

3-8-11
(date)


(signature of circulator)

RECALL PETITION

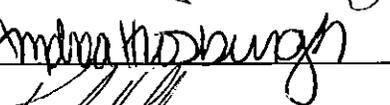
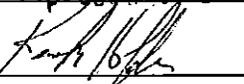
TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	N1407 Meadow Lane Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Scott	3-3-11
2. 	N1407 Meadow Lane Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Scott	3/3/11
3. 	PO 3737 County Line Rd Gleason WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	3/4/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Michael S. Hoffman, certify:

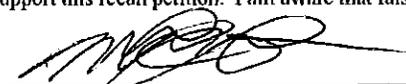
(name of circulator)

I reside N3737 County Line Rd, Gleason, WI, Town of Schley.

(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.

3-4-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. Alicia Maki	N7475 Bobbie Ln CRIVITZ, WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CRIVITZ, WI	4-4-11
2. Ryan Aguilar	1013 Fritzie Ave Apt #15 CRIVITZ, WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CRIVITZ, WI	4-4-11
3. Ryann Fuller	N11214 Nejedlo Rd WAUSAUKEE WI 54177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	4-4-11
4. Rita Duane Kuch	N6220 HWY 141 CRIVITZ WI 54114	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRIVITZ	4-4-11
5. Dan Cardinal	W8546 Kuchta Rd CRIVITZ 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CRIVITZ	4-4-11
6. Larry Finnell	110 S US HWY 141 110 S US HWY 141 CRIVITZ WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CRIVITZ	4/4/11
7. Ronald A Powell	11 West Hosmer Merritt WI 54147	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MARISETTE	4/4/11
8. Jonna Bygbe	15592 Crooked Creek CRIVITZ WI	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RIVERVIEW	4/4/11
9. Jennifer Mathey	N10162 Newton Lk Rd CRIVITZ WI 54114	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STEVENSON	4/4/11
10. Michael Prohask	W6180 Kappa Rd WAUSAUKEE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	4/4/11

Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave; Detroit Lakes MN 56501

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

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

4-5-11

(date)

Duane Schumacher

(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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1. <i>Andru</i>	412 Church St Apt 11 Wausaukee WI 54177	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	4-4-11
2. <i>Michelle J. Intermeo</i>	811 May St Wausaukee WI 54177	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	4-4-11
3. <i>Diane Flynn</i>	10728 Oakwood Ln. Athelstone WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Athelstone	4-4-11
4. <i>Amanda Voelker</i>	W10247 Horseshoe Rd Athelstone WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Athelstone	4-4-11
5. <i>Roger J. Jicha</i>	401 MERRILL ST WAUSAUKEE WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	4-4-11
6. <i>Al Neal</i>	402 MERRILL ST WAUSAUKEE WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	4-4-11
7. <i>John</i>	611 Church St Wausaukee WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	4-4-11
8. <i>Dee Decker</i>	City 2 W7795 Trallis Rd Middle Inlet 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middle Inlet	4-4-11
9. <i>Rob Thompson</i>	N8040 US Hwy 41 Cruik, WI 54114	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stevenson	4-4-11
10. <i>Lizy Benzel</i>	09303 US Hwy 41 Cruik, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Middle Inlet	4-4-11

Certification of Circulator

I, Duane Schumacher, certify:

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

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

4-5-11
(date)

Duane Schumacher
(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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1. Warren Hardy	605 Beech Ave Dorchester	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Dorchester	4-4-11
2. Pam Yeaman	11889 Maple Dr Dunbar 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	4-4-11
3. Debra Ruff	w7054 Wauquebay Rd Curtz Wis 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stevenson	4-4-11
4. Anita Seguin	W10713 BLUEBERRY PT RD DUNBAR WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	4-4-11
5. Jean M. Swenson	118404 Woodland Rd Dunbar	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	4-4-11
6. Jan A De	W9498 Hwy 0 Dunbar, WI 54119	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	4-4-11
7. Audrey Brown	393 Roosevelt Rd Niagara, WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-4-11
8. Susan Holmes	924 Main St Niagara, WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-4-11
9. Joanne Lindgren	N2284 Lincoln Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Niagara	4-4-11
10. Marissa Tychowski	W8023 Scott St Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Niagara	4-4-11

Certification of Circulator

I, Duane Schumacher, certify:

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

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

4-5-11
(date)

Duane Schumacher
(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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1. <u>Michael Wambanary</u>	<u>N 3525 S 2nd Av.</u>	<input type="checkbox"/> Town Neopit <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4/8/11</u> <u>4/10/11</u>
2. <u>Cassandra Walker</u>	<u>N3550 Riverview</u>	<input checked="" type="checkbox"/> Town Neopit <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/9/11</u>
3. <u>Michael Pauer</u>	<u>N633 BURNETT LN.</u> <u>N633 Keshena W.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	<u>4/9/11</u>
4. <u>Marcene O'Rodome</u>	<u>W2762 Keshena</u> <u>PO BOX 283</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Keshena	<u>4/9/11</u>
5. <u>Debra Spivey</u>	<u>W 2986 RABBIT RUN</u> <u>Med Shene Ln</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City KESHENA	<u>4-9-11</u>
6. <u>Peggy Shyan</u>	<u>W 2886 Rabbit Ridge</u> <u>Keshena</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	<u>4-9-11</u>
7. <u>Marcin Zuchla</u>	<u>P.O. Box 937 W 2886</u> <u>W 2886 Rabbit Ridge</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	<u>4-9-11</u>
8. <u>Lada White</u>	<u>N1280 Hwy 47</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Neopit	<u>4-9-11</u>
9. <u>Karen James</u>	<u>PO BOX # N2616 CHIEF J</u> <u>Keshena</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	<u>4-9-11</u>
10. <u>Michelle Sanapon</u>	<u>N1661 Hwy 47/55</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	<u>4-9-11</u>

Certification of Circulator

I, SHERRI FERRELL, certify:

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.

4/9/11
(date)

Sherrie E Ferral
(signature of circulator)

RECALL PETITION

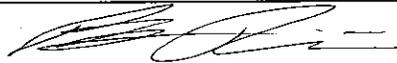
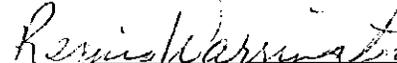
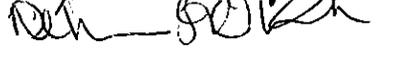
TO: Wisconsin Government Accountability Board

(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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1. 	N3550 Riverview	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kopit	4/9/11
2. Judith Pamanet	N633 Burnett Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4/9/11
3. 	W1370 Rainbow Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4/9/11
4. Brenda S. Miller Brenda Miller	N2127 Hickory St.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	4/9/11
5. Kenny Latender	N2127 Hickory St	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gresham	4-9-11
6. Charles Lyons	County M W32451	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena So Branch	4-9-11
7. Clifford Olson	County M W3245	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena So Branch	4-9-11
8. 	N1519 Mallard Bay Rd Keshena WI 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4/9/11
9. 	N1350 Twimock Ct Keshena WI 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4/9/11
10. 	N1350 Twimock Ct Keshena WI 54135	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Keshena	4.9.11

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)

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4/9/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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James J. [unclear]	Rt 1	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bowler WI</u>	4/9/11
2. <u>Verna Ruiters</u>	<u>W 2926 Blacksmiths Rd</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	<u>4/9/11</u> <u>54135</u>
3. <u>Catherine Joan</u>	<u>PO BOX 933 K N 2616 CHEIF JOSEPH</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	<u>4/9/11</u> <u>54135</u>
4. <u>Rose Peterson</u>	<u>W 506, Wildrick</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Nequit</u>	<u>4/9/11</u> <u>54135</u>
5. <u>Rose King</u>	<u>W 476 Keweenaw</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	<u>4/9/11</u> <u>54135</u>
6. <u>Kina Intillato</u>	<u>N 970 Hwy 47-55</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Menominee</u>	<u>4/9/11</u> <u>54135</u>
7. <u>Caroline Caldwell</u>	<u>N 7148 Hannah St Nequit WI 54150</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Nequit WI</u>	<u>4/9/11</u> <u>54135</u>
8. <u>Marella R. Sorensen</u>	<u>N 664 Brooks Ln Keshena WI 5413</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	<u>4/9/11</u>
9. <u>Myrtle Jones</u>	<u>N 1490 Mallard Bay Keshena, WI 54135</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	<u>4/9/11</u>
10. <u>Monica Wayman</u>	<u>W 2105 Great Bear Road Keshena</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Keshena</u>	<u>4/9/11</u>

Certification of Circulator

I, Sherrie E. Ferrer STERRI 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.

4/9/11
(date)

Sherrie E. Ferrer
(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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1. <i>Anthony Wawro</i>	<i>W3002 Fairgrounds</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Keshena</i> <input type="checkbox"/> City	<i>4/9/11</i>
2. <i>Barbara Madon</i>	<i>N 3466 E 200 Ave V</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Neopit</i> <input type="checkbox"/> City	<i>4-9-11</i>
3. <i>James A. Westcott</i>	<i>1028 ONAWKWAH WAY W3002 Fairgrounds</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Keshena</i> <input type="checkbox"/> City	<i>7-9-11</i>
4. <i>Sharron E. Ferrall</i>	<i>Onawkah Way, WI 112038 Hickory St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Neopit</i> <input checked="" type="checkbox"/> City	<i>4-9-11</i>
5. <i>Daniel A. Bush</i>	<i>W2926 BLACKSMITH RD.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Keshena</i> <input type="checkbox"/> City	<i>4-9-11</i>
6. <i>Mark Ritter</i>	<i>W2926 Blacksmith Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Keshena</i> <input type="checkbox"/> City	<i>4-9-11</i>
7. <i>Sarah Shawanokase</i>	<i>W16730 N. Street</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Neopit</i> <input type="checkbox"/> City	<i>4-9-11</i>
8. <i>Don A. Kowaluk</i>	<i>N-3424 Highway 47</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Neopit</i> <input type="checkbox"/> City	<i>4-9-11</i>
9. <i>Jill A. Garner</i>	<i>PO BOX 1842 N2616 Keshena, WI 54136</i>	<input type="checkbox"/> Town <i>JOSETT</i> <input checked="" type="checkbox"/> Village <i>Keshena</i> <input type="checkbox"/> City	<i>4-9-11</i>
10. <i>Donna Pocar</i>	<i>PO BOX 433 N 2616 Keshena WI 54136</i>	<input type="checkbox"/> Town <i>JOSETT</i> <input checked="" type="checkbox"/> Village <i>Neopit</i> <input type="checkbox"/> City	<i>4-9-11</i>

Certification of Circulator

I, *SHERRI FERRALL*, 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.

4/9/11 (date) *Sharon E. Ferrall* (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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1. Michelle Yellstrom	N975 Cty Hwy W Lot 1-8 Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	4-03-11
2. [Signature]	313 LARK ST Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11
3. [Signature]	14644 S. Snow Rd. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
4. [Signature]	W3490 State Hwy 64 Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River Merrill	4-3-11
5. [Signature]	W3490 Hwy 64 Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	4-3-11
6. [Signature]	1700 River St Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-3-11
7. Tom Vilter	W5298 N. [Signature]	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4/3/11
8. [Signature]	607 Francis Dr apt # 108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11
9. [Signature]	3101 Prospect St Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11
10. [Signature]	205 E 4th Street Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-3-11

Certification of Circulator

I, SHERRI FERRILL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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4/3/11
(date)

Sherrie E. Ferrill
(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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1. <i>Kathy Powers</i>	<i>6108 Pine Lk Rd Rhinelander</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar camp</i>	<i>3-29-11</i>
2. <i>Cynthia Keeling</i>	<i>2711 Lakewood Dr Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RIOE LAKE</i>	<i>3-29-11</i>
3. <i>Chris Bauer</i>	<i>828 Thayers St Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-29-11</i>
4. <i>Jim Arnold</i>	<i>90 Birch Hill Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Manitowish Waters</i>	<i>3-29-11</i>
5. <i>Daniel C. Hall</i>	<i>4912 Canterbury Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CASSIAN</i>	<i>3-29-11</i>
6. <i>Jenny Sandring</i>	<i>21307 Sugar Bush Rd, N41190</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>F. FIELD</i>	<i>3-29-11</i>
7. <i>Denise Dr. Woodruff</i>	<i>8680 Denise Dr. Woodruff, WI 54688</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Woodruff</i>	<i>3-29-11</i>
8. <i>Shirley Ann</i>	<i>9815 LAKE SHORE DR WOODRUFF, WI 54688</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODRUFF</i>	<i>3/29/11</i>
9. <i>Lisa A. Brown</i>	<i>7960 Big Buck Cir East</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>woodruff</i>	<i>3/29/11</i>
10. <i>Robert V. Armstrong</i>	<i>P.O. Box 953 H. 3425 Ha-Est St Lot #66</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>woodruff</i>	<i>3-29-11</i>

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

I reside 2511 So. 57th W. Ave. Tulsa OK 74107

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

RECALL PETITION

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1.	504 W. Phillips St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
2.	7556 Bass Tr Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3-29-11
3.	7556 Bass Tr Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3-29-11
4.	4357 Cedar Lane Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
5.	311 Woodland Hgts Dr Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
6.	N 4543 Little Crk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BRANTWAQ	3-29-11
7.	210 Sutliff Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
8.	PO Box 64 Woodland Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
9.	6724 Maria Rhinelander 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent Rhinelander	3/29/11
10.	3311 Hwy 17 50 Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/29/11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So. 59th W. Ave Tulsa OK 74107

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

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3-29-11
(date)

(signature of circulator)

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

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1. <i>Jenna Shiel</i>	<i>1639 Poolerson</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Monico</i>	<i>3/29/11</i>
2. <i>Bernie Sullivan</i>	<i>1710 City Rd C</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3/29/11</i>
3. <i>MICHAEL BUTT</i>	<i>2634 Highway 17 South</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
4. <i>Eugene Haber</i>	<i>7242 Blackberry Dr Rhinsler</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
5. <i>Diane Stou</i>	<i>10518 Jersey Lane Tomshawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomshawk</i>	<i>3-29-11</i>
6. <i>Dale Towre</i>	<i>120 Philips St. Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-29-11</i>
7. <i>Sharon Weber</i>	<i>8634 Loon Call Trl Harshaw WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodboro</i>	<i>3-29-11</i>
8. <i>Sally Thomsen</i>	<i>LAND O LAKES WI 23250 S. MOON LAKE RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAND O LAKES</i>	<i>3-29-11</i>
9. <i>Steve Malcorin</i>	<i>322 Dahl St. Apt A Rhineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/29/11</i>
10. <i>Vicky Rohl</i>	<i>2962 Wausau Rd Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3/29/11</i>

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

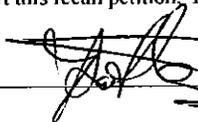
(name of circulator)

I reside 2511 S. 57th W. Ave. Jul-5th WI 537107

(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 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>George Maloney</i>	<i>4650 OLD HY 8 E Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <i>PELICAN</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/8/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, *George Maloney*, certify:
(name of circulator)

I reside *4650 Old Hy, 8 E Rhineland WI, 54501 PELICAN*.
(circulator's residence - include number, street, and municipality)

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

4/8/11 (date) *George Maloney* (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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ben R</i>	<i>1633 5th Avenue Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/3/11</i>
2. <i>Roberta Biggerstaff</i>	<i>1413 Nova Rd Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/3/11</i>
3. <i>Rob Biggerstaff</i>	<i>1413 Nova Rd Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/3/11</i>
4. <i>Lou Biggerstaff</i>	<i>1333 Mendota Antigo, WI 54409</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>4/13/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *Ronald Biggerstaff*, certify:
(name of circulator)

I reside *1413 Nova Rd. Antigo, 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.

April 3, 2011
(date)

Ronald Biggerstaff
(signature of circulator)

RECALL PETITION

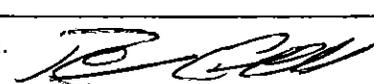
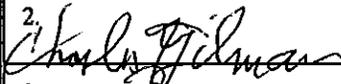
TO: Wisconsin Government Accountability Board

(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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	PO Box 847 Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	4/6/11
2. 	611 NETA LN. RD. Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	4/8/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, Charles Gilman, certify:
(name of circulator)

I reside 611 NETA LAKE ROAD EAGLE RIVER, WI 54521 Town of 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.

4/8/11
(date)


(signature of circulator)

