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.)

fleeing the state to avoid a vote

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Pamela A. [illegible]	4532 Harmony Pt. Lane Boulder Junction WI 54512	☑ Town ☐ Village ☐ City Boulder Junction	3/1/11
2. Lisa M. Ottoson	7405 Holiday Ct Minocqua, WI 54548	☑ Town ☐ Village ☐ City Minocqua	3/1/11
3. Rose [illegible]	4481 Harmony Pt Ln Boulder Junct 54512	☑ Town ☐ Village ☐ City Boulder Junct	3/1/11
4. Michael Salvi	11784 KOBART RD MINOCQUA 54548	☑ Town ☐ Village ☐ City MINOCQUA	3/1/11
5. [illegible]	7478 Pine Rd Minocqua	☑ Town ☐ Village ☐ City Minocqua	3/1/11
6. [illegible]	4532 Harmony Pt. Lane Boulder Jct., WI 54512	☑ Town ☐ Village ☐ City Boulder Jct	3/1/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, CAROL Hiller, certify:
(name of circulator)

I reside 6737 So Shore Dr. Hazelhurst, Wi 54531.
(circulator's residence - include number, street, and municipality)

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

3/1/2011
(date)

Carol Hiller
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Larry Str	423 South Superior St Antigo, WI. 54409	☐ Town ☐ Village ☒ City Antigo	3-17-11
2. Andrew Jacob	350 Maplewood Rd Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	3-17-11
3. Gill Pike	706 Willard Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-17-11
4. Samantha J Vahe	N8609 Hwy 55 Lily WI 54491	☒ Town ☐ Village ☐ City Langlade	3-17-11
5. Rebecca Cameron	N10593 Red Pine Rd Birnamwood 54414	☒ Town ☐ Village ☐ City Hutchins	3-17-11
6. [illegible]	416 Lincoln St Antigo Wi. 54409	☐ Town ☐ Village ☒ City Antigo	3-17-11
7. Ray Gray	N5445 Pizak Ln Deerbrook WI 54424	☒ Town ☐ Village ☐ City Deerbrook	3-17-11
8. [illegible]	W10328 Forest Lake Rd Deerbrook WI 54424	☒ Town ☐ Village ☐ City Deerbrook	3-17-11
9. [illegible]	1120 9th Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-17-11
10. Josh Boesel	114 Fred St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-17-11

Certification of Circulator

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

I reside at N3383 Meadow Rd Antigo.
(circulator's residence - include number, street, and municipality)

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

3-17-11
(date)

Laurie Hottenstein
(signature of circulator)

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

Page No. 1402

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.)

Failure to be in Madison representing us taxpayers - Leaving state for weeks - Living in Illinois

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Elaine M. Noel	N1307 Rawhide Rd. Keshena, WI 54135	☒ Town ☐ Village ☐ City Menominee	2/28/11
2. Larry R. Schultz	N1645 RAINBOW RD. KESHENA, WI 54135	☒ Town ☐ Village ☐ City MENOMINEE	2/28/11
3. Rita Jackson	W775 Hwy V V Keshena WI 54135	☒ Town ☐ Village ☐ City Menominee	3-1-11
4. [illegible]	" " "	☒ Town ☐ Village ☐ City Menominee	3-1-11
5. Arlene Skenandore	N16408 Branch Path Keshena, WI 54135	☒ Town ☐ Village ☐ City Menominee	3-1-11
6. Marilyn Montoric	N1623 Rainbow Rd Keshena, WI 54135	☒ Town ☐ Village ☐ City Menominee	3-1-11
7. [illegible]	N. 1640 S. BRANCH KESHENA WI	☒ Town ☐ Village ☐ City MENOMINEE	3-1-11
8. [illegible]	N-1204 COUNCIL HILL RD. KESHENA WI	☐ Town ☐ Village ☐ City MENO	3-3-11
9. Glenn Teesloo	N1250 RAWHIDE KESHENA, WISC	☒ Town ☐ Village ☐ City Menominee	3-3-11
10. Kathleen DePing	N1270 Rawhide Rd Keshena WI	☒ Town ☐ Village ☐ City Menominee	3-6-11

Certification of Circulator

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

I reside N1307 Rawhide Rd. Keshena, WI 54135 Town of Menominee
(circulator's residence - include number, street, and municipality)

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

3-12-11
(date)

Elaine M. Noel
(signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12
(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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rusty Wickel	1203 Harrison St	☐ Town ☐ Village ☒ City Merrill	3/5/11
2. John Kleinschmidt	1006 Jefferson	☐ Town ☐ Village ☒ City MERRILL	3-10-11
3. ~~Brian Wickel~~	~~N6520 Hwy 17~~	☐ Town ☒ Village ☐ City ~~Gleason~~	~~3/10/11~~
4. Rick Plautz	711 Martin St Merrill WI	☐ Town ☐ Village ☒ City Merrill	3/10/11
5. Robert Plautz	10350 CENTER RD	☒ Town ☐ Village ☐ City NEKOMIS	3/10/11
6. [illegible]	N197 Scott Road	☐ Town ☐ Village ☐ City	3-10-11
7. [illegible]	1601 E 10 th Merrill Wis	☐ Town ☐ Village ☐ City	
8. Fred Zarembka	6258 Cattail Cove Ln Boulder Jct	☒ Town ☐ Village ☐ City Boulder Jct	3/10/11
9. David F. McCrignich	3000 WALSRO ROAD RHINELANDER	☒ Town ☐ Village ☐ City CRESCENT	3/10/11
10. [illegible]	202 East Riverside	☐ Town ☐ Village ☒ City Merrill	3-10-11

Certification of Circulator

Barbra Noone
(name of circulator)
reside at 9835 N. Yawkey Lake Road, Hazelhurst WI 54531
(circulator's residence - include number, street, and municipality)

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

March 11, 2011
(date)

Barbra Noone
(signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
is form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
8-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1404

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward Stommer	1218 BIRCHWOOD DR ST GERMAIN, WI 54558	☒ Town ☐ Village ☐ City CLOVERLAND	3/26/2011
2. Wilmer R. Lekber	POB 567 ST. GERMAIN 54558	☒ Town ☐ Village ☐ City ST. GERMAIN	3/28/11
3. Hertha Tupp	Arbor Vitae WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/28/11
4. Richard Pickles	1046 PHILLIPS PLACE ST. GERMAIN WI 54558	☒ Town ☐ Village ☐ City ST. GERMAIN	3/28/11
5. Tom Zimmerman	1642 APACHE TRAIL ST. GERMAIN, WI. 54558	☒ Town ☐ Village ☐ City ST. GERMAIN	3/28/11
6. Charles Vogel	P. O. Box 279 ST. Germain WI 54558	☒ Town ☐ Village ☐ City St. Germain	3/28/11
7. Robert Kocker	322 Nicolet Dr	☐ Town ☐ Village ☒ City Green Bay WI 54311	3/28/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Edward Stommer (name of circulator), certify:

I reside 1218 BIRCHWOOD DR, ST. GERMAIN, WI 54558
(circulator's residence - include number, street, and municipality)

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

3/28/2011
(date)

Edward Stommer
(signature of circulator)

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

Page No. 1405

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rae C. Ballbach	W9790 Thurner Ln Gresham, WI. 54128	☒ Town Red Springs ☐ Village ☐ City	3/24/11
2. JOHN M BALLBACH SR John M Ballbach Sr	W9790 Thurner Ln Gresham, WI. 54128	☒ Town ☐ Village RED SPRINGS ☐ City	3/25/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Rae C Ballbach (name of circulator), certify:

I reside 9790 Thurner Lane Gresham, WI. 54128 Town of Red Springs (circulator's residence - include number, street, and municipality).

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

3-27-11
(date)

Rae C Ballbach
(signature of circulator)

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

RECALL PETITION

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

/e, the undersigned qualified electors of the Wisconsin Senate District 12,
(jurisdiction or district of officeholder)

etition for the recall of Senator Jim Holperin from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

he 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 e officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jeff Williquette	1686 Galli Dr POB 334 EAGLE RIVER, WI 54521	☒ Town LINCOLN ☐ Village ☐ City	3/9/11
2. Cody Williquette	1686 Galli Dr PO Box 334 Eagle River, WI 54521	☒ Town Lincoln ☐ Village ☐ City	3-25-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
0.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Melinda Williquette, certify:
(name of circulator)

eside at 1686 Galli Drive Eagle River WI 54521 LINCOLN
(circulator's residence - include number, street, and municipality)

ersonally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or trict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated osite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 2.13(3)(a), Wis. Stats.

MM 3/29/11 MM
(date)

Melinda Williquette
(signature of circulator)

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

Page No. 1407

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John H. Renken	714 S. STATE ST. apt 2 MERRILL, WI 54452	☐ Town ☐ Village ☒ City	3/18/11
2. Barbara L Renken	714 S State St apt 2 Merrill WI 54452	☐ Town ☐ Village ☒ City	3-18-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, X BARBARA RENKEN, certify:
(name of circulator)

I reside X 714 S State St apt 2 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.

X 3-27-11
(date)

X Barbara Renken
(signature of circulator)

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

Page No. 1408

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen Schreiber	3677 Sheling Dr. Rhinelander WI	☑ Town ☐ Village ☐ City Crescent	3/4/11
2. Melanie Ryan	1909 Sunset Dr. Tomahawk, WI	☑ Town ☐ Village ☐ City Nokomis	3/15/11
3. Tracy Paquette	418 Cary Street Rhinelander, WI	☐ Town ☐ Village ☑ City RHLDR	3/17/11
4. James Paquette	418 Cary St Rhldr WI 54501	☐ Town ☐ Village ☑ City Rhinelander	3/17/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Paul Mueller (name of circulator), certify:

I reside 219 Spruce St., Rhinelander, WI 54501 (circulator's residence - include number, street, and municipality).

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

March 23 2011
(date)

(signature of circulator)

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or fire no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel C Hook	4740 BAYVIEW DR 54501	☒ Town ☐ Village ☐ City NEWBOLD	2/28/11
2. Beverly J. Hook	4740 Bayview Dr. 54501-8710	☒ Town ☐ Village ☐ City Newbold	2/28/11
3. Ed Ortbrand	6596 ORT DR. 54501	☒ Town ☐ Village ☐ City Crescent	2/28/11
4. Kathleen A Kurb	6596 Ort Dr 54501	☒ Town ☐ Village ☐ City Cresent	2/28/11
5. Howard Bost	4079 SUNSET DRIVE RHINELANDER WIS	☒ Town ☐ Village ☐ City NEW BOLD	2.28.11
6. James E Hulin	6050 WINDWOOD LK CIR RHINELANDER WIS	☒ Town ☐ Village ☐ City NEWBOLD	2-28-11
7. Kay Halvorson	4774 LANDING RD RHINELANDER WI	☒ Town ☐ Village ☐ City NEWBOLD	3/1/11
8. Ruth Barlow	1021 N. Stevens St RHL. WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/1/11
9. Bill Halvorson	4774 LANDING Rd RHINELANDER, WI 54501	☒ Town ☐ Village ☐ City NEWBOLD	3/1/11
10. Charles W. Trauba	4637 HWY 47 Rhinelander WI 54501	☒ Town ☐ Village ☐ City Newbold	3/4/11

Certification of Circulator

I, WILLIAM C. HALVORSON (name of circulator), certify:

I reside 4774 LANDING Rd RHINELANDER, WI. 54501 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.

03/10/11 (date)

William C. Halvorson (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N9878 Cty Hwy B Gleason WI 54435	☑ Town ☐ Village ☐ City Harrison	3/19/11
2. [illegible]	N9878 Cty Hwy B Gleason WI 54435	☑ Town ☐ Village ☐ City Harrison	3/19/11
3. [illegible]	1372 Hill Circle Saint Germain	☑ Town ☐ Village ☐ City St Germain	3/19/11
4. Donald D. Bezon	3986 Co. Hwy C Rhinelander WI	☐ Town ☐ Village ☐ City Rhinelander Pine Lake	3/19/11
5. Judy McQueen	1315 Coon Rhinelander WI	☐ Town ☐ Village ☑ City Rhinelander	3/19/11
6. Jill Wilson	7992 State Hwy 32 Argonne, WI 54511	☐ Town ☐ Village ☐ City Argonne	3/19/11
7. Brian Wilson	7992 state Hwy 32 Argonne, WI 54511	☑ Town ☐ Village ☐ City Argonne	3/19/11
8. Brian Klotz	565 Ruppe Rd Three Lakes WI	☑ Town ☐ Village ☐ City Three Lakes	3/19/11
9. Josie Zeltten	565 Ruppe Rd Three Lakes WI	☑ Town ☐ Village ☐ City Three Lakes	3/19/11
10. Mariam Peterson	1996 Larsen Dr. Rhinelander, WI	☑ Town ☐ Village ☐ City Newbold	3/19/11

Certification of Circulator

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

I reside 10350 CENTER RD, TOMAHAWK, WI 54487 (NOKOMIS).
(circulator's residence - include number, street, and municipality)

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

3/19/2011 (date)

Robert Gluntz (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7519 Woodboro Heights Rhinelander WI 54501	☐ Town ☐ Village ☐ City Woodboro	3/19/11
2. Don Hollis	1876 Adams Rd Eagle River	☐ Town ☐ Village ☐ City Eagle River	3/19/11
3. Richard Opmuncan	W-3184 STEVENSON Rd IRMA	☐ Town ☐ Village ☐ City IRMA	3/19/11
4. Julie Opmuncan	W3184 Stevenson Rd Irma	☐ Town ☐ Village ☐ City Irma	3-19-11
5. Rebecca Berchta	W3184 Stevenson Rd Irma	☐ Town ☐ Village ☐ City Irma	3-19-11
6. John-Paul Vocka	7519 Woodboro Heights rd Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Woodboro	3-19-11
7. Greg Fellbaum	3087 S. River Rhinelander WI 54501	☐ Town ☐ Village ☐ City Crescent	3-19-11
8. Cheryl Jensen	401 N. Summit Ave Crandon, WI 54520	☐ Town ☐ Village ☐ City Crandon	3-19-11
9. Jean Zoellner	706 N. Grandview Ave Crandon, WI 54520	☐ Town ☐ Village ☐ City Crandon	3-19-11
10. Lisa Schutt	N1114 Antigost Elcho WI 54428	☐ Town ☐ Village ☐ City Elcho	3-19-11

Certification of Circulator

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

I reside 10350 CENTER RD, TOMAHAWK, WI 54487 (NOKOMIS).
(circulator's residence - include number, street, and municipality)

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

3/19/2011
(date)

Robert Glentz
(signature of circulator)

Page No. 1412

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	723 3RD AVE ANTIGO WI	☐ Town ☐ Village ☒ City ANTIGO	3-29-11
2. [illegible]	W3416 Cedar Rd Merrill, WI	☒ Town ☐ Village ☐ City Pine River	3-29-11
3. [illegible]	N11976 Pratt Rd Elcho WI 54428	☐ Town ☒ Village ☐ City Elcho	3-29-11
4. Penny Perry	W6295 Hill Road Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-29-11
5. [illegible]	129 S VIRGINIA ANTIGO WI	☐ Town ☐ Village ☒ City ANTIGO	3-29-11
6. Michelle Zoern	Antigo N2430 Hwy 45 S	☐ Town ☒ Village ☐ City Antigo.	3-29-11
7. Randy Zoern	Antigo N2430 Hwy 45 S	☐ Town ☒ Village ☐ City Antigo	3-29-11
8. Misty Baker	Antigo 137 Weed St	☐ Town ☐ Village ☒ City Antigo	3-29-11
9. Charles Baker	Antigo 137 Weed St	☐ Town ☐ Village ☒ City Antigo	3-29-11
10. Gerry Taylor	119 Deleglise St Antigo	☐ Town ☐ Village ☒ City Antigo	3-29-11

Certification of Circulator

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

I reside at 9830 Hwy 32 Hiles, 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.

3-29-11
(date)

[illegible] Nery
(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. 1413

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Laurie A Hottenstein	N3383 Meadow Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	2/24/2011
2. Jean Van Dyke	N3367 Meadow Rd Antigo Wi 54409	☒ Town ☐ Village ☐ City Antigo	2/24/2011
3. Denny Van Dyke	N3367 Meadow Rd Antigo, Wi 54409	☐ Town ☐ Village ☐ City Antigo	2-24-11
4. [illegible]	1217 McMillan Ave Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	2-24-11
5. Allen Benishek	108 VIRGINIA ST ANTIGO WI. 54409	☐ Town ☐ Village ☒ City ANTIGO WI	2-24-11
6. Joan L Benishek	108 VIRGINIA ST ANTIGO WI. 54409	☐ Town ☐ Village ☒ City ANTIGO WI	2-24-11
7. Bessie Steger	402 2nd Ave Antigo, WI	☐ Town ☐ Village ☒ City Antigo, WI	2-24-11
8. Earl Steger	402 2nd Ave Antigo Wi	☐ Town ☐ Village ☒ City Antigo Wi	2-24-11
9. ~~Ron Meade~~	~~605 Maple Ave~~ Mattoon	~~☐ Town ☐ Village ☐ City~~	
10. John Meade	622 Willard Ave Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo WI	2-24-11

Certification of Circulator

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

I reside at N3383 Meadow Rd, Antigo.
(circulator's residence - include number, street, and municipality)

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or strict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated posite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 2.13(3)(a), Wis. Stats.

2-24-11
(date)

Laurie A Hottenstein
(signature of circulator)

B-170 (Rev.6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.
s form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
3-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1414

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James A. Anderson	291 Theiler Dr. Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3/22/2011
2. Bill Davis	108 E WASHINGTON TOMAHAWK WI 54487	☒ Town ☐ Village ☐ City TOMAHAWK	3/22/11
3. Don Bruyere	W13389 Hwy T Gheason WI 54435	☒ Town ☐ Village ☐ City Gheason	3/22/11
4. Randall Krueger	W3985 Oak View Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3/22/11
5. Harry C Brown	2059 River Rd Tomahawk. W. 54487	☒ Town ☐ Village ☐ City Nokomis	3/24-11
6. [illegible]	527 Vaughn St. Rhinelander, Wisc	☐ Town ☐ Village ☒ City Rhinelander	3.24.11
7. Kris Fiser	728 Evergreen Ct Rhinelander WI 54501	☐ Town ☐ Village ☒ City RHINELANDER	3/24/11
8. Renee Fielhauer	323 Hillside Rhinelander WI.	☐ Town ☐ Village ☐ City Rhinelander	3/30/11
9. Sam Fielhauer	323 Hillside Rd Rhinelander WI	☐ Town ☐ Village ☐ City Rhinelander	3/30/11
10. Ashley Fielhauer	323 Hillside Rhinelander	☒ Town ☐ Village ☐ City Rhinelander	3/30/11

Certification of Circulator

I, Gregory Fielhauer (name of circulator), certify:

I reside 3087 S. River Rhinelander WI 54501 (circulator's residence - include number, street, and municipality).

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

3/31/11 (date)

Gregory Fielhauer (signature of circulator)

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

Page No. 1415

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Valerie Fiedhauer	323 Hillside Rhinelander	☒ Town ☐ Village ☐ City Rhinelander,	3/30/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Gregory Fiedhauer (name of circulator), certify:

I reside 3067 S. River Rhinelander Wi 54501 (circulator's residence - include number, street, and municipality).

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

3/31/11 (date)

Gregory J. Fiedhauer (signature of circulator)

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

Page No. 141L

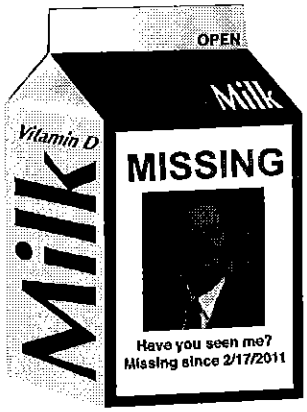
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	7067 COON LK RD. RHINELANDER	☒ Town ☐ Village ☐ City NEWBOLD	3-26-11
2.	6245 Oak Run Rd Rhinelander	☒ Town ☐ Village ☐ City Newbold	3/26/11
3.	3416 BERGMAN RD RHINELANDER	☒ Town ☐ Village ☐ City Pelican	3/26/11
4.	3416 Bergman Rd Rhinelander WI	☒ Town ☐ Village ☐ City Pelican	3/26/11
5.	4405 Valley Ct Rhinelander, WI	☒ Town ☐ Village ☐ City Newbold	3/26/11
6.	5702 Black Lake Rd Rhinelander WI	☐ Town ☐ Village ☐ City Newbold	3/26/11
7.	PO Box 51 Boulder Jct, WI	☒ Town ☐ Village ☐ City Presque Isle	3/26/11
8.	P.O. Box 51 Boulder Jct WI	☒ Town ☐ Village ☐ City Presque Isle	3/26/11
9.	4455 N Shore Dr Rhinelander, WI	☒ Town ☐ Village ☐ City Pelican	3/26/11
10.	1516 Mristalstar Rd WD	☐ Town ☐ Village ☐ City Pelican Lake	3-26-11

Certification of Circulator

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

I reside at 9830 Hwy 32 Hiles, WI 54511
(circulator's residence - include number, street, and municipality)

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

3-26-11 (date) Jennifer J Nery (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. 1412

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jerry Renner	1800 Renner Rd	☒ Town ☐ Village ☐ City St Germain	4/14/11
2. Marsha Renner	1800 Renner Rd	☒ Town ☐ Village ☐ City St. Germain	4/14/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jerry Renner (name of circulator), certify:

I reside 1800 Renner Rd., St. Germain, WI 54558 (circulator's residence - include number, street, and municipality).

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

4-14-2011 (date)

Jerry Renner (signature of circulator)

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

Page No. 1418

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	4539 Langlewood Dr	☑ Town ☐ Village ☐ City Lincoln	4/5/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, DAVID J. McMASTER (name of circulator), certify:

I reside 328 S. 5th St. Dallas, WI 54721 (circulator's residence - include number, street, and municipality).

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

APRIL 7, 2011 (date)

(signature of circulator)

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

Page No. 1419

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Erma D. Reigel	9531 Blue Lake Road	■ Town ☐ Village ☐ City Hazelhurst	4/10/11
2. LaVern A. Reigel	9531 Blue Lake Road	■ Town ☐ Village ☐ City Hazelhurst	4/10/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, LAVERN A. REIGEL (name of circulator), certify:

I reside 9531 BLUE LAKE ROAD, HAZELHURST, WI. 54531.
(circulator's residence - include number, street, and municipality)

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

April 14 2011 (date)

LaVern A. Reigel (signature of circulator)

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

Page No. 1420

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.)

To recall Senator Holperin for leaving the state of Wisconsin and not representing his constituents.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	W6227 Raven Rd. Wausaukee WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	4/7/11
2.	W6887 Two Mile Rd. Porterfield, WI 54159	☒ Town ☐ Village ☐ City Lake	4/9/11
3. Thomas H Boehnke	W6887 Two mile Rd PORTERFIELD WI 54159	☒ Town ☐ Village ☐ City LAKE	4/9/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Judith L. Boehnke, certify:
(name of circulator)

I reside W6887 Two Mile Road, Porterfield, WI 54159, Town of Lake.
(circulator's residence - include number, street, and municipality)

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

April 11, 2011
(date)

Judith L. Boehnke
(signature of circulator)

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

Page No. 1421

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	7832 Hixon Rd Minocqua WIS	☒ Town ☐ Village ☐ City Minocqua	3/5/11
2. [illegible]	2573 Steamns Lk Rd LDF, WI 54538	☒ Town ☐ Village ☐ City Lac Du Flambeau	3/5/11
3. [illegible]	4600 Buck Ln Harshaw WI. 54529	☒ Town ☐ Village ☐ City Cassian	3/5/11
4. [illegible]	4600 Buck lane Harshaw WI 54529	☒ Town ☐ Village ☐ City Cassian	3/5/11
5. Leonard Schuster	8561 OAK PARK CIR. MINOCQUA	☐ Town ☐ Village ☐ City MINOCQUA	3-5-11
6. Ruth Zentner	309 St Germain St Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3-5-11
7. [illegible]	~~EA~~ 4420 CHAIN O LAKES RD EAGLE RIVER, WI 54521	☐ Town ☐ Village ☒ City EAGLE RIVER	3-5-11
8. [illegible]	608 3rd Ave. Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/5/11
9. Anthony Jacquart	1574 CHADWICK DR. ARBOR VITAE	☒ Town ☐ Village ☐ City ARBOR VITAE	3/5/11
10. Lynn McCutcheon	1574 CHADWICK DR ARBOR VITAE	☒ Town ☐ Village ☐ City ARBOR VITAE	3/5/11

Certification of Circulator

I, Rudolph A. Flys Jr, certify:
(name of circulator)

I reside at 5349 ISLAND LAKE RD BOULDER JUNCTION WIS.
(circulator's residence - include number, street, and municipality)

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

3/5/11 (date)

[signature] (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1422

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Delmar Polak	N2182 County Road G Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	2-25-11
2. Donna Polak	N1308 Wisconsin River Rd. Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	2-25-11
3. Tracy Polak	N2182 County Road G Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	2-26-11
4. Judy Kimmons	N6705 Hwy 51 Irma, WI 54442	☒ Town ☐ Village ☐ City Birch	2-27-11
5. Todd Kimmons	N6787 Hwy 51 IRMA WI 54442	☒ Town ☐ Village ☐ City Birch	2-27-11
6. Dorgene Goetsch	2219 Willow Bend Dr. Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	2-28-11
7. Paul Gn	2219 Willow Bend Dr. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	2-28-11
8. Leonard Polak	N1412 Hwy 64 MERRILL, WI 54452	☒ Town ☐ Village ☐ City PINE RIVER	2-28-11
9. Lee Scheuerman	10525 Bocek Ln Argonne, WI 54511	☒ Town ☐ Village ☐ City Crandon	3-9-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Delmar P. Polak, certify:
(name of circulator)

I reside at N2182 County Road G 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.

3-10-11
(date)

Delmar Polak
(signature of circulator)

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Martin Kadubek	7812 KADUBEK LANE ARMSTRONG CREEK W.	☒ Town ☐ Village ☐ City	3/6/11
2. Patricia Kadubek	7818 KADUBEK LA ARMSTRONG CREEK W	☒ Town ☐ Village ☐ City	3-6-11
3. Arthur Kadubek	7800 KADUBEK LANE ARMSTRONG CREEK, WI	☒ Town ☐ Village ☐ City	3-6-11
4. Wally Kadubek	7635 Kadubek Ln Armstrong Creek, WI	☒ Town ☐ Village ☐ City	3-6-11
5. Wayne Kadubek	7573 S. Tower Rd. Armstrong Creek, WI	☒ Town ☐ Village ☐ City	3-6-11
6. Steve Carlson	4702 Elm St. LAONA, WIS.	☒ Town ☐ Village ☐ City	3-9-11
7. [illegible]	LAONA WI 54541-3579 Peshtigo River Rd	☒ Town ☐ Village ☐ City	3-9-11
8. Marvin P. Smalley	LAONA WIS 54541 4909	☒ Town ☐ Village ☐ City	3-13-11
9. [illegible]	LAONA WI Hansen Lane 54541 4435 US HWY 8	☒ Town ☐ Village ☐ City	3-13-11
10. [illegible]	LAONA, WI 54541 4435 US HWY 8	☒ Town ☐ Village ☐ City	3-13-11

Certification of Circulator

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

I reside 4671 Elm ST. LAONA, WI 54541
(circulator's residence - include number, street, and municipality)

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

3-14-11 (date) [signature] (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1424

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Curtis Schoen	525 OHIO ST Eagle River WI	☐ Town ☐ Village ☒ City EAGLE RIVER	3-3-11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

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

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

3-3-11
(date)

Craig Klein
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1425

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Pauline Bremer	W10782 Forest Rd	☐ Town ☒ Village ☐ City Summit Lake	4/9/11
2. Barbara Bremer	W10782 Forest Rd	☐ Town ☒ Village ☐ City Summit Lake	4/9/11
3. Robert R Damm	W11697 CTH T	☐ Town ☒ Village ☐ City Summit Lake	4/9/11
4. Diane Bremer	W10782 Forest Road	☒ Town ☐ Village ☐ City Upham	4/10/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Colin C Handeyside, certify:
(name of circulator)

I reside N11070 Hwy 45 S. Elcho, WI. 54428-0127.
(circulator's residence - include number, street, and municipality)

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

4-12-11
(date)

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barbara J. Kester	7053 Loon Rd Lake Tomahawk, WI 54539	☑ Town ☐ Village ☐ City	4/4/11
2. Thomas J. Kester	7053 LOON RD LAKE TOMAHAWK, WI 54539	☐ Town ☐ Village ☐ City	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, THOMAS J. KESTER, certify:
(name of circulator)

I reside X 7053 LOON ROAD, LAKE TOMAHAWK, WI 54539-9215
(circulator's residence - include number, street, and municipality)

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

X 4/8/2011 (date) X Thomas J. Kester (signature of circulator)

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Page No. 1427

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Willard F. Hupfer	414 So. TOMAHAWK AVE	☐ Town ☐ Village ☒ City TOMAHAWK	4/11/11
2. Heidi Brienle	414 So. TOMAHAWK AVE	☐ Town ☐ Village ☒ City TOMAHAWK	4/11/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, WILLARD F. HUPFER, certify:
(name of circulator)

I reside 414 So. TOMAHAWK AVE, TOMAHAWK.
(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)

Willard F. Hupfer (signature of circulator)

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

Page No. 1428 ~~LOKT~~

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Carol Bartz	1600 River St Merrill, WI	☐ Town ☐ Village ☒ City Merrill	4/8/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Carol Bartz (name of circulator), certify:

I reside 1600 River St. Merrill WI (circulator's residence - include number, street, and municipality).

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

X 4-12-11 (date) X Carol Bartz (signature of circulator)

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

Page No. 1429

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	6558 Hillcrest Dr	☒ Town ☐ Village ☐ City Sugar Camp	3/8/11
2. Alison M Schiek	6558 Hillcrest Dr	☒ Town ☐ Village ☐ City Sugar Camp	3/8/11
3. Albert L. Vedrik	3851 Enderwinlake Rd	☒ Town ☐ Village ☐ City Sugar Camp	3-8-11
4. Kathe Hogarson	4415 Valley CT	☒ Town ☐ Village ☐ City Newbold	3-8-11
5. Warren Hogarson	4415 Valley ct	☒ Town ☐ Village ☐ City Newbold	3-8-11
6. Karen Albrecht	7634 Marquard Rd	☒ Town ☐ Village ☐ City Sugar Camp	3-8-11
7. Shari Quealy	580 Raven Ln	☒ Town ☐ Village ☐ City Lincoln	3-11-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

X David W Schiek
(name of circulator)
, certify:

X reside at 6558 Hillcrest Dr, Rhinelander, WI 54501 Sugar Camp, WI
(circulator's residence - include number, street, and municipality)

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

X 3·30·11
(date)

[signature]
(signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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8-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 4130

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.)

Jim Holperin left the state of Wisconsin in order to deliberately block "stop voting in the state senate level of government" not carry out the business of the people he represents.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sherree L. Doersjeke	709 First Line Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3/19/11
2. Denise Kilsdonk	N2140 Hillside Road Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	3/22/11
3. Jack Kalatka	N2140 Hillside Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	3/23/11
4. Rebecca Nieton	W11115 Hwy 64 Antigo WI 54409	☒ Town ☐ Village ☐ City Ackley	3-25-11
5. Thomas White	W10007 Huggins Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	3-25-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Denise Lorene Kilsdonk, certify: 1431
(name of circulator)

I reside at N2140 Hillside Road, Antigo WI 54409 ROLLING
(circulator's residence - include number, street, and municipality)

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

3-28-2011 Denise L. Kilsdonk

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	W9063 Ch. Rd O Antigo, WI 54409	☐ Town ☐ Village ☐ City Rolling	3/22/11
2. [illegible]	295 Freiberger Antigo, WI 54409	☐ Town ☐ Village ☐ City Antigo	3-22-11
3. [illegible]	7280 Oak Dr Rhinelander WI	☐ Town ☐ Village ☐ City Rhinelander	3-23-11
4. [illegible]	1413 Elizabeth St Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3-23-11
5. [illegible]	306 Melanie Ave Crandon WI	☐ Town ☐ Village ☐ City Crandon	3-23-11
6. [illegible]	1908 West Hill Rd Rhinelander	☐ Town ☐ Village ☐ City RhLDR	3-23-11
7. [illegible]	312 Woodland Heights Terrace Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3-23-11
8. [illegible] JAN RICHTER	10825 Freemen Rd Rhinelander, WI	☐ Town ☐ Village ☐ City Crescent	3/23/11
9. [illegible]	391 Woodland Heights Terrace, Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3/23/11
10. [illegible] Debra D Naugle	814 Messer Rhinelander, WI	☐ Town ☐ Village ☐ City Rhinelander	3/23/11

Certification of Circulator

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

I reside 4621 S. 72nd E. Pl. Tulsa, OK 74145 (circulator's residence - include number, street, and municipality).

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1027 6th Ave H1 Antigo, Wis. 54409	☐ Town ☐ Village ☒ City Antigo	3/22/11
2. [illegible]	703 S. Clermont St Antigo, WI, 54409	☐ Town ☐ Village ☒ City Antigo	3/22/11
3. [illegible]	5692 HWY 17 N 54501 Rhinelander, WI	☒ Town ☐ Village ☐ City Rhinelander	3/23/11
4. [illegible]	5899 Hwy 8 W 54501 Rhinelander, WI	☒ Town ☐ Village ☐ City Rhinelander	3/23/11
5. [illegible]	5550 Hwy 17 N Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/23/11
6. [illegible]	4812 Ivanhoe Pelican	☒ Town ☐ Village ☐ City Pelican	3/23/11
7. [illegible]	Pelican 3397 Lumber Lane	☒ Town ☐ Village ☐ City Rhinelander	3/23/11
8. [illegible] RANDY RICHTER	6825 FIRETOWER RD RHINELANDER WI	☒ Town ☐ Village ☐ City CRESCENT	3/23/11
9. [illegible]	391 Woodland Hts Ter Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/23/11
10. [illegible]	408 Woodland Hts Ter Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	3/23/11

Certification of Circulator

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

I reside 4621 S. 72nd E. Pl. Tulsa, OK 74145 (circulator's residence - include number, street, and municipality).

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 1933

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Marjorie Samolesh	1906 Pioneer Rd	☑ Town ☐ Village ☐ City Antigo	4/08/11
2. Douglas Samolesh	1906 Pioneer Rd	☑ Town ☐ Village ☐ City Antigo	4/08/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, X Marjori Samolesh, certify:
(name of circulator)

I reside X 1906 Pioneer 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.

X 4-13-11 (date)

X Marjorie Samolesh (signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICPALITY 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 [illegible]	9626 SOUTH SHORE PICKEREL, WI.	___Town X Village ___City	3/8/11
2 [illegible]	209 Wilson St Antigo, WI 54409	___Town ___Village X City	3-8-2011
3 Rob [illegible]	W 8109 CTH O	___Town ✓ Village ___City Alva	3-8/11
4 [illegible]	BRYANT WI 306 Kelly St	___Town ___Village ___City	3/8/11
5 Cathy Michels	Antigo WI W9008 City B Bryant, WI 54418	X Town ___Village Alva ___City	3.8.11
6		___Town ___Village ___City	
7		___Town ___Village ___City	
8		___Town ___Village ___City	
9		___Town ___Village ___City	
10		___Town ___Village ___City	

CERTIFICATION OF CIRCULATOR

I, Cathy Michels, certify that I reside at W9008 City B Bryant, WI 54418

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

3.8.11 (date) Cathy Michels (Signature of Circulator)

Page: 1

1435

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [redacted]		~~☑ Town~~ ~~☐ Village~~ ☐ City	~~04/05~~/11
2. Charlotte Kohr	1203 LAKELAND	☒ Town ☐ Village ☐ City ARBORVITAE	04/05/11
3. Phyllis Gouette	5823 High Lake Rd	☑ Town ☐ Village ☐ City Boulder Jct	04/05/11
4. Linda Thayer	4445 Harmony Pt	☑ Town ☐ Village ☐ City Boulder Jct	4/16/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Phyllis Gouette (name of circulator), certify:

I reside 5823 High Lake Rd Boulder Junction (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)

Phyllis Gouette (signature of circulator)

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

Page No. 1436

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ben Christin	N 10939 Tomahawk	☐ Town ☒ Village ☐ City Wilson	4/5/11
2. Joyce Webb	4353 4532	☒ Town ☐ Village ☐ City Lincoln	4-5-11
3. Fred Wagner	11255 Kilbey Bay Rd	☒ Town ☒ Village ☐ City Little Rice	4-5-11
4. Gerald Gillman	2718 PICKEREL EAGLE RIVER PTLA	☒ Town ☐ Village ☐ City CLOVERLAND	4/5/11
5. Dennis Hoodnick	2164 Black Lake Rd	☐ Town ☐ Village ☒ City Rhinelander	4/5/11
6. Jane Brooks	5467 ONEIDA LN HARSHAW, WI	☐ Town ☐ Village ☒ City HARSHAW	4/5/11
7. Jane Brooks	5467 ONEIDA LN "	☐ Town ☐ Village ☒ City Harshaw	4/5/11
8. Wendy Fetterfield	10239 Gentle Ben Rd Tomahawk	☒ Town ☐ Village ☐ City Nokomis	4/5/11
9. Robert Fetterfield	10239 Gentle Ben Tomahawk	☒ Town ☐ Village ☐ City Nokomis	4/5/11
10. Karen Lewis	645 Wis. Ave. Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4/5/11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), 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.

4/5/11 (date)

Sherri E. Ferrell (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Donald Oyner	380 Maple St Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
2. Jon R Porier	380 Maple St Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
3. Marion Popstock	332 Maple St. Apt. 4 Birnamwood WI	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
4. Stephen R Schmes Jr	434 Main St Apt 10 Birnamwood	☐ Town ☑ Village ☐ City Birnamwood	4-12-11
5. Michele Prince	307 Virginia St Antigo WI	☐ Town ☐ Village ☑ City Antigo	4-12-11
6. [illegible]	109 W. Vinal St #4 Wittenberg, WI. 54499	☐ Town ☑ Village ☐ City Wittenberg	4/12/11
7. Cheryl Rehke	N7424 Co Rd Q Wittenberg WI 54499	☑ Town ☐ Village ☐ City Birnamwood	4/12/11
8. Henry Lenemann	9637 St. Hwy. 153 WITTENBERG, WI. 54499	☑ Town ☐ Village ☐ City ELDERON	4/12/11
9. Dermiane Matsche	17035 Ctyl. Rd. N Birnamwood, WI	☐ Town ☐ Village ☐ City Birnamwood	4/12/11
10. Sue Sedestrom	W15348 Poplar Ln. Wittenberg WI 54499	☑ Town ☐ Village ☐ City almon	4/12/11

Certification of Circulator

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

I reside 4621 S. 72nd E. Pl. Tulsa OK.
(circulator's residence - include number, street, and municipality)

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

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

Page No. 1438

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Renee Schmitt	455 1st Ave Birnamwood WI	☐ Town ☒ Village ☐ City Birnamwood	4-12-11
2. Duane O. Knight	332 ~~[illegible]~~ ST APT 11 Birnamwood	☐ Town ☒ Village ☐ City BIRNAMWOOD	4/12/11
3. Ralph H Kahn	332 ~~[illegible]~~ ST Birnamwood	☐ Town ☒ Village ☐ City Birnamwood	4/12/11
4. Rebecca Washburn	340 main St. Apt. A, Birnamwood	☐ Town ☒ Village ☐ City Birnamwood	4-12-11
5. [illegible]	N4713 Lake Rd. Birnamwood WI	☒ Town ☐ Village ☐ City Birnamwood	4-12-11
6. Joan Brunner	901 S Harrison Lot 10 Wittenberg WI 54499	☐ Town ☒ Village ☐ City Wittenberg	4-12-11
7. Lori Gutche	901 S. Harrison Lot 10 Wittenberg WI 54499	☐ Town ☒ Village ☐ City Wittenberg	4-12-11
8. Naomi D Kassube	307 S Mission St Wittenberg 54499	☐ Town ☒ Village ☐ City Wittenberg	4-12-11
9. Cody Patterson	N6873 Robin Rd Wittenberg WI 54499	☐ Town ☒ Village ☐ City Wittenberg	4-12-11
10. John D. Sechenbach	W15348 Doran Ln Wittenberg WI.	☒ Town ☐ Village ☐ City ALMON	4-12-11

Certification of Circulator

I, LARRY W. SCHUMACHER (name of circulator), certify:

I reside 4621 S. 72nd E. Pl., TULSA OK (circulator's residence - include number, street, and municipality).

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

4-15-11 (date)

Larry W. Schumacher (signature of circulator)

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	8602 Hilbrand Rd Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	4/2/11
2. Fredrick Schwartz	8612 Hilbrand Rd. Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	4/3/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Fredrick Schwartz, certify:
(name of circulator)

I reside 8612 N. Hilbrand Rd. Three Lakes.
(circulator's residence - include number, street, and municipality)

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

4/3/11 (date)

Fredrick Schwartz (signature of circulator)

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

RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. M. Jeanne Strauss	1988 County Rd Y	☒ Town ☐ Village ☐ City Nokomis	3/31/11
2. Duane Strauss	1988 Co. Rd 'Y' Tomahawk, WI	☒ Town ☐ Village ☐ City Nokomis	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 1988 Co. Rd 'Y' Tomahawk Nokomis.
(circulator's residence - include number, street, and municipality)

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

3/31/2011 (date)

Duane Strauss (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Alice Sharp	902 Division St.	☐ Town ☑ Village ☐ City Wausaukee	3/29/11
2. James Pilegge	815 May ST	☐ Town ☑ Village ☐ City Wausaukee	3/31/11
3. Eileen Johnson	Wausaukee, WI 902 Division St	☐ Town ☑ Village ☐ City Wausaukee	3/31/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Alice M. Sharp (name of circulator), certify:

I reside 902 Division St. Village of Wausaukee (circulator's residence - include number, street, and municipality).

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

4-1-2011 (date)

Alice Sharp (signature of circulator)

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

Page No. 1442

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia L Stewart	115 Cottage St	☐ Town ☐ Village ☒ City Merrill	3/29/11
2. Richard L Stewart	115 Cottage St	☐ Town ☐ Village ☒ City Merrill	3/29/11
3. Richard Stewart	115 ½ Cottage St	☐ Town ☐ Village ☒ City Merrill	3/29/11
4. Leigh Stewart	115 Cottage St	☐ Town ☐ Village ☒ City Merrill	3/29/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Patricia L Stewart (name of circulator), certify:

I reside 115 Cottage St, Merrill (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)

Patricia L Stewart (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Charlie [illegible]	W17301 Roberta Burnamwood WI 54414	☒ Town ☐ Village ☐ City Amira	3/31/11
2. Floyd Aleshauer	W11476 SPRING ST AMIRA, WI 54408	☐ Town ☒ Village ☐ City Village	~~3/31/11~~
3. Tony Andraschko	W9742 Hoyt Rd. Burnamwood WI 54414	☒ Town ☐ Village ☐ City Rolling	4/1/11
4. [illegible]	N11616 Summer St Amira WI 54408	☐ Town ☐ Village ☐ City Village	/ /11
5. Walter Stefanski	W 19098 Hx 52 Amira WI 54408	☒ Town ☐ Village ☐ City	4/1/11
6. Dorothy Stefanski	W 19098 Hx 52 Amira WI 54408	☒ Town ☐ Village ☐ City	4/1/11
7. Denise Stefanski	W9193 Hwy 47 Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	4/1/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Walter Stefanski, certify:
(name of circulator)

I reside W 19098 Hx 52 Box 17 Amira WI 54408 Town of Amira
(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)

Walter Stefanski
(signature of circulator)

RECALL PETITION

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

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

petition for the recall of Senator Jim Holperin
(name of officeholder to be recalled and office) from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert Baner	6233 W Bradbury Rd Conover 54519	☐ Town Conover ☐ Village ☐ City	2-27-11
2. James B. [illegible]	1877 #11 Renwood Rd	☐ Town ☐ Village St. Germain ☐ City	2-26-11
3. [illegible]	Wilderness Ct Eagle River	☐ Town ☐ Village Eagle River ☐ City	3/15/11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Kevin Miller (name of circulator) certify:

reside at 2705 Star Lake Rd Eagle River WI 54521 TOWN OF CLOVERLAND
(circulator's residence – include number, street, and municipality)

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

4/9/2011 (date) (signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
is form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
8-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1445

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patrick L Risch	10653 N Creek Rd Boulder Junction	☒ Town ☐ Village ☐ City	4/10/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Patrick L Risch, certify:
(name of circulator)

I reside 10653 N Creek Rd Boulder Junction Wis.
(circulator's residence - include number, street, and municipality)

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

4-10-11
(date)

Patrick L Risch
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edith Prigge	N4381 Buettner Rd. White-Lake, WI, 54491	q Town of Wolf River q Village q City	3-23-11
2. Denis E. Prigge	N4381 BUETTNER RD WHITE LAKE, WI 54491	q Town WOLF RIVER q Village q City	3-23-11
3.		q Town q Village q City	
4.		q Town q Village q City	
5.		q Town q Village q City	
6.		q Town q Village q City	
7.		q Town q Village q City	
8.		q Town q Village q City	
9.		q Town q Village q City	
10.		q Town q Village q City	

Certification of Circulator

I, DENNIS E. PRIGGE (Denis E. Prigge), certify:
(name of circulator)

I reside at N4381 BUETTNER RD. WHITE LAKE, WI 54491 WOLF 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.

3-23-2011
(date)

Denis E. Prigge
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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(official with whom nomination papers or declaration of candidacy for the office is filed)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James M. Jackson	2402 Jenny CT.	☐ Town ☐ Village ☒ City Merrill	3-18-11
2. Jacqueline J. Jackson	2402 Jenny Ct	☐ Town ☐ Village ☒ City Merrill	3-18-11
3. Mark Engel	N 4063 Pine st	☐ Town ☐ Village ☒ City Merrill	3-18-11
4. Jim Dan	502 WI, St	☐ Town ☐ Village ☒ City Merrill	3-18-11
5. Robert [illegible]	711 Elm Street	☐ Town ☐ Village ☒ City Merrill	3/18/11
6. [illegible]	322 18th Ave. East	☐ Town ☐ Village ☒ City Menomonie	3/18/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JAMES M. JACKSON, certify:
(name of circulator)

I reside 2402 Jenny CT. Merrill.
(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)

James M. Jackson
(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 from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	8606 Squirrel Lk Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-24-11
2. [illegible]	6624 [illegible] Lake Tomahawk	☐ Town ☐ Village ☐ City Lake Tomahawk	2-24-11
3. [illegible]	Hazelhurst WI 10350 N. Leisure dr.	☐ Town ☐ Village ☐ City Hazelhurst	2-24-11
4. [illegible]	9744 Island Estates 205 Minocqua, WI	☐ Town ☐ Village ☐ City Minocqua	2-24-11
5. [illegible]	450 Park St Minocqua	☐ Town ☐ Village ☐ City Minocqua	2-24-11
6. [illegible]	5863 Forest LN Rhinelander WI	☐ Town ☐ Village ☐ City Rhinelander	2-24-11
7. [illegible]	5222 Crumley St Rd Woodruff, WI	☐ Town ☐ Village ☐ City Woodruff	2/24/11
8. [illegible]	9916 W Lower Kaubisine HAZELHURST, WI	☐ Town ☐ Village ☐ City HAZELHURST	2/24/11
9. [illegible]	12428 Scottgman Lk Rd MINOCQUA WI 54548	☐ Town ☐ Village ☐ City MINOCQUA, WI	2-24-11
10. [illegible]	6678 River Rd Lake Tomahawk WI 54539	☐ Town ☐ Village ☐ City Newbold ~~Lake Tomahawk~~	2/24/11

Certification of Circulator

I, Carol Cady, certify:
(name of circulator)

I reside at 1885 Broken Bow Tr. Arbor Vitae, WI 54568.
(circulator's residence - include number, street, and municipality)

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

2-24-11
(date)

Carol Cady
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Randall Kaplan	N831 Old 26 Aniwa WI 54408	☒ Town ☐ Village ☐ City Rolling	3/31/11
2. Denny Stowell	N831 Old 26 Rd Aniwa, WI 54408	☒ Town ☐ Village ☐ City Rolling	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Randall Kaplan (name of circulator), certify:

I reside N831 Old 26 Rd N831 Aniwa WI, 54408 Rolling (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)

Randall Kaplan (signature of circulator)

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

Page No. 1450

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paul Broadwater Paul A Broadwater	N15607 Mundt Quarry Rd Amberg, WI 54102	☒ Town ☐ Village ☐ City Amberg	3/6/2011
2. Jason Sandahl Jason Sandahl	N17100 Crowe Rd Beecher, WI 54156	☒ Town ☐ Village ☐ City Beecher	3-7-2011
3. Joseph Thomas	W10095 Pike Plains Road Dunbar, WI 54118	☒ Town ☐ Village ☐ City Dunbar	3-7-2011
4. Gregory Cline	W10095 Pike Plains Rd Dunbar, Wisconsin 54119	☒ Town ☐ Village ☐ City Dunbar	3-7-2011
5. Lynette Thomas	W10085 Pike Plains Rd Dunbar, WI 54118	☒ Town ☐ Village ☐ City Dunbar	3-7-11
6. [illegible]	N16960 Lily Lake Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/7/2011
7. David Sotyke	W2655 [illegible] Sheboygan Falls, WI 53085	☐ Town ☐ Village ☒ City Sheboygan Falls	3/7/2011
8. Chris Howell	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/7/2011
9. Rodney Beeson	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3-7-2011
10. Ken Keith	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3-7-2011

Certification of Circulator

I, Paul Broadwater (name of circulator), certify:

I reside at N15607 Mundt Quarry Rd Amberg, WI 54102 (circulator's residence - include number, street, and municipality).

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

3/7/2011 (date)

Paul A. Broadwater (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Mason	N77434 JERMAC RD WAUSAUKEE WI 54177	☒ Town ☐ Village ☐ City WAUSAUKEE	2-25-11
2. Larry Simpson	N11098 PARK RD WAUSAUKEE WI 54177	☒ Town ☐ Village ☐ City WAUSAUKEE	2-25-11
3. [redacted]	[redacted]	[redacted]	[redacted]
4. Forrest Owen	N11812 Wilderness Park Ln Athelstane WI 54104	☒ Town ☐ Village ☐ City Stephenson	2-28-11
5. Angie Smith	N11258 LAKESIDE ATHELSTANE WI 54104	☒ Town ☐ Village ☐ City STEPHENSON	3/3/2011
6. Lynn Buckley	W15906 CO RD C ATHELSTANE WI 54104	☒ Town ☐ Village ☐ City SILVER CLIFF	3-7-2011
7. Robert Buckley Jr	W15906 Co Rd C Athelstane WI 54104	☒ Town ☐ Village ☐ City Silver CLiFF	3-7-2011
8. Scott [illegible]	N13905 Mutaj Rd Amberg WI	☒ Town ☐ Village ☐ City Athelstane	3-7-2011
9. Donald Roodman	N13857 Northway Dr Amberg Wis 54102	☒ Town ☐ Village ☐ City Athelstane	3-7-2011
10. Robert L Bruoly	N11329 Dvore Ln Athelstane, WI 54104	☒ Town ☐ Village ☐ City Silver Cliff	3/7/11

Certification of Circulator

I, Larry J Marcus, certify:
(name of circulator)

I reside at W7881 PENCH LAKE Rd, WAUSAUKEE, WI. 54177.
(circulator's residence - include number, street, and municipality)

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

3-24-2011
(date)

Larry Marcus
(signature of circulator)

RECALL PETITION

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

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

petition for the recall of Senator Jim Holperin
(name of officeholder to be recalled and office) from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Elizabeth Hiesinger	1035 Newport Arbor Vitae	☐ Town ☐ Village ☐ City Arbor Vitae	2-24-11
2. William F. Bean	1694 Thunderbird Ln Minocqua WI 54548	☒ Town ☐ Village ☐ City Lac du Flambeau	2/24/11
3. Daniel Rogman Tracy	2030 Blue Bird Lane	☒ Town ☐ Village ☐ City Arbor Vitae	2-24-11
4. Michael Kutza	3816 Kingbird Ave	☐ Town ☐ Village ☐ City Wausau WI	2-24-11
5. Jacqueline Guthrie	10451 Blue Lake Rd	☒ Town ☐ Village ☐ City Minocqua	2/24/11
6. Mark Ahlm	1770 HWY 51 N Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	2/24/11
7. Jim Kelly	8490 Camp Pinewere Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	2/24/11
8. Carol Trumpel	11646 Back Bay Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City MINOCQUA	2/24/11
9. Nancy Jensen	11448 Sunshine Rd Hazelhurst	☐ Town ☒ Village ☐ City Hazelhurst	2/24/11
10. Sandra K Redmond	N11661 Crystal Lake Rd	☐ Town ☐ Village ☐ City Tomahawk	2/24/11

Certification of Circulator

I, Carol Cady
(name of circulator), certify:

I reside at 1835 Broken Bow Tr. Arbor Vitae WI 54568
(circulator's residence - include number, street, and municipality).

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

2-24-11
(date)

Carol Cady
(signature of circulator)

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

RECALL PETITION

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

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

petition for the recall of Senator Jim Holperin
(name of officeholder to be recalled and office) from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	102 HIAWATHA ARBOR VITA	☒ Town ☐ Village ☐ City ARBOR VITA	2-24-11
2. CLAYTON J. KLUTZ JR	10010 PINE TREE DR MINOCQUA WI 54548	☒ Town ☐ Village ☐ City MINOCQUA	2-24-11
3. Carol Gay	2600 Subway Apt. Lane Lac Du Flambeau Wi	☐ Town ☐ Village ☐ City Lac Du Flambeau	2-24-11
4. [illegible]	7799 [illegible] RD Minocqua Wi	☒ Town ☐ Village ☐ City Minocqua	2/24/11
5. [illegible]	822 CEDAR ST MINOCQUA WI	☐ Town ☐ Village ☐ City MINOCQUA	2-24-11
6. [illegible]	1835 BUCK CT ARBOR VITAE	☒ Town ☐ Village ☐ City ARBOR VITAE	2-24-11
7. James W Sanger	3351 EDWARD AV RHINELANDER	☐ Town ☐ Village ☒ City RHINELANDER	2/24/11
8. [illegible]	7609 FOREST TR	☐ Town ☐ Village ☐ City LAKE TOMAHAWK	2-24-11
9. [illegible]	1073 Old Hwy 51 Arbor Vitae	☐ Town ☐ Village ☐ City Arbor Vitae	2-24-11
10. [illegible]	9723 White Pine Dr. Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	2-24-11

Certification of Circulator

I, Carol Cady
(name of circulator), certify:

I reside at 1885 Broken Bow Tr. Arbor Vitae WI 54568
(circulator's residence - include number, street, and municipality).

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

2-24-11
(date)

Carol Cady
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Earl P Draeger	2931 CO RD Y ANWA WIS 54408	☒ Town ☐ Village ☐ City HARRISON	3/29/11
2. Mary Ann Draeger	2931 Co Rd Y Anwa Wi 54408	☒ Town ☐ Village ☐ City Harrison	3/29/11
3. Arlene Krueger	H14625 County Rd J Wausau, Wi. 54403	☒ Town ☐ Village ☐ City Hewitt	4/1/11
4. Donald Krueger	H14625 County Rd J Wausau, Wi. 54403	☒ Town ☐ Village ☐ City Hewitt	4/1/11
5. Joy Lubec	W994 County Rd X Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	4/2/11
6. Joshua Cleveland	W994 County Rd X Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	4/2/11
7. Jody Lubec	W994 CTY RD X MERRILL WI 54452	☒ Town ☐ Village ☐ City PINE RIVER	4/2/11
8. Charlene Kittson	209 Field St. Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4/2/11
9. Kent Serfal	203 Freiburger Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4/2/11
10. Laura A Draeger	203 Freiburger AVE Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4/2/11

Certification of Circulator

I, Myron Krueger (name of circulator), certify:

I reside 4346 Bear Lake Rd Anwa WI 54409 Town of Harrison.
(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)

Myron Krueger
(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.)

ABSENT FROM JOB

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Frances Kumbera	1515 HWY 32, P.O. Box 744 Three Lakes, WI 54562	☒ Town ☐ Village ☐ City THREE LAKES	4/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, FRANCES KUMBERA (name of circulator), certify:

I reside 1515 Hwy 32, P.O. Box 744, 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 (date)

Frances Kumbera (signature of circulator)

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

Page No. 1456

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jamie Klappa	9026 Woodruff Rd Woodruff	☒ Town ☐ Village ☐ City Woodruff	3/30/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jamie Klappa, certify:
(name of circulator)

I reside 9026 Woodruff Road, Woodruff, WI 54568.
(circulator's residence - include number, street, and municipality)

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

3/30/2011
(date)

Jamie Klappa
(signature of circulator)

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

Page No. 1457

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Elizabeth Hansen-Clay	1015 Superior St.	☐ Town ☐ Village ☒ City Antigo	4/4/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Elizabeth Hansen-Clay, certify:
(name of circulator)

I reside 1015 Superior St Antigo WI 54409.
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

Elizabeth Hansen-Clay
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John Kern	4422 YELLOW BIRCH RD EAGLE RIVER, WI 54521	☑ Town LINCOLN TOWNSHIP ☐ Village ☐ City	/ /2/11
2. Mary K. Kern	4422 YELLOW BIRCH EAGLE RIVER, WI 54521	☑ Town ☐ Village ☐ City LINCOLN	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JOHN D. KERN, certify:
(name of circulator)

I reside 4422 YELLOW BIRCH ROAD 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.

4-2-11
(date)

John Kern
(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.)

Failed To Do His Job, Went AWOL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert J Kunz	N12726 Harper Rd. Athelstane WI	☒ Town ☐ Village ☐ City Silver Cliff	4/2/11
2. Catherine Y Kunz	N12726 HARPER Rd Athelstane, WI	☒ Town ☐ Village ☐ City Silver Cliff	4/2/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Robert J Kunz, certify:
(name of circulator)

I reside N12726 Harper Rd. Athelstane WI SILVER CLIFF.
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

(signature of circulator)

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

Page No. 1460

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mary J Karling	7365 Forest Dr	☐ Town ☐ Village ☐ City MINOCQUA	3/30/11
2. Chris J. Karling	7365 FOREST RD Minocqua	☐ Town ☐ Village ☐ City MINOCQUA	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Mary Karling (name of circulator), certify:

I reside 7365 Forest Dr 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.

3-30-11 (date)

Mary J Karling (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1681 Hwy 45 Pelican Lake	☒ Town ☐ Village ☐ City Schapke	3/30/11
2. Tina M Klaar	N11458 County Road Z Elcho, WI 54428	☒ Town ☐ Village ☐ City Elcho	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Tina M Klaar, certify:
(name of circulator)

I reside N11458 County Road Z Elcho.
(circulator's residence - include number, street, and municipality)

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

3/31/11 (date)

Tina M Klaar (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Kilbane	9438 Country Club Rd	☒ Town ☐ Village ☐ City Minocqua	04/04/11
2. Jeanne Kilbane	9438 Country Club Rd	☒ Town ☐ Village ☐ City Minocqua	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JEANNE KILBANE, certify:
(name of circulator)

I reside 9438 Country Club Road 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.

April 4, 2011
(date)

Jeanne Kilbane
(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Zebulun Klessig	2950 HWY 70 East Eagle River, WI 54521	☑ Town ☐ Village ☐ City Washington	3.24.11
2. [illegible] Klessig	666 Meta Lake Road Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	3-24-11
3. [illegible] Stecher	8229 Northwood Dr St. Germain WI 54558	☒ Town ☐ Village ☐ City St. Germain	3-24-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Zebulun A. Klessig, certify:
(name of circulator)

I reside at 2950 HWY 70 East WASHINGTON.
(circulator's residence - include number, street, and municipality)

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

3.30.11 (date) Zebulun A. Klessig (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. 1464

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Victor Rossmanith	N6029 McCloud Rd GLEASON WIS 54435	☑ Town ☐ Village ☐ City VILAS	4/4/11
2. Joyce Rossmanith	N6029 McCloud Rd Gleason, WI 54435	☑ Town ☐ Village ☐ City VILAS	4/4/11
3. Carol Cucci	N5964 Mc Cloud Rd. Gleason, WI 54435	☑ Town ☐ Village ☐ City VILAS	4/4/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, VICTOR ROSSMANITH, certify:
(name of circulator)

I reside N6029 McCloud Rd GLEASON, WIS 54435 TWN of VILAS.
(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 5 2011 (date)

Victor Rossmanith (signature of circulator)

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

Page No. 1465

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Scott A Sprengler	W6402 5th Ave. Rd. Bryant WI 54418	☒ Town ☐ Village ☐ City Polar	4/1/11
2. [illegible]	N3693 Ackley Rd. Antigo, WI 54409	☒ Town ☐ Village ☐ City Ackley	04/01/11
3. Patti Meyer	N2706 Pawelek Rd Bryant, WI 54418	☒ Town ☐ Village ☐ City Polar	4/1/11
4. Patrick [illegible]	W11743 Spring Rd ANTIGO WI 54409	☒ Town ☐ Village ☐ City Ackley	4/1/11
5. [illegible]	W5352 Hwy 64 Bryant WI 54418	☒ Town ☐ Village ☐ City Evergreen	4/1/11
6. [illegible]	W9528 Co F Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	4/1/11
7. [illegible]	610 [illegible] St Whitelake WI	☐ Town ☒ Village ☐ City Whitelake	4/1/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Harold Schmitt (name of circulator), certify:

I reside N363 Spring Rd Antigo WI 54409 ACKLEY TWN OF ACKLEY
(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)

Harold Schmitt (signature of circulator)

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

Page No. 1460

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia M. Stolar	6201 Pine Lake Road	☒ Town ☐ Village ☐ City Sugar Camp, WI	2/27/11
2. Douglas T. Stolar	6201 PINE LAKE RD	☒ Town ☐ Village ☐ City SUGAR CAMP, WI	2/27/11
3. [illegible]	6207 PINE LAKE RD.	☒ Town ☐ Village ☐ City SUGAR CAMP, WI	2/27/11
4. Amy Stolar	6207 Pine Lake Rd	☒ Town ☐ Village ☐ City Sugar Camp WI	2/27/11
5. Sherree P. Stolar	6201 Pine Lake Rd	☒ Town ☐ Village ☐ City Sugar Camp	2/27/11
6. Carl Weidling	6181 Pine Lake	☒ Town ☐ Village ☐ City Sugar Camp	2/27/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, PATRICIA M. STOLAR (name of circulator), certify:

I reside 6201 PINE LAKE ROAD RHINELANDER, WI 54501 SUGAR CAMP (TWN)
(circulator's residence - include number, street, and municipality)

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

2/27/11 (date)

Patricia M. Stolar (signature of circulator)

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

Page No. 14670

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICPALITY 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 Dean Boettcher	N10616 DEER LAKE ROAD ATHELSTANE, WI. 54104	✓ Town STEPHENSON __ Village __ City	3-16-11
2 Susan Boettcher	N10616 DEER LAKE ROAD ATHELSTANE, WI. 54104	✓ Town STEPHENSON __ Village __ City	3-16-11
3		__ Town __ Village __ City	
4		__ Town __ Village __ City	
5		__ Town __ Village __ City	
6		__ Town __ Village __ City	
7		__ Town __ Village __ City	
8		__ Town __ Village __ City	
9		__ Town __ Village __ City	
10		__ Town __ Village __ City	

CERTIFICATION OF CIRCULATOR

I, DEAN BOETTCHER, certify that I reside at N10616 DEER LAKE RD, ATHELSTANE, WI. 54104 STEPHENSON (TOWN)

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

3-16-11
(date)

Dean Boettcher
(Signature of Circulator)

Page: 1468

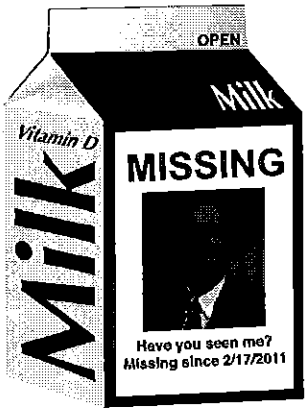
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mac Rhode	N2390 S 315' Rd COLEMAN, WI 54112	☒ Town ☐ Village ☐ City POUND	3/17/11
2. Sheena Wenzel	W6490 City Rd X Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	3/17/11
3. Rob Wenzel	W6490 City Rd X Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	3/17/11
4. Melissa Orlando	W7673 Thompson Rd Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	3-17-11
5. Jim Orlando	W7673 Thompson Rd Wausaukee, WI 54177	☒ Town ☐ Village ☐ City Middle Inlet	3-17-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Thomas R. Joske, certify:
(name of circulator)

I reside at W8314 NEJEDLO RD. WAUSAUKEE.
(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.

03/17/2011 (date)

Thomas R. Joske (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. 1469

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kurt Bey	5463 Broadway Newald WI 54511	☑ Town ☐ Village ☐ City Ross	3/31/11
2. Norbert Schuette	5472 Broadway Newald, WI 54511	☑ Town ☐ Village ☐ City Ross	3/31/11
3. Paulette Novak	8092 Schmidt Lane Argonne WI 54511	☑ Town ☐ Village ☐ City Argonne	3/31/11
4. Janice M. Offenstein	7330 Charlie Sampson Argonne, WI 54511	☑ Town ☐ Village ☐ City Argonne	3/31/11
5. Kathleen Bey	5462 Broadway Newald WI 54511	☑ Town ☐ Village ☐ City Ross	3/31/11
6. Don Dominski	10898 ST, HY 139 Newald WI 54511	☑ Town ☐ Village ☐ City Ross	4/2/11
7. Mildred Dominski	10898 State Hwy 139 Newald, WI 54511	☑ Town ☐ Village ☐ City Ross	4/2/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, MILDRED DOMINSKI, certify:
(name of circulator)

I reside 10898 STATE HWY 139, NEWALD, WI 54511 ROSS.
(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)

Mildred Dominski (signature of circulator)

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

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICPALITY 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 Jodi Lysaig	2351 Ruedebert Rd. Rhinelander WI	✓Town __Village __City Pelican	3/2/11
2 Christine Bowker	117 Hillside Rd Rhinelander WI 54501	__Town __Village ✓City Rhinelander	3/2/11
3 Andrew Bowker	117 Hillside Road Rhinelander, WI 54501	__Town __Village ✓City Rhinelander	3/2/11
4 P. Pine	4089 Bass Lake Loop Rhinelander WI	X Town __Village __City Pine Lk	3/3/11
5 Christa Stolzman	1646 W. Davenport St Apt. 11 Rhinelander, WI. 54501	__Town __Village ✓City Rhinelande	3/3/11
6 Mary C. Denis	Mary C. Denis 23 W Keenan St Rhinelander WI 54501	__Town __Village ✓City Rhinelander	3-20-11
7		__Town __Village __City	
8		__Town __Village __City	
9		__Town __Village __City	
10		__Town __Village __City	

CERTIFICATION OF CIRCULATOR

I, Michael Denis, certify that I reside at 23 W Keenan St Rhinelander, WI 54501

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that 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.

~~[illegible]~~ (date) 3/29/11

Michael Denis (Signature of Circulator)

Page: 1471

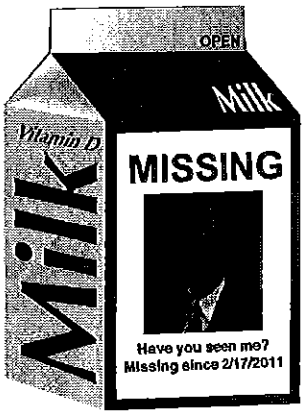
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Janet S. Dixon	6964 E. School St.	☒ Town ☐ Village ☐ City Three Lakes	4/5/11
2. David A. Dixon	6964 E. SCHOOL ST.	☒ Town ☐ Village ☐ City THREE LAKES	4/5/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 6964 E. SCHOOL ST. 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.

4/5/11 (date) — David A. Dixon (signature of circulator)

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

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

Page No. 1472

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 Senate District 12,
(jurisdiction or district of officeholder)

petition for the recall of State Senator Jim Holperin from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Edward Vanzuiky	715 Atkley St. Antigo WI	☐ Town ☐ Village ☒ City Antigo Wi	2/28/11
2. Ruth Simm	N9304 North Shore Rd Summit Lake WI	☒ Town ☐ Village ☐ City Summit Lake	2/28/11
3. R. Kosir	813 Delegluz Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3/4/11
4. Regina McDougal	N5178 Railroad Dr. Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Neva	3/10/11
5. Susan L Shepard	1018 7th Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/10/11
6. Courtney Drake	402 Lincoln Street Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-10-11
7. Pat McKay-Rice	423 10TH Antigo	☐ Town ☐ Village ☒ City Antigo	3-11-11
8. Barbara A. Gehrer	W11693 Blue Rd. Deerbrook, WI 54424	☐ Town ☐ Village ☒ City Deerbrook	3-11-11
9. Charlotte Rice	432 Tenth Ave Antigo WI	☐ Town ☐ Village ☐ City Antigo WI	3-11-11
10. Beth Schuelke	N11425 Tyler Ln Elcho, WI 54428	☐ Town ☐ Village ☐ City Elcho	3-11-11

Certification of Circulator

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

I reside at W9191 Kelly Lane Deerbrook Wi 54424 NEVA.
(circulator's residence - include number, street, and municipality)

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

3/18/2011 (date)

Dennis Cline (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Ellen [illegible]	5131 BERRY RD. LAND O LAKES	☒ Town ☐ Village ☐ City	03/04/11
2. Cheryl Chapman	6333 LITTLE PORTAGE LK RD LAND O LAKES	☒ Town ☐ Village ☐ City	03/08/11
3. Patricia McCarthy	5826 E. Big Portage Lk. Rd. Land O Lakes	☒ Town ☐ Village ☐ City	3/11/11
4. Joan C. Miller	5971 LITTLE PORTAGE LK. Rd Land O'Lakes, WI 54540	☒ Town ☐ Village ☐ City	3/11/2011
5. Thomas McCarthy	5826 E. BIG PORTAGE LAND O LAKES WI	☐ Town ☐ Village ☐ City LAND O LAKES	3/11/2011
6. Michael G. Miller	5971 Little Pt. Rd. Land o Lakes WI	☒ Town ☐ Village ☐ City	3/15/2011
7. Judy Felch	4374 Cty. B. Land O Lakes, WI	☒ Town ☐ Village ☐ City Land O Lakes	3/15/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Shelley Bauer (name of circulator), certify:

I reside 4647 Section 9 Rd. Eagle River, WI 54521 LINCOLN (circulator's residence - include number, street, and municipality).

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

3-25-11 (date)

Shelley Bauer (signature of circulator)

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

Page No. 1474

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	436 Thayer St.	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
2. Anne Sunnarborg	3397 Meadow Lane	☒ Town ☐ Village ☐ City Stella	3-31-11
3. Kitty Sunnarborg	3397 Meadow Lane	☒ Town ☐ Village ☐ City Stella	3-31-11
4.	4407 Wildwood	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
5.	W223 Wildwood Lake Rd	☐ Town ☐ Village ☒ City Rhiner	3-31-11
6.	203 Arbutus St	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
7. Andrew Leska	7010 Wildwood Ln Rhinelander, WI	☒ Town ☐ Village ☐ City Crescent	3-31-2011
8.	4360 Wildwood Dr Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
9. Katie Johnson	4059 Trails End Rd Rh	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
10.	652 Pelham St. Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-31-11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), 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.

3/31/11 (date)

Sherri E. Ferrell (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Melissa Wagler	5952 Redpine Rd Rhine. WI 54501	☒ Town ☐ Village ☒ City Newbold	3-31-11
2. Kathy Barber	5257 Sandy Loop Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3-31-11
3. Carol LeClerc	1115 Day St Apt 115 Rhinelander 54501	☒ Town ☐ Village ☐ City Pine Lake	3/31/11
4. Chris Geddes	4001 Horsehead Lake Rd R	☒ Town ☐ Village ☐ City Harshaw WI	3/31/11
5. Jeffrey T. Otto	3517 OLD OAK TR. 1	☐ Town ☐ Village ☒ City RHINELANDER	3/31/11
6. Amanda Raths	436 Thayer St. # 10	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
7. Rachel Maxwell	5400 W Blackoak Ward Land O' Lakes	☒ Town ☐ Village ☐ City Land O' Lakes	3/31/11
8. Russell Neri	1122 S. ONEIDA AVE Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
9. WAYNE FAIRFIELD	6568 HWY K RHINELANDER	☒ Town ☐ Village ☐ City NEW BOLD	3-31-11
10. James M Steck	303 Fredrick St RL	☐ Town ☐ Village ☒ 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.

Set 3/31/11
(date)

Sherri E. Ferrell
(signature of circulator)

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

Page No. 1476

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
[illegible]	6088 Westshore Rd Land O' Lakes 54540	☒ Town ☐ Village ☐ City LANDO' LAKES	3/31/11
2. Heidi Smith	N11047 Walleye rd Pearson WI 54462	☐ Town ☐ Village ☒ City Pearson	3/31/11
3. Brandon Lawton	3093 Hwy 17 Rhinelander, WI, 54501	☒ Town ☐ Village ☐ City Crescent	3/31/11
4. Ann Berk	125 Hillside Rd Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
5. Nicki Zylowski	1173 Drager Rd Eagle	☐ Town ☐ Village ☐ City Eagle River	3/31/11
6. Marie Haring	W6904 St Rd 86 Tomahawk	☒ Town ☐ Village ☐ City Bradley	3/31/11
7. Annette Lawrence	3104 Spring Dr. Rhinelander	☒ Town ☐ Village ☐ City Stella	3/31/11
8. Carol Brady	3530 Cty C Rhinelander WI	☒ Town ☐ Village ☐ City Stella	3/31/11
9. [illegible]	709 S. Forest Ave Crandon WI 54520	☐ Town ☐ Village ☒ City Crandon	3/31/11
10. Maxine Schultz	N11445 County Rd M Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3/31/11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), 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.

3/31/11
(date)

Sherri E. Ferrell
(signature of circulator)

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

Page No. 1477

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	348 Woodland Hills	☐ Town ☐ Village ☒ City Rhinelander	03/31/11
2. Beverly J. Schmidt	1965 Spring Creek Rd Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	03/31/11
3. Roland Schmidt	2049 Spring Creek	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
4. John Bergman	118 N. Baird Ave	☐ Town ☐ Village ☒ City Rhinelander	3-31-11
5. Theresa M Conboy	618 Moen St.	☐ Town ☐ Village ☒ City Rhinelander	3-3-11
6. Judith Krause	1709 Melody Rd. 54501	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
7. [illegible]	3141 N. Sunset Lane	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
8. [illegible]	900 Wabash St.	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
9. Victoria A Rhode	4574 Hwy 17 Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
10. [illegible]	517 Vaughn Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/31/11

Certification of Circulator

I, SHERRI FERRELL (name of circulator), 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.

3/31/11 (date)

Sherri E. Ferrell (signature of circulator)

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

Page No. 1478

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	5528 N Black Oak Lake Rd	☒ Town ☐ Village ☐ City Land O' Lakes	4/5/11
2. Bev Lipps	4190 Oak St	☐ Town ☐ Village ☐ City Land O' Lakes	4/5/11
3. JR Wiesbrock	4515 Cty Rd B	☒ Town ☐ Village ☐ City Land O' Lakes	4/5/11
4. [illegible]	7871 Palmer Lake Rd ~~Land O Lakes~~	☐ Town ☐ Village ☐ City Land O Lakes	4-5-11
5. Tim Zobel	6691 Spring Rd	☐ Town ☐ Village ☐ City Land O Lakes	4-5-11
6. Tom [illegible]	E23845 Wilbur R	☒ Town ☐ Village ☐ City Watersmeet	4-5-11
7. Denise M. Nemecek	7714 PALMER LK. RD	☒ Town ☐ Village ☐ City LAND O' LAKES	4.5.11
8. Dave R. Monrad	7714 PALMER LK.	☒ Town ☐ Village ☐ City LAND-O-LKS	4-5-11
9. Mary Bodamer	4185 OAK ST	☒ Town ☐ Village ☐ City LAND O LAKES	4/5/11
10. Jonathan T. [illegible]	4730 W. Black Oak Lk	☒ Town ☐ Village ☐ City Land O'Lakes	4/5/11

Certification of Circulator

I, Allen J. Bybee (name of circulator), certify:

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)

[signature]
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	Cnty B & Byers rd Deer brook WI 54424	☐ Town ☐ Village ☐ City Deer brooke	3-21-11
2. Elizabeth Lewis	W4934 St Hwy 64 Elton WI 54430	☐ Town ☒ Village ☐ City Elton	3-21-11
3. Martin Eldridge	N4206 Hill Rd Antigo WI 54409	☒ Town ☐ Village ☐ City ~~Antigo~~ Polar	3-21-11
4. [illegible]	N8099 Hwy 53 Lily WI 54491	☒ Town ☐ Village ☐ City Lily	3-21-11
5. Amber Ojala	933 16th Ave Apt 100 54409 Antigo WI	☐ Town ☐ Village ☐ City Antigo	3-21-11
6. Nancy Morales	933 16th Antigo WI Apt # 100 54409	☐ Town ☐ Village ☐ City Antigo	3-21-11
7. Abel Morales	933 16th Ave Apt 100 Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	3-21-11
8. [illegible]	N4166 Cty S Bryant WI 54410	☒ Town ☐ Village ☐ City Polar	3-21-11
9. Gale Campbell	412 Clermont Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
10. [illegible]	1017 6th Ave Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3-21-11

Certification of Circulator

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

I reside B528 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)

[signature]
(signature of circulator)

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

Page No. 1480

10

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Keith White	2954 Germond Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City Pelican	2-26-11
2. [illegible]	2954 Germond Rd. Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pelican	2-26-11
3. [illegible] White	2954 Germond Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City Pelican	2-26-11
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Keith White (name of circulator), certify:

I reside at 2954 Germond Rd, 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.

2-26-11 (date)

Keith White (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	W7711 HWY 86 TOMAHAWK, WI 54487	☒ Town ☐ Village TOMAHAWK ☐ City	3/2/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Scott Borchardt, certify:
(name of circulator)

I reside at 414 Bradley Farm Rd Tomahawk WI 54487.
(circulator's residence - include number, street, and municipality)

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

3-1-11
(date)

Scott Borch
(signature of circulator)

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lorie Eisch	4459 Lake Anna Florence 54121	☒ Town ☒ Village ☐ City Florence	2/25/11
2. Gary L Eisch	4459 Lake Anna Florence 54121	☒ Town ☒ Village ☐ City Florence	2/25/11
3. Todd C Patterson	833 Chapin St Florence WI 54121	☒ Town ☐ Village ☐ City Florence	2.25.11
4. Jon Gardner	5605 Balsam Dr (PO 200) Florence (Fern) WI 54121	☒ Town ☐ Village ☐ City Fern	2/25/11
5. Mark J. Rulkamp	317 Central Ave Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	2/25/11
6. Amy M Rulkamp	317 Central Ave Florence WI 54121	☒ Town ☐ Village ☐ City Florence	2/25/11
7. Nede Knepper	5467 Pine Lane Rd Florence, WI 54121	☒ Town ☐ Village ☐ City Fern	2/26/11
8. Jesse Dribble	P.O. Box 326 Florence WI, 54121	☒ Town ☐ Village ☐ City Florence	2/26/11
9. Laura Knepper	5467 Pine Lane rd Florence, WI, 54121	☒ Town ☐ Village ☐ City Fern	2/26/11
10. Christine Knepper	5467 Pine Lane Rd Florence WI 54121	☒ Town ☐ Village ☐ City Fern	2/26/11

Certification of Circulator

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

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

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

3-2-11 (date)

(signature of circulator)

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Page No. 1483

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Jackie Dallo Prana	109 Florence Ave Florence, WI	☒ Town ☐ Village ☐ City Florence	2/25/11
2. Lori K Patterson	833 Chapin St Florence, WI	☒ Town ☐ Village ☐ City Florence	2/25/11
3. Kelly Millan	4680 1st Crossing Rd Florence WI	☒ Town ☐ Village ☐ City Florence	2/25/11
4. Karl Frudell	231 Central Ave Florence WI	☒ Town ☐ Village ☐ City Florence	2/25/11
5. Tracy Stelter	109 South Street Commonwealth	☒ Town ☐ Village ☐ City Commonwealth	2-25-11
6. Steve Wilcox	941 CHAPIN ST FLORENCE, WI	☒ Town ☐ Village ☐ City FLORENCE	2-25-11
7. Dean Larson	1908 North Lake Rd Florence WI 54121	☒ Town ☐ Village ☐ City Florence	2-25-11
8. Roger Seciski	4796 First Crossing Rd Florence WI	☒ Town ☐ Village ☐ City Florence	2-25-11
9. Sylvia Young	3433 Montgomery Lake Rd Florence WI 54121	☒ Town ☐ Village ☐ City Florence	2-28-11
10. Sandra Witynski	1624 Hwy 4S2 Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	2-28-11

Certification of Circulator

I, TODD E. PATTERSON, certify:
(name of circulator)

I reside at 833 CHAPIN ST. 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.

3-1-2011
(date)

Todd E Patterson
(signature of circulator)

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	107 W. Timber Dr Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander Oneida	3/23/11
2. Melissa Johnson	809 E Timber Dr #3 Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander Oneida	3/23/11
3. [illegible]	9 Lakes WI 54565 9350 Wheeler 54561	☒ Town ☐ Village ☐ City Oneida	3/23/11
4. Sue Biermeier	359 Woodland Hts. Ter Rhld, Wis 54501	☐ Town ☐ Village ☒ City Rhinelander 54501 Rhld, Wis	3/23/11
5. Bonnie Gatti	609 S. Eastern Ave Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhine WI 54501	3/23/11
6. Shawn Wiskott	201 W Lincoln St Crandon WI 54520	☐ Town ☐ Village ☒ City Crandon 54520	3/23/11
7. [illegible]	4980 Stellalk Rd. Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Stella	3/23/11
8. [illegible]	7009 Hay Way Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	3/23/11
9. [illegible]	N4066 Clover Rd Antigo, WI 54409	☒ Town ☐ Village ☐ City Langlade	3/23/11
10. Sandy Speath	N1165 S Wars Ln Elcho WI 54428	☒ Town ☐ Village ☐ City Langlade	3/23/11

Certification of Circulator

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

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

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

3-25-11
(date)

[signature]
(signature of circulator)

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

Page No. 1485

(10)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Neal F Lucht	8133 Big St. Germain Drive St Germain WI 54558	☒ Town ☐ Village ☐ City St Germain	2/28/2011
2. Donna Lucht	8133 Big St Germain Dr St Germain WI 54558	☒ Town ☐ Village ☐ City St Germain	2/28/2011
3. Jack M Mauck	6990 St Germain WI Eagle River WI 54521	☒ Town ☐ Village ☐ City Cloverland	2/28/11
4. Sharon L Malenck	6990 State Hwy 70W Eagle River, WI 54521	☒ Town ☐ Village ☐ City Cloverland	2/28/11
5. Edward R Chenick	6891 Gypsy Lake Rd Lake Tomahawk, WI 54539	☒ Town ☐ Village ☐ City Newbold	3-2-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Ronald A. Malenck, certify:
(name of circulator)

I reside 6990 State Hwy 70W Eagle River, WI 54521.
(circulator's residence - include number, street, and municipality)

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

[redacted] 3/2/11
(date)

(signature of circulator)

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

Page No. 1486

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.)

This was forwarded to me so I'm not able to get more signatures. Good Luck.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kathleen Thom	4249 Northview Dr.	☐ Town ☐ Village ☒ City Rhinelander	4/13/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kathleen Thom (name of circulator), certify:

I reside 4249 Northview Dr. Rhinelander, WI 54501 (circulator's residence - include number, street, and municipality).

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

4-1-2011 (date)

Kathleen Thom (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1487

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gail Barber	4412 Twin Overlook	☑ Town ☐ Village ☐ City Vilas Conover	3/15/2011
2. Roy A Barber	4412 Twin Overlook	☑ Town ☐ Village ☐ City Vilas Conover	3/15/2011
3. Marvin Jacobs	472 EAGLE LK RD	☑ Town ☐ Village ☐ City Pelican Lake	3/20/2011
4. Jean Jacobs	472 Eagle Lake Rd	☑ Town ☐ Village ☐ City Pelican Lake	3/23/11
5. Chuck Harper	5646 Katie Ln Cr	☑ Town ☐ Village ☐ City Conover	3/23/11
6. Linda Hayfness	5646 Katie Ln Conover	☐ Town ☐ Village ☐ City Conover	3-31-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, MARVIN WILLIAM JACOBS, certify:
(name of circulator)

I reside 472 EAGLE LAKE RD Pelican Lake, WIS. 54463
(circulator's residence - include number, street, and municipality)
608 345-8374

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

4-13-2011
(date)

Marvin W Jacobs
(signature of circulator)

Page No. 1488

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 Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Doreen Kiesz	5102 Alberts Trail Eagle River WI 54521	☒ Town ☐ Village Lincoln ☐ City	3/08/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 2397 Deer View Lane Washington
(circulator's residence - include number, street, and municipality).

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

4/17/11
(date)

Robert Crooker
(signature of circulator)

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

Page No. 1489

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kristin Lenz	1158 Border Creek Rd	☒ Town ☐ Village ☐ City St. Germain	3-1-11
2. James N. Lenz	1158 Border Creek Rd	☒ Town ☐ Village ☐ City ST. GERMAIN	3/1/11
3. Mel Treder	8221 Sunrise Ln	☐ Town ☐ Village ☐ City St. Germain	3/1/11
4. [illegible]	8535 Sutton Rd Minocqua WI	☒ Town ☐ Village ☐ City Minocqua	3/1/11
5. John Sell	5011 Birchwood St German	☐ Town ☐ Village ☐ City St. Germain	3-2/11
6. [illegible]	1680 PINEWOOD RD P.O. Box 594	☐ Town ☐ Village ☐ City ST. Germain	3-2/11
7. [illegible]	218 N MAIN EAGLE RIVER	☐ Town ☐ Village ☐ City EAGLE RIVER	3-2-11
8. Ann Knack	1680 PINEWOOD DR. P.O. Box 594	☐ Town ☐ Village ☐ City St. Germain	3-3-11
9. Chad Biedum	P.O. Box 606	☒ Town ☐ Village ☐ City St Germain	3-3-11
10. [illegible]	P.O. Box 606	☒ Town ☐ Village ☐ City St. Germain	3-3-11

Certification of Circulator

I, Kelly Joseph Ryan (name of circulator), certify:

I reside at 1763 State Highway 155, Saint Germain, WI 54558 (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.

11 April 2011
(date)

(signature of circulator)

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

Page No. 1490

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	5349 Island Lake Rd Manitowish Waters WI 54545	☒ Town ☐ Village ☐ City Boulder Junction	2/24/2011
2. Nancy Chapes	350 Windpoint Rd Manitowish Waters WI 54545	☒ Town ☐ Village ☐ City Manitowish Waters	2/24/11
3. Marion Cram	5331 Island Lk Rd Manitowish Waters WI 54545	☒ Town ☐ Village ☐ City Boulder Junction	2/24/11
4. Chas A [illegible]	75 S. Hwy 51 Manitowish Waters WI 54545	☒ Town ☐ Village ☐ City Manitowish Waters	2/24/11
5. Irene S. Hibbard	191 Alder Lake Rd M.W. WI 54545	☒ Town ☐ Village ☐ City Manitowish Waters	2/24/11
6. Harry & Kaymarie [illegible]	12550 LA FAVE RD Manitowish Waters WI	☒ Town ☐ Village ☐ City Boulder Junction	2/27/11
7. Jim Hanson	229 Stepping Stone Ln Manitowish Waters	☐ Town ☐ Village ☐ City Manitowish Waters	2-28-11
8. [illegible]	7461 Lynnis Rd. Lake Tomahawk WI. 54539	☒ Town ☐ Village ☐ City Lake Tomahawk	2-28-11
9. [illegible]	11856 County Hwy W Presque Isle WI 54567	☒ Town ☐ Village ☐ City Presque Isle	2-28-11
10. [illegible]	72 ILG RD MANITOWISH WATERS, WI 54545	☒ Town ☐ Village ☐ City MANITOWISH WATERS	2/28/11

Certification of Circulator

I, Ronald A Feys Jr, certify:
(name of circulator)

I reside at 5349 ISLAND LAKE RD Boulder Junction WI.
(circulator's residence - include number, street, and municipality)

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

2/28/2011 (date) [signature] (signature of circulator)

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

Page No. 1491

RECALL PETITION

TO: Wisconsin Government Accountability Board Kim Simac (Jim Holperin Recall Committee)
(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.)

Jim Holperin Jim Holperin (Senator) left our Wis. District for 3 weeks without representation for 3 weeks leaving our District without representation (see back of Petition)

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barbara Schmidtbauer	N11244 Schmidtbauer Rd.	☒ Town ☐ Village ☐ City Tomahawk	3/30/11
2. Sue Tyykila	N11398 Schmidtbauer Rd.	☒ Town ☐ Village ☐ City Tomahawk	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside N11244 Schmidtbauer Rd. — Tomahawk, WI. 54487.
(circulator's residence - include number, street, and municipality)

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

March 30, 2011 — (date)

Barbara I. Schmidtbauer — (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Theresa Strasburg	7141 Semrau Trail Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City HAZELHURST	4/6/11
2. [illegible]	10030 Cedar Falls Rd.	☒ Town ☐ Village ☐ City Hazelhurst	4/6/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, James W. Strasburg (James W. STrasburg), certify:
(name of circulator)

I reside at 7141 Semrau Trail, Hazelhurst, Wi. 54531.
(circulator's residence include number, street, and municipality)

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

4/11/11
(date)

James W. Strasburg
(signature of circulator)

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

Page No. 1493

RECALL PETITION

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

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

petition for the recall of Senator Jim Holperin from office pursuant
(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. CRAIG BORN	717 RAINBOW LK RD. LK. TOMAHAWK, WI	☒ Town ☐ Village ☐ City	4/9/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Sheri Shoberg (name of circulator), certify:

reside at 912 East Wall Street Eagle River, WI
(circulator's residence – include number, street, and municipality)

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

Sheri Shoberg (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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. Heidi Pled	228-B Menominee St	☐ Town ☐ Village ☒ City Tomahawk	4-6-11
2. L J Vangard	4 E. Spirit Ave	☐ Town ☐ Village ☒ City Tomahawk	4/6/11
3. Tom R Cody	1112 Bridge ST	☐ Town ☐ Village ☒ City TOMAHAWK	4/6/11
4. Nancy Langeberg	N8761 Cody Rd	☒ Town ☐ Village ☐ City Bradley	4/6/11
5. Tara Anderson	202 E Wisconsin Tom	☒ Town ☐ Village ☐ City Tomahawk	4/6/11
6. Donald J Spot	W11181 Hwy 86 TR	☐ Town ☒ Village ☐ City TRIPOLI	4 6 11
7. Ronald Boyle	211 S. 3rd ST	☐ Town ☐ Village ☒ City Tomahawk	4-6-11
8. Darrell J. McCabe	802 School R	☐ Town ☐ Village ☒ City Tomahawk	4-6-11
9. Doug Merrill	9364 Fern wood Rd Harshaw	☐ Town ☐ Village ☐ City CASSIAN	4-6-11
10. Ryan Johnson	12007 Kablitz 54487	☐ Town ☒ Village ☐ City KESHENA	4/6/11

Certification of Circulator

I, Self (name of circulator) HERRI E. 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.

4/6/11 (date)

Herri E. Ferrell (signature of circulator)

RECALL PETITION

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

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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. Angelene Berard	10021 Sipple Ln Crandon WI	☑ Town ☐ Village ☐ City Nashville	4-11-11
2. Peggy Fegan	1420 Meister Stackley Rd Pelican Lake WI	☐ Town ☐ Village ☐ City Schoepke	4-11-11
3. Cheryl Frank	3281 City H 54463 Wabeno, WI 54566	☑ Town ☐ Village ☐ City Forest	4-11-11
4. [illegible]	236 North Ave Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	4-11-11
5. [illegible]	726 1st Ave Antigo	☐ Town ☐ Village ☑ City Antigo	4-11-11
6. Sam Bergner	201 W. Wilson St Antigo WI	☐ Town ☐ Village ☑ City Antigo	4-11-11
7. Rod Robin	201 Wilson St Antigo WI	☐ Town ☐ Village ☑ City Antigo	4-11-11
8. Jeff Lehrke	Eldne W13926 Arbuta St.	☑ Town ☐ Village ☐ City Pelican	4-11-11
9. Elizabeth A Burson	N11725 Indian Hill Elcho WI 54428	☑ Town ☐ Village ☐ City Elcho	4-11-11
10. [illegible]	1586 Meister Stackley Rd Pelican Lake WI 54463	☑ Town ☐ Village ☐ City Schoepke	4-11-11

Certification of Circulator

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

I reside 4621 S. 72nd E Pl, Tulsa, OK (circulator's residence - include number, street, and municipality).

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

4-15-11 (date)

Larry W. Schumacher (signature of circulator)

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	1672 Hwy 8 E Monico, WI 54501	☒ Town ☐ Village ☐ City Monico	4-11-11
2.	N11199 Hwy 45 Elcho, WI 54428	☒ Town ☐ Village ☐ City Elcho	4-11-11
3.	322 WI 54409 Antigo WI	☐ Town ☐ Village ☒ City ATIGO	4-11-11
4.	3063 Cty Rd H Wabeno WI 54566	☒ Town ☐ Village ☐ City Wabeno	4-11-11
5.	1433 Saratoga St Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	4-11-11
6.	Antigo WI 54409 132 Pine St	☐ Town ☐ Village ☒ City Antigo	4-11-11
7.	933 Lath Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4-11-11
8.	1649 Virginia St Antigo	☐ Town ☐ Village ☒ City Antigo	4-11-11
9.	Box 6 11099 Jacobs Ln Elcho, Wi	☒ Town ☐ Village ☐ City Elcho	4-11-11
10.	PO Box 122 N11294 Riverview, ~~WI~~	☐ Town ☐ Village ☐ City Elcho	4-11-11

Certification of Circulator

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

I reside 4621 S. 72nd E. Pl, Tulsa OK
(circulator's residence - include number, street, and municipality)

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

4-15-11
(date)

Larry W. Schumacher
(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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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	Mike Lettman W99 S5 Hwy 69	☒ Town ☐ Village ☐ City Antigo	4-11-11
2.	W10715 Elk Lake Rd Elcho	☒ Town ☐ Village ☐ City Elcho	4-11-11
3.	1623 Clermont Antigo	☒ Town ☐ Village ☒ City Antigo	4-11-11
4.	929 Stokant Apt 203 Antigo	☐ Town ☐ Village ☒ City Antigo	4-11-11
5.	633 SUPERIOR #6 ANTIGO WI	☐ Town ☐ Village ☒ City ANTIGO	4-11-11
6.	316 EDISON WI. ANTIGO 54409	☐ Town ☐ Village ☒ City Antigo	4/11/11
7.	402 1/2 5th AVE Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	4/11/11
8.	ANTIGO WI 54409 1803 5TH AVE	☐ Town ☐ Village ☒ City ANTIGO	4/11/11
9.	W18679 Cole St Elcho, Wis.	☒ Town ☐ Village ☐ City ELCHO	4/11/11
10.	N9224 Evergreen DR Gleason WI 54435	☒ Town ☐ Village ☐ City Summit	4/11/11

Certification of Circulator

I, LARRY W. SCHUMACHER, certify:
(name of circulator)

I reside 4621 S. 72nd E. Pl. TULSA, OK
(circulator's residence - include number, street, and municipality)

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

4-15-11
(date)

Larry W. Schumacher
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Randy Koehler	W4445 Peterson LN Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
2. Sandra Ratkovich Sandra Ratkovich	W3645 County Road J Gleason, WI 54435	☒ Town ☐ Village ☐ City Birch	4/4/11
3. Barbara Plonsky-Koehler	W4445 Peterson Ln. Merrill, Wi.	☒ Town ☐ Village ☐ City Pine River	4/9/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Barbara Plonsky-Koehler, certify:
(name of circulator)

I reside W4445 Peterson Ln, Merrill, Wi 54452 Town of Pine River, 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.

4-9-11
(date)

Barbara Plonsky Koehler
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	2621 West Bay Rd Pelican Lake, WI 54463	☒ Town ☐ Village ☐ City Schoepke	4/6/11
2. Ernest L Hill	2621 West Bay Rd Pelican Lake WI.	☒ Town ☐ Village ☐ City Schoepke	4/6/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Ernest L Hill (name of circulator), certify:

I reside 2621 West Bay Rd. Pelican Lake WI 54463 Town of Schoepke.
(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 6th 2011
(date)

Ernest L Hill
(signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
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