RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 Demers	8527 Camp Pinemere Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/30/11
2. Sally Kellner	2375 Willies Drive Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	3/30/11
3. Mark Demers	8527 CAMP PINEMERE RD MINOCQUA WI 54548	☒ Town ☐ Village ☐ City MINOCQUA	3/30/11
4. [illegible]	1287 W Harbor Dr Arbor Vitae WI 545[illegible]	☐ Town ☐ Village ☐ City Arbor Vit[illegible]	4/3/11
5. [illegible]	8551 Camp 21 Rd LK. TOMAHAWK 54539	☒ Town ☐ Village ☐ City LK Tomahawk	4/3/11
6. [illegible]	10270 RED PINE CT MINOCQUA WI 54548	☐ Town ☐ Village ☐ City MINOCQUA	4/3/11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 8527 CAMP PINEMERE RD., MINOCQUA WI 54548.
(circulator's residence - include number, street, and municipality)

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

4/3/11
(date)

Mark Demers
(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. 1501

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Gary G Gauthier	W. 19056 Ash Ln	☒ Town ☐ Village ☐ City Wittenberg	3/29/11
2. Sharon Gauthier	W19056 Ash Ln	☒ Town ☐ Village ☐ City Wittenberg	3/29/11
3. [illegible]	N5808 Oriole Rd	☒ Town ☐ Village ☐ City Wittenberg	3/29/11
4. Karon Weisenseel	N5808 Oriole Rd	☒ Town ☐ Village ☐ City Wittenberg	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, Gary G. Gauthier, certify:
(name of circulator)

I reside W19056 Ash Ln Box 276 Wittenberg WI 54499.
(circulator's residence - include number, street, and municipality)

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

Gary G Gauthier
(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. 1502

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 Wisconsi. Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Christy Jacob	W10085 Pike Plains Rd Dunbar	☒ Town ☐ Village ☐ City Dunbar	3/15/2011
2. Donald Cary Smith	W10085 Pike Plains Rd Dunbar	☒ Town ☐ Village ☐ City Dunbar	3-15-11
3. Jen Sullivan	Dunbar W10085 Pike Plains Rd	☒ Town ☐ Village ☐ City Dunbar	4/1/11
4. Lydia Hodak	W10085 Pike Plains Rd Dunbar	☒ Town ☐ Village ☐ City Dunbar	4/1/11
5. Jessie Bonelli	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	4/1/11
6. Eric Lesner	W10085 Pike Plains Rd Dunbar WI.	☒ Town ☐ Village ☐ City Dunbar	4/1/11
7. James Hughart	W6510 City W Crivitz Wisconsin	☒ Town ☐ Village ☐ City Lake	4/2/11
8. William Keller	P.O. Box 322 CRIVITZ, WI. 54114	☐ Town ☒ Village ☐ City CRIVITZ	4/2/11
9. ~~[illegible]~~	~~[illegible]~~	☐ Town ☐ Village ☐ City	
10. Dawn Behrendt	707 Mira Ave Crivitz WI	☐ Town ☒ Village ☐ City Crivitz	4/2/11

Certification of Circulator

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

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

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

4/4/2011 (date)

David Smail (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 12
(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. Randy Rea	W4396 Hy 64 Bryant WI 54418	☑ Town ☐ Village ☐ City Evergreen	3-18-11
2. Tom Rea	W4284 Hwy 64 BRYANT WI. 54418	☑ Town ☐ Village ☐ City EVERGREEN	03/22/11
3. Angie Rea	W4384 Hwy 64 Bryant WI 54418	☑ Town ☐ Village ☐ City EVERGREEN	03/22/11
4. Mary Ellen	N4388 BUETTNER ROAD WHITE LAKE, WI 54491	☑ Town ☐ Village ☐ City WOLF RIVER	3/24/11
5. Jim Arrowood	N8350 Hwy 52 LILY 54491	☑ Town ☐ Village ☐ City LANGLADE	3/24/11
6. Sandra Arrowood	N8350 Hwy 52 LILY WI 54491	☑ Town ☐ Village ☐ City LANGLADE	3/24/11
7. Jane Stegall	N2144 CTY RDS 54409 ANTIGO, WI 54409	☑ Town ☐ Village NORWOOD ☐ City	3/27/11
8. Joe Stegall	N2144 CTY RD S ANTIGO, WI 54409	☑ Town ☐ Village ☐ City Norwood	3/27/11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Joe Stegall (name of circulator), certify:

reside at N3487 Haley RD Bryant WI 54418 EVERGREEN
(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.

4/6/11 (date) Joe Stegall (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. 1504

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 Carlson	W18575 County Road N	☒ Town ☐ Village ☐ City Birnamwood WI	4/4/11
2. Jenny Carlson	W18575 County Road N	☒ Town ☐ Village ☐ City Birnamwood WI	4/4/11
3. Jordan Carlson	W18575 COUNTY ROAD N	☒ Town ☐ Village ☐ City Birnamwood, WI	4/4/11
4. Phyllis Carlson	W18575 City Rd N	☒ Town ☐ Village ☐ City Birnamwood WI	4/4/11
5. Alfred N. Carlson	W18575 County Road N	☒ Town ☐ Village ☐ City Birnamwood WI	4/4/11
6. Jim Luke	W18311 City Rd N	☒ Town ☐ Village ☐ City Birnamwood	4/4/11
7. Jason Carlson	N9168 Trout Ln ~~Birnamwood, WI~~	☒ Town ☐ Village ☐ City Birnamwood, WI	4/4/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside W18575 City Rd N Birnamwood, WI 54414.
(circulator's residence - include number, street, and municipality)

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

4-8-11
(date)

Phyllis Carlson
(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. 1505

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Sandra Chartier	N17089 Rainbow Rd Beecher WI 54156	☒ Town ☐ Village ☐ City	4/5/11
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, Sandra Chartier, certify:
(name of circulator)

I reside N17089 Rainbow Rd Beecher.
(circulator's residence - include number, street, and municipality)

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

Sandra Chartier
(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. 1506

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Sandra A Chrudimsky Sandra A. Chrudimsky	N2681 Cty Rd S Antigo WI 54409	☒ Town ☐ Village ☐ City Polar	4/2/11
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, Edward F. Chrudimsky, certify:
(name of circulator)

I reside N2681 Cty Rd S Town Polar.
(circulator's residence - include number, street, and municipality)

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

4-2-2011
(date)

Edward F. Chrudimsky
(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. Donna Clutter	78 Kipling Ave Niagara, WI 54151	☐ Town ☐ Village ☒ City Niagara	4/2/11
2. Robert Clutter	78 Kipling AVE Niagara, WI 54151	☐ Town ☐ Village ☒ City Niagara	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 Clutter, certify:
(name of circulator)

I reside 78 Kipling AVE, Niagara, WI 54151.
(circulator's residence - include number, street, and municipality)

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

Robert Clutter
(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. Paula Dzik	N11024 Deer Lake Rd Athelstane WI	☒ Town ☐ Village ☐ City Stephenson	3-16-11
2. Karen Tomaszewski	203 Louisa St. Crivitz WI.	☐ Town ☒ Village ☐ City Crivitz	3-24-11
3. Richard Tomaszewski	203 Louisa St Crivitz	☐ Town ☒ Village ☐ City Crivitz	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, Arlis Shankey (name of circulator), certify:

I reside N 7981 HWY 141 Crivitz Wi 54114 (circulator's residence - include number, street, and municipality).

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

3-26-11
(date)

Arlis Shankey
(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. 1509

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	N11281 Elmo ST Elcho WI 54428 PO.Box331	☒ Town ☐ Village ☐ City Elcho	3/31/11
2. Wendy King	W16230 County Rd Z Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Hutchins	3/31/11
3. [illegible] King	W16230 Co Rd Z Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Hutchins	3/31/11
4. [illegible]	W16230 Cty Rd Z Birnamwood WI 54414	☒ Town ☐ Village ☐ City Hutchins	3/31/11
5. [illegible]	1025 2nd Ave Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3/31/11
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, Wendy King, certify:
(name of circulator)

I reside W16230 County Rd Z, Birnamwood, WI 54414 Shawano City/Town - Hutchin
(circulator's residence - include number, street, and municipality)

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

Wendy King
(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. Theodore J. McCauley	W15916 Woodlawn Rd. Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Hutchins	3/29/11
2. Pamela S. McCauley	W15916 Woodlawn Rd. Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Hutchins	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, Pamela S. McCauley (name of circulator), certify:

I reside W15916 Woodlawn Rd., Birnamwood, WI 54414, Town of Hutchins
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

Pamela S. McCauley
(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. 1511

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 Petts Larry Petts	W9924 HY B Deer Brook WIS	☒ Town ☐ Village ☐ City NeVA	MAR 21, 2011
2. Mark Kozarek MARK KOZAREK	919 Hickory St Antigo WI	☐ Town ☐ Village ☒ City Antigo	3/21/11
3. George Kronser Geo. Kronser	215 9th Ave Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/21/11
4. [illegible]	1416 Clement Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/21/11
5. Rick Fischer	309 Byrnes St Antigo WISC	☐ Town ☐ Village ☒ City ANTIGO	3-21-11
X 6. [illegible] [illegible]	Oneida 1611 Madison St	☒ Town ☐ Village ☐ City Oneida	3-21-11
[illegible]	N2451 Sunny Side Rd Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
8. Paula Jensen	812 Eastview Dr Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3-21-11
9. Sara Manta	614 Pine St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
10. Mandy Tiry	N6716 Chapard Rd #3 Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	3-21-11

Certification of Circulator

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

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

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Marie Frey	118 Field St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/21/11
2. Sharon Finkler	W1848 Riverview Antigo	☒ Town ☐ Village ☐ City Ackler	3/21/11
3. Bonnie Bretterham	W3127 Parkway Antigo WI	☐ Town ☐ Village ☒ City Antigo	3/21/11
4. Samuel Clay	Antigo WI 826 Hudson St	☐ Town ☐ Village ☒ City Antigo	3/21/11
5. Hope Spencer	1009 1/2 5th Ave #2 Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
6. Linda Spence LINDA SPENCE	1117 8th Ave. Antigo WI 54409	☐ Town ☐ Village ☒ City ANTIGO	3-21-11
7. Jayme Quentmer Jayme Quentmer	117 Dillingham Street Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/21/11
8. Marji Majewski Marji Majewski	W9544 North Ave Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3-21-11
9. Aileen Ihl	820 2nd Ave Apt 3 Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/21/11
10. Carmen Lehner Carmen Lehner	1130 N. Clermont Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/21/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Allan Albrecht	8475 Shadyrest Rd	☐ Town ☐ Village ☑ City Rhinelander WI 54501	03/24/11
2. Ryan Gilman	1265 Coveylane Apt A	☐ Town ☐ Village ☐ City Eagle River WI Lincoln	3-24-11
3. Chris LaDragowski	28 N Brown St Rhinelander, WI	☐ Town ☐ Village ☑ City Rhinelander	3/24/11
4. Donald E Russ	28 N Brown St Apt 314 Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	3/24/11
5. Jason A Gordanier	28 N Brown St Apt 315 Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	3/24/11
6. [illegible]	235 E 8th St. Eagle River, WI	☐ Town ☐ Village ☑ City Eagle River	3-24-11
7. Joe Thompson	6965 Autumn Ln Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	3-24-11
8. Gracey Baker	4321 Roppley Ln Rhld WI	☑ Town ☐ Village ☐ City Newbold	3/24/11
9. Karl England	3797 N 5450 Timberlost Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City Pine Lake	3/24/11
10. Richard Eberman	6020 Lakewood Rd Harelhurst, 54531	☐ Town ☑ Village ☐ City Lake Tomahawk	3/24/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

Page No. 15(14)

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Tim Skaar	571 Hwy-139 Tipler, WI 54542	☒ Town ☐ Village ☐ City Tipler	3-11-11
2. Mary Taylor	3936 W Lake Ellwood Florence WI 5	☐ Town ☐ Village ☐ City Florence	3-11-11
3. Joanne Wieting	N18249 Lily Lake Ca. Dunbar, WI	☐ Town ☒ Village ☐ City Dunbar	3-11-11
4. Rena Ambrosia	W459 Co. Rd N NIAGARA, WI 54115 (Aurora)	☐ Town ☒ Village ☐ City Aurora	3-11-11
5. Syrjanen Syrjanen Jo Syrjanen	232 Olive Ave Florence, WI	☐ Town ☐ Village ☐ City Florence	3-11-11
6. Susan Wagar	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☒ Village ☐ City Dunbar	3-11-11
7. Hugh McCoy	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3-11-11
8. McCoy	W0085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3-11-11
9. Matthew Olson	N17230 LILY LAKE RD DUNBAR, WI 54119	☐ Town ☐ Village ☐ City Dunbar	3/11/11
10. Vern Carpenter	W9885 Pike Plains Dunbar, WI 54119	☐ Town ☐ Village ☐ City Dunbar	3/11/11

Certification of Circulator

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

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

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

3/23/2011
(date)

David Smail
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. 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. Joseph B. Cabek	W10085 Pike Plains RD Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	15 MAR 2011
2. Steven Berg Jr.	W10085 Pike Plains Rd. Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	03/15/2011
3. Steven T. Berg Sr.	W8411 Lundgren Lake Rd. Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/15/2011
4. Jonathan Anderson	W10085 Pike Plains Dunbar	☒ Town ☐ Village ☐ City Dunbar	3/15/2011
5. Andrew Shilling	W10085 PIKE PLAINS DUNBAR	☒ Town ☐ Village ☐ City DUNBAR	3/15/2011
6. Debra K. Griffin	N19288 US Hwy 141 8 Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/15/2011
7. Rachel Trach	W10085 Pike Plains Rd. Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3.15.11
8. Brock T. Miller	W10085 Pike Plains Rd Dunbar, W.I 54119	☒ Town ☐ Village ☐ City Dunbar	3/15/11
9. Theodore R. Smith	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3-15-11
10. Lisa Wagner	W8024 AGUETTE St. Pembine WI 54156	☐ Town ☒ Village ☐ City Pembine	3-15-11

Certification of Circulator

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

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

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

3/23/2011 (date)

David Smail (signature of circulator)

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

Page No. 1516

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jennifer Williamson	W4577 Wildberry Lane Tomahawk, WI 54487	☒ Town ☐ Village ☐ City King	4-3-11
2. Paige [illegible]	N11524 Forest Park Dr Tomahawk WI 54487	☒ Town ☐ Village ☐ City Bradley	4-3-11
3. Delene Sickler	2039 Elk Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Nokomis	4-3-11
4. [illegible] Marty Miche	N11965 Heafford Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	4-4-11
5. Alan Aanor	N9280 Tomahawk Rd Tomahawk WI 54482	☒ Town ☐ Village ☐ City Tomahawk	4-4-11
6. Tracy Halverson	4289 Tenderfoot Rd Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	4-4-11
7. Einar Ingman	N8823 Popple Ln Irma, WI 54442	☒ Town ☐ Village ☐ City Skonawan	4-4-11
8. [illegible]	11601 Riverview Lane Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	4-4-11
9. [illegible]	N11922 Cth L Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	4/4/11
10. Craig Flomsby	2415 Smokey Dr Tomahawk WI 54487	☒ Town ☐ Village ☐ City Bradley	4-4-11

Certification of Circulator

I, Peter Sturgul, certify:
(name of circulator)

I reside at 1943 County Road L, 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.

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Myrtle A. Weber	8404 SQUASH LAKE LN EAGLE RIVER, WI	☒ Town ☐ Village ☐ City Three Lakes	3/29/11
2. Sandra D. Lemmer	8408 Squash Lake Ln.	☒ Town ☐ Village ☐ City Three Lakes	3/29/11
3. Carl A. Lemmer	8408 Squash Lake Ln. Eagle River, WI	☒ Town ☐ Village ☐ City Three Lakes	3/29/11
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, Myrtle A. Weber (name of circulator), certify;

I reside 8404 Squash Lake Lane, Eagle River 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.

March 29, 11 (date)

Myrtle A. Weber (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. 1518

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Sharon M. Zimmermann	N11382 Dereg Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3/30/11
2. Peter J. Zimmermann	N 11382 Dereg Rd Tomahawk, Wi 54487	☒ Town ☐ Village ☐ City Bradley	3/30/11
3. [illegible]	N11382 Dereg Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3/30/11
4. Janis Cohew	N11382 Deregld Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3/30/11
5. Donald Schlising	N11202 CLEAR L. RD. TOMAHAWK, WI. 54487	☒ Town ☐ Village ☐ City BRADLEY	3/30/11
6. Raymond F. Robinson	1903 Robinson Road Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3/30/11
7. Julie Benner	W-5196-Piehl Rd Tomahawk, WI 54487	☐ Town ☐ Village ☐ City Bradly	3/30/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I Peter J. Zimmermann, certify:
(name of circulator)

I reside N11382 Dereg Rd Tomahawk, Wi 54487 Town of Bradley.
(circulator's residence - include number, street, and municipality)

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

Peter J. Zimmermann (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. 1519

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	4970 BIRCH RD.	☒ Town ☐ Village ☐ City LAND O'LAKES	3/29/11
2. Judith L. Zoephel	4970 Birch Rd.	☐ Town ☐ Village ☐ City Land O Lakes	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, Judith L Zoephel (name of circulator), certify:

I reside 4970 Birch Rd. Land O'Lakes (circulator's residence - include number, street, and municipality).

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

3/29/11 (date)

Judith L Zoephel (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. 1520

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Alicea Talady	434 W. Pine St. Eagle River, WI. 54521	☐ Town ☐ Village ☒ City Eagle River	2-24-11
2. Robert Schneider	W 5129 Creek Ave Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	2-26-11
3. Sandra Schneider	W5129 Creek Ave Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott	2-26-11
4. William Kamberg	1410 E. 2nd St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	2-26-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside at 3860 Kula Vista Dr. Eagle River 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.

2/28/11 (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. 1521

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 C Ramer	N4068 FRALEY RD BRYANT WI 54418	☐ Town ☐ Village ☐ City EVERGREEN TWP	3/29/11
2. Ann J. Ramer	N 4068 FRALEY RD BRYANT, WI 54418	☐ Town ☐ Village ☐ City EVERGREEN TWP	3/29/11
3. Joseph Ramer	W4785 Hwy 64 Clintonville WI 54430	☐ Town ☐ Village ☐ City EVERGREEN	3/29/11
4. James Kilikelli	5251 WALLACE RD WHITE LAKE	☐ Town WOLF RIVER ☐ Village ☐ City LANGLADE	3/30/11
5. Don Webb	W2961 Glen Hill Tr White Lake WI 54491	☐ Town Wolf River ☐ Village ☐ City langlade	3/30/11
6. Kathleen A. Smith	W10588 Hwy X Deerbrook WI 54424	☐ Town Upham ☐ Village ☐ City langlade	3/31/11
7. Steven A. Smith	W10588 Hwy X Deerbrook, WI 54424	☐ Town Upham ☐ Village ☐ City langlade	3/31/11
8. Mary Ramer	N4068 Fraley Rd Bryant WI 54418	☐ Town ☐ Village ☐ City Evergreen Twp	3/31/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, James C Ramer (name of circulator), certify:

I reside N. 4068 FRALEY RD BRYANT WI 54418 Evergreen
(circulator's residence - include number, street, and municipality)

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

04-09-11 (date)

James C Ramer (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. 22

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David L. Cammon	9040 Woodruff RD Box 241 Woodruff Wi	☒ Town ☐ Village ☐ City	APR 1/11
2. Dayle A. Dammon	9040 Woodruff Rd Box 241 Woodruff, Wi 54568	☒ Town ☐ Village ☐ City	APR 1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Dayle A. Dammon (name of circulator) David L. Cammon certify:

I reside Box 241 Woodruff, Wis 54568-0241 (circulator's residence - include number, street, and municipality).

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

Apr. 4 2011 (date) Dayle Dammon (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. 1523

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.	8758 Albatross Dr Woodruff	☒ Town ☐ Village ☐ City Woodruff	3-26-11
2.	~~Frank~~ F. ~~Hartshaw~~ 5432 W Birch Lake Rd	☐ Town ☐ Village ☐ City HARSHAW	3-26-11
3.	9674 Lin Wood Lane Woodruff WI	☒ Town ☐ Village ☐ City Woodruff	3/26/11
4.	8963 N Bo Rd Minocqua	☒ Town ☐ Village ☐ City Minocqua	3/26/11
5.	~~P.O. Box 1826~~ 1877 Old Woodruff, WI	☒ Town ☐ Village ☐ City Woodruff	3/26/11
6.	9897 Morgan Oaks Dr. Minocqua, WI	☒ Town ☐ Village ☐ City Minocqua	3/26/11
X 7.	PO Box 982 St. Germain, WI	☒ Town ☐ Village ☐ City Clover Land	3-26-11
8.	9959 Rudolph Rd Woodruff, WI	☒ Town ☐ Village ☐ City Woodruff	3/26/11
9.	11714 Charlotte Pl Boulder Jct. WI	☒ Town ☒ Village ☐ City Boulder Jct.	3/26/11
10.	1146 Winkholstein Arbor Vitae	☒ Town ☐ Village ☐ City Arbor Vitae	3/26/11

Certification of Circulator

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

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.

March 28, 2011 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.	4879 JACOBSON AB Rhinelander	☒ Town ☐ Village ☐ City Pelican	3/25/11
2.	30 E Harvey St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-25-11
3.	2254 Pergandee Rd Monico WI 54501	☒ Town ☐ Village ☐ City Mon. Co	3/25/11
4.	11689 Hwy 8 W Crandon, WI	☒ Town ☐ Village ☐ City Crandon	3/25/11
5.	4021 River Rd Rhinelander, WI	☒ Town ☐ Village ☐ City Pine Lake	3/25/11
6.	3330 BAXCEDR Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	3/25/11
7.	553 Sunset Ln Rhinelander	☒ Town ☐ Village ☒ City Rhinelander	3/25/11
8. Brenda Bacon	8077 Peters Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Three Lakes	3/25/11
9.	4892 Ridge Road Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Rhinelander	3/25/11
10.	3007 Wausau Rd Rhinelander, WI	☒ Town ☐ Village ☐ City Crescent	3/25/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 K Radtke	1205 W Phillip St. #4 Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander, WI	3/24/11
2. Anthony J. Krystak	124 Harmony Hills Rhinelander 54501	☐ Town ☐ Village ☐ City Pelican	3/24/11
3. [illegible]	Rhinelander 28 N. Brown 207	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
4. [illegible]	28 N. Brown 204 Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
5. Julia Pesto	28 N. Brown #404 Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
6. Jessica Popachala	4594 Rosemary Ln Rhinelander WI	☒ Town ☐ Village ☐ City Newbold	3/24/11
7. Samantha Maasmann	802 E Timber Drive Apt 5 Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
8. Kim Hamershawen	N11093 Hwy Gleason, WI 54435	☒ Town ☐ Village ☐ City Harrison	3/24/11
9. Cynthia Kurrein	5793 Tower Rd. Rhinelander	☒ Town ☐ Village ☐ City Sugarcamp	3-24-11
10. Erik [illegible]	[illegible] Tomahawk Rhinelander 54501	☒ Town ☐ Village ☐ City Lake Tomahawk	3/24/11

Certification of Circulator

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

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

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

3-25-2011 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 13
(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. Gill A. Marshall	15507 W Forrester LAKEWOOD, WI 54138	☒ Town ☐ Village ☐ City	3-12-11
2. Christine L. Thomas	15695 ST. HWY 32 LAKEWOOD, WI 54138	☒ Town ☐ Village ☐ City	3.12.11
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, Paul J Socha
(name of circulator), certify:

I reside at 13435 Arn Pony Rd Pound WI 54160 Town of Mountain
(circulator's residence - include number, street, and municipality).

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

Paul Socha
(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
Peggy Wood	78 Hiawatha Arbor Vitae	☐ Town ☑ Village ☐ City Arbor Vitae	3/26/2011
X 2. Kimberly L. Milek	PO Bx 1094 Lac du Flambeau	☐ Town ☐ Village ☐ City LdF Lac du Flambeau	3/26/11
3. Susan Holmes	311 E. Park Ave C-203 Minocqua WI 54548	☐ Town ☐ Village ☐ City Minocqua	3/26/11
4. Dave Kurek	~~PO Box 65 Arbor Vitae~~ 1554 Old Hwy 51 N.	☐ Town ☐ Village ☐ City Arbor Vitae	3/26/11
5. [illegible]	8947 Park Shore Dr Minocqua	☐ Town ☐ Village ☐ City Minocqua	3/26/11
6. Nancy Johnston	8520 Hower Rd Minocqua	☐ Town ☐ Village ☐ City Minocqua	3-26-11
X 7. [illegible]	812 [illegible] Holiday Dr	☐ Town ☐ Village ☐ City [illegible]	3-26-11
8. Paulette Smith	Harshaw 8007 N. Alva Rd	☐ Town ☐ Village ☐ City Harshaw Cassian	3/26/11
9. [illegible]	1296 Old Hwy 51 Woodruff	☐ Town ☐ Village ☐ City Arbor Vitae	3/26/11
10. [illegible]	2976 Roy Rd Arbor Vitae Arbor Vitae	☐ Town ☐ Village ☐ City Arbor Vitae	3/26/11

Certification of Circulator

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

I reside 4621 S. 72nd E. 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.

March 28, 2011 (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.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	8130 Bayview Rd	☑ Town ☐ Village ☐ City Presque Isle	3-27-11
X 2. ~~[illegible]~~	~~[illegible]~~	~~☑ Town ☐ Village ☐ City Winchester~~	~~3-27-11~~
3. David Karatta	119 Alder Lake	☑ Town ☐ Village ☐ City Manitowish Waters	3/27/11
4. [illegible]	Harris Lk Rd 72	☑ Town ☐ Village ☐ City Winchester	3/27/11
5. John Stzelecki	~~PO~~ Manitowish 1516 CTH W / Waters	☑ Town ☐ Village ☐ City Manitowish Waters WI	3-27-11
X 6. Kelly McDonagh	~~No~~ P.O. Box 1696 Woodruff WI	☑ Town ☐ Village ☐ City Woodruff	3-27-11
7. Bernard Kazda	8012 Spruce Ct St. Germain,	☑ Town ☐ Village ☐ City St. Germain	3/28/11
8. Bob Stoltz	St Germain 2181 S. Front	☑ Town ☐ Village ☐ City St. Germain	3/28/11
9. Sue Mackenie	8067 Mohawk Rd	☑ Town ☐ Village ☐ City St Germain	3/28/11
10. Patty Mackenie	8064 Mohawk Rd St. Germain	☑ Town ☐ Village ☐ City St Germain	3/28/11

Certification of Circulator

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

I reside 4624 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.

March 28, 2011 (date) Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald B. Inman	9235 Northern Road Minocqua WI #103 54548	☒ Town ☐ Village ☐ City Minocqua	2/28/11
2. [illegible]	9029 Timber Ln Woodruff WI 54568	☒ Town ☐ Village ☐ City Woodruff	2/28/11
3. Linda Wiegert	6810 E. Kaubine Hazelhurst	☒ Town ☐ Village ☐ City Hazelhurst	2/28/11
4. Angie Unterdt	Minocqua Stonegate Ct	☒ Town ☐ Village ☐ City Minocqua	2/28/11
5. Denise Pitz	Elena Dr. ~~[illegible]~~ Woodruff	☒ Town ☐ Village ☐ City Woodruff	2/28/11
6. Anne Thomas	7770 Blue lake Point Minocqua, WI	☒ Town ☐ Village ☐ City Minocqua	2/28/11
7. Pat Hansenberg	3645 Oneida Farms Rd Eagle River 54521	☒ Town Lincoln ☐ Village ~~Eagle River~~ ☒ ~~City~~	2-28-11
8. Jerry M. Stenquist	6857 Hwy 51 Hazelhurst WI 54531	☒ Town ☐ Village ☐ City	2-28-11
9. M. Inman	9235 Northern Rd #103 Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	2-28-11
10. D. White	13280 David Lk Ln Minocqua, WI. 54548	☒ Town Lac Du Flambeau ☐ Village ☐ City ~~Minocqua~~	3-3-11

Certification of Circulator

I, GERALD B. INMAN (name of circulator), certify:

I reside 331 PARK AVE; 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.

3/25/11 (date)

Gerald B. Inman (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Gerald Seifert	323 Tutka Street	☐ Town ☐ Village ☐ City Nashville	2-27-11
2. Janet Johanski	320 Glenn Lane Pickerel, WI 54465	☐ Town ☐ Village ☐ City Nashville	2-27-11
3. Donald H. Mueller	351 FRAZER LN PICKEREL WI 54465	☐ Town ☐ Village ☐ City NASHVILLE	2-27-11
4. Jeffrey L. Fossenda	N5507 Springbrook Rd Bryant WI, 54418	☐ Town ☐ Village ☐ City Neva	3-1-11
5. Robert E. Ostrandergr.	5716 CTY Rd A	☐ Town ☐ Village ☐ City Neva	3-1-11
6. [illegible]	W11228 Loop Rd Deerbrook WI 54424	☐ Town ☐ Village ☐ City ~~Deerbrook~~ Upham	3-2-11
7. [illegible]	N5677 Chillie Rd Deerbrook WI 54424	☐ Town ☐ Village ☐ City Neva	3-3-11
8. [illegible]	N9184 Hwy 55 Pelican WI 54463	☐ Town ☐ Village ☐ City Langlade	3/4/11
9. Tom Sexton	1219 4th Ave Antigo Wis. 54409	☐ Town ☐ Village ☐ City Antigo	Mar 9-11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

ARTHUR F SEIDL, certify:
(name of circulator)

reside at N5677 CHILLIERO DEERBROOK WI 54424 NEVA.
(circulator's residence - include number, street, and municipality)

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

3-9-11
(date)

Arthur F Seidl
(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. Sara Otterpohl	7649 Palmer IR Rd	☒ Town ☐ Village ☐ City Land o'Lakes	2-27-11
2. [illegible]	6333 County Rd S	☒ Town ☐ Village ☐ City Land O'Lakes	02/28/11
3. Nancy Tillier	P.O. Box 903 ~~[illegible]~~ 5842 E. Big Portage	☐ Town ☐ Village ☐ City Land O'Lakes	2/28/11
4. Phyllis Hollmann	4393 Bluebirds Ln P.O. Box 418	☐ Town ☐ Village ☐ City Land O'Lakes, WI	2-28-11
5. Ronald Heller	PO Box 1045 7540 City Hwy B	☒ Town ☐ Village ☐ City Land O Lakes	3-2-11
6. Kathy Tanbulea	6428 Forest Lake Rd	☒ Town ☐ Village ☐ City Land o' Lakes	3-3-11
7. Rae N. Loader	5848 S. Black Oak Lake Rd	☒ Town ☐ Village ☐ City Land O Lakes	3-4-11
8. Wesley Kulay Wesley	7183 Big Lake Rd	☒ Town ☐ Village ☐ City Land o Lake	3-4-11
9. Mike Garvin	5827 County B Land o lakes, Wi	☒ Town ☐ Village ☐ City Land o Lake	3-5-11
10. Sandra S. Stanley	5909 Moccasin Lk Rd Land O'Lakes WI.	☒ Town ☐ Village ☐ City Land o Lake	3-5-11

Certification of Circulator

I, LEE H SENSIBA, certify:
(name of circulator)

I reside 5610 COUNTY RD 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.

3/5/11
(date)

[illegible]
(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.)

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. Jack L Boers	Antigo 54409 122 Watson St.	☐ Town ☐ Village ☒ City Antigo	3-18-11
2. Della Boers	Antigo, 54409 122 Watson St.	☐ Town ☐ Village ☒ City Antigo	3-18-11
3. Jerome R Erlandson	N2388 Hwy 45 S Antigo 54409	☐ Town ☐ Village ☒ City Antigo	3-18-11
4. Wendy D Bunster	247 South Virginia Antigo 54409	☐ Town ☐ Village ☒ City Antigo	3-20-11
5. Todd DeBroux	208 Lincoln St Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-21-11
6. Tom Anderson	W5762 Hwy 64 Bryant WI 54418	☒ Town ☐ Village ☐ City Polar	3-22-11
7. Andrew J Nagy	N4412 CONNORS DR WABENO, WI, 54566	☐ Town ☐ Village ☒ City WABENO	3/26/11
8. Ben Gaugel	7529 Gaugel Rd Crandon Creek WI	☒ Town ☐ Village ☐ City Crandon Creek	3/26/11
9. James Lemerande	4693 Mill St Laona WI 54541	☒ Town ☐ Village ☐ City Laona, WI	3/26/11
10. Vicki Lemerande	4693 Mill St Laona WI 54541	☒ Town ☐ Village ☐ City Laona	3/26/11

Certification of Circulator

I, Dale L Erlandson, certify:
(name of circulator)

I reside at 247 So Virginia 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.

Mar 26 2011 (date)

Dale L Erlandson (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. 1533

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.	223 Hemlock St Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
2.	4155 N Bay Rd Rhinelander WI	☐ Town ☐ Village ☒ City Pine Lake	4-1-11
3.	4156 Sauvil Lane Rhinelander WI	☒ Town ☐ Village ☐ City PELICAN	4-1-11
4.	1161 Haskell Lakeland	☒ Town ☐ Village ☐ City Three Lakes	4-1-11
5.	7990 LEHMANN LANE NEW BOLD	☒ Town ☐ Village ☐ City NEW BOLD	4-1-11
6.	11049 Dawn Ln. 54501	☐ Town ☐ Village ☒ City	4-11
7.	5351 Broadway St Newald WI	☐ Town ☐ Village ☐ City Newald	4-11
8.	820 Brunet St. Apt 9 Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
9.	452 Iverson Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4/1/11
10.	452 Iverson Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4/1/11

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.

4-4-11 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Neal Schaaf	7337 Henry St W #304 Rhinelander WI 54501	☑ Town ☐ Village ☐ City Woodboro	4/1/11
2. Sonja Anderson	7373 Hwy 8 W Rhinelander	☑ Town ☐ Village ☐ City Woodboro	4-1-11
3. Barbara Lowe	Rhinelander 4818 Prairie Trail	☑ Town ☐ Village ☐ City Pine Lake	4-1-11
4. Sue Sharkey	21 N. Oneida Ave Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	4-1-11
5. Elizabeth Sievert	9350 County Rd K Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	4-1-11
6. [illegible]	3694 Lake Thompson Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	4-1-11
7. [illegible]	Crandon WI 11649 Dairy Ln	☐ Town ☐ Village ☑ City Crandon	4-1-11
8. [illegible]	824 Brunner #2 Rhinelander	☐ Town ☐ Village ☑ City Rhinelander	4-1-11
9. [illegible]	10367 Cedar Falls Rd Hazelhurst Wis	☐ Town ☐ Village ☐ City Hazelhurst	4-1-11
10. Francis Menning	458 Iverson Rhinelander WI 54501	☐ Town ☐ Village ☑ City Rhinelander	4-1-11

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.

4-4-11 (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.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	7339 Hwy 8 APT 30C Rhinelander, WI	☒ Town ☐ Village ☐ City WOOD BERO	4/1/11
2. Kathleen Weller	7470 Nose Lake Rd Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander Woodboro	4-1-11
3. [illegible]	904 Highview Pkwy Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
4. [illegible]	7990 Lehmann Dr New Bald	☒ Town ☐ Village ☐ City New Bald	4-1-11
5. [illegible]	935 N Stevens Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
6. [illegible]	1014 Pine St London WI 54520	☐ Town ☐ Village ☒ City London	4-1-11
7. [illegible]	5331 Broadway St Newald WI	☐ Town ☐ Village ☐ City Newald	4/1/11
8. Barbara [illegible]	820 Pearl St Apt. Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	4-1-11
9. Anne Bailey	10367 Cedar Falls Hazelhurst	☐ Town ☐ Village ☐ City Hazelhurst	4-1-11
10. [illegible]	458 Iverson St Apt 1 Rhinelander	☐ Town ☐ Village ☐ City Rhinelander	4-1-11

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.

4-4-11 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Margaret Schwenerman	5374 County Rd H Boulder Jct WI	☒ Town ☐ Village ☐ City Boulder Jct	4/2/2011
2. Heidi Schopf	1370 Bellah Dr Arbor Vitae, WI 54568	☐ Town ☒ Village ☐ City Arbor Vitae	4/2/11
3. Josephine Danosh	820 3rd Ave Woodruff 54568	☐ Town ☐ Village ☐ City Woodruff	4-2-11
4. [illegible]		☐ Town ☐ Village ☐ City	
5. [illegible] Monson	656 Elm St #7 Woodruff WI	☒ Town ☐ Village ☐ City Woodruff	4-2-11
6. [illegible]	1013 1st Ave Woodruff, WI	☒ Town ☐ Village ☐ City Woodruff	4/2/11
7. Jacqueline Tomasello	1847 Rennin Road St. Germain, WI	☐ Town ☐ Village ☐ City St Germain	4/2/11
8. David Jacobs	2038 Bluebird Arbor Vitae WI	☒ Town ☐ Village ☐ City Arbor	4-2-11
9. Marie Stoessel	4344 Shady Ln Minocqua	☒ Town ☐ Village ☐ City Minocqua	4-2-11
10. Rebecca Fox	8767 Brunswick Road Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	4-2-11

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.

4-4-11 (date) Larry W. Schumacher (signature of circulator)

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

Page No. 1537

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Kaye Schuenemann	5374 CTY RD H BOULDER JUNCTION, WI 54512	☑ Town ☐ Village ☐ City BOULDER JUNCTION	4/2/11
2. Jason Ruffert	1370 Beller Dr Arbor Vitae, WI 54568	☑ Town ☑ Village ☐ City Arbor Vitae	4/2/11
3. [illegible]	11520 BACKBAY RD MINOCQUA	☑ Town ☐ Village ☐ City MINOCQUA	4/2/11
4. Cynthia Elsener	7530 S. Agawak Rd. Minocqua	☑ Town ☐ Village ☐ City Minocqua	4-2-11
5. Brenda J Kawlewski	N16650 Island Club Ln Lac du Flambeau WI	☑ Town ☐ Village ☐ City Fifield	4/2/11
6. Ryan Boze	1003 First Ave Woodruff	☑ Town ☐ Village ☐ City Woodruff	4/2/11
7. Robert Bzzzuch	318 Christopher E. River	☐ Town ☐ Village ☑ City E RIVER	4/2/11
8. Susan Foster	2038 BLUEBIRD LANE arbor VITAE, WI 54568	☑ Town ☐ Village ☐ City ARBOR VITAE WI	4/2/11
9. Nicole Madison	13835 Valley Rd Arbor Vitae WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	4/2/11
10. [illegible] II	Lac Du Flambeau 1591 C Otto Road	☑ Town ☐ Village ☐ City LDF	4/2/11

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.

4-4-11 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bruce R. Kreske	Lake Tomahawk 7169 River Rd L.T.	☒ Town Lake Tomahawk ☐ Village ☐ City	4-2-11
2. [illegible]	7284 W Vista Rd Presque Isle, WI	☒ Town Presque Isle ☐ Village ☐ City	4-2-11
3. Becky McCormick	7169 St. Hwy 47 #8 Lake Tomahawk	☒ Town Lake Tomahawk ☐ Village ☐ City	4-2-11
4. Amanda Shoemaker	1526 Welch Rd Arbor Vitae, WI 54568	☒ Town Arbor Vitae ☐ Village ☐ City	4-2-11
5. Steve Timmons	1420 Dennis Dr Arbor Vitae WI 54568	☒ Town Arbor Vitae ☐ Village ☐ City	4-2-11
6. Jane Wiem	1550 BLUE LAKE COVE MINOCQUA WI	☒ Town MINOCQUA ☐ Village ☐ City	4/2/11
7. Eric Carlson	1573 Hwy F Minocqua WI	☒ Town Minocqua ☐ Village ☐ City	4/2/11
8. [illegible]	406 N 4th St Butternut WI	☐ Town ☐ Village ☒ City Butternut	4/21/11
9. [illegible]	14177 [illegible] LDF WI 54636	☐ Town ☐ Village ☒ City Lac Du Flambeau	4/2/11
10. [illegible]	11379 Aurora Rd Arbor Vitae	☒ Town Arbor Vitae ☐ Village ☐ City	4/2/11

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.

4-4-11 (date) Larry W. Schumacher (signature of circulator)

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

Page No. 1539

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Geddy Taylor	7339 Hwy 8 West Apt #106 Rhinelander	☑ Town ☐ Village ☐ City Woodruff	4-1-11
2. [illegible]	7109 5th St Apt 8 Lake Tomahawk WI 54539	☑ Town ☐ Village ☐ City Lake Tomahawk	4-2-11
3. [illegible]	556 Wa Swa Gon P.O. Box 991, Lac du Flambeau	☑ Town ☐ Village ☐ City Lac du Flambeau	4-2-11
4. [illegible]	2306 Williams Dr. Arbor Vitae WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	4-2-11
5. [illegible]	305 WAA Booze Cir. Lac Du Flambeau	☑ Town ☐ Village ☐ City Lac Du Flambeau WI	4-2-11
6. [illegible]	11648 Pinecrest Dr Woodruff	☑ Town ☐ Village ☐ City Woodruff	4-2-11
7. [illegible]	11069 Harrison	☑ Town ☐ Village ☐ City Gilenson	4-2-11
8. [illegible]	16433 Tom Dyk Ln Rd Rhinelander WI 54501	☑ Town ☐ Village ☐ City Newbold	4-2-11
9. [illegible]	8746 Nicks Pk Woodruff WI 54568	☑ Town ☐ Village ☐ City Woodruff	4-2-11
10. [illegible]	11562 Shore View Dr Minocqua WI 5	☑ Town ☐ Village ☐ City Minocqua	4-2-11

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.

4-4-11 (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.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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]	10793 Swamp Lake Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Cassian	02/28/11
2. Jane Anderson	10377 Forest Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Cassian	02-28-11
3. John A. Sagquist	10377 Forest Rd Tomahawk, WI	☒ Town ☐ Village ☐ City Cassian	02-28-11
4. [illegible]	8367 CTY Rd. K Harshaw, WI 54529	☒ Town ☐ Village ☐ City Woodboro	02-28-11
5. Steven P. Oestreicher	8475 N. ONEIDA LAKE DR. HARSHAW, WISC. 54529	☒ Town ☐ Village ☐ City WOODBORO	3-1-11
6. Gary Gundlach	8898 SAND LAKE RD HARSHAW, WISCONSIN 54529	☐ Town ☐ Village ☐ City CASSIAN	3-2-11
7. [illegible]	1969 County L Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3-3-11
8. [illegible]	8353 Fawn Lk Rd Harshaw, WI 54529	☒ Town ☐ Village ☐ City Lk Tomahawk	3-3-11
9. Sandra Stichter	376 Grand Pines Dr Tomahawk, WI 54487	☐ Town ☐ Village ☐ City CASSIAN	3-3-11
10. Richard Solan	7976 W. Nokomis DR. EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City New Bed	3-4-11

Certification of Circulator

I, JANET HENRY (name of circulator), certify:

I reside at 9578 Hwy K Tomahawk, WI 54487 TOWN OF CASSIAN
(circulator's residence - include number, street, and municipality)

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

3-6-2011 (date)

Janet Henry (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. 1541

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Dorothy E. Pitts	2877 Hwy 70 E Eagle River Wis.	☐ Town ☐ Village ☐ City Washington	3/16/2011
2. Betty J. Peterson	1541 E. Barnes Rd. Eagle River, WI	☐ Town ☐ Village ☐ City Washington	3/16/11
3. Richard E. Peterson	1541 E. Barnes Rd Eagle River, WI	☐ Town ☐ Village ☐ City Washington	3/16/11
4. Mark L. Hale	3573 Johnson Creek Rd Florence WI 54121	☐ Town ☐ Village ☐ City Commonwealth	3/21/2011
5. Warren Carner	205 South St Florence WI	☐ Town ☐ Village ☐ City Commonwealth	3-22-11
6. [illegible]	1513 Ford Lane Florence, WI 54121	☒ Town ☐ Village ☐ City Florence	3-22-11
7. Diane Doll	5502 Cross Cut Florence WI	☐ Town ☒ Village ☐ City Florence	3-22-11
8. Sheryl Crossley	W 6655 County N Niagara WI 54151	☒ Town ☐ Village ☐ City Aurora	3/22/11
9. Joe Nawn	1948 Ledge St Niagara WI 54151	☐ Town ☐ Village ☐ City Niagara	3/22/11
10. [illegible]	893 Lakeview Dr Niagara Wi	☐ Town ☐ Village ☐ City Florence	3/22/11

Certification of Circulator

I, Kenneth W Settle (name of circulator), certify:

I reside at 1280 Edgewater Rd Eagle River WI 54521 (circulator's residence - include number, street, and municipality).

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

3/22/11 (date)

Kenneth W Settle (signature of circulator)

Page No. 4 of 2

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Margie Paskowski	326 Sundstein Eagle River, Wisc. 54521	☒ Town ☐ Village ☐ City Lincoln	3/3/11
2. JAMES WALKER	1405 CHANDLY DRIVE EAGLE RIVER	☒ Town ☐ Village ☐ City LINCOLN	3/3/11
3. Steve Pulec Pulec	Eagle River 1175 OLD Hwy 70	☒ Town ☐ Village ☐ City Cloverland Vilas	3/3/11
4. R. Bolt	4817 Echo Ridge D Eagle River	☒ Town ☐ Village ☐ City Sugar Camp Oneida	3/3/11
Lorraine Boolt	2909 Hwy 45 S Conover WI	☒ Town ☐ Village ☐ City Vilas Conover	3/3/11
6. Melissa Werner	7090 Timbershore Dr Three Lakes WI	☒ Town ☐ Village ☐ City Three Lakes	3/3/11
7. Karen Rockett	1933 Capman Rd St. Germain WI	☐ Town ☐ Village ☐ City St Germain	3/3/11
8. Robert W Werner	7090 Timbershore Lane Three Lakes WI	☒ Town ☐ Village ☐ City Three Lakes	3/4/11
9. Chester F Eaton	2110 RANGE LINE RD EAGLE RIVER WI	☐ Town ☐ Village ☒ City EAGLE RIVER	3/4/11
10. Ron Kennedy	1325 SILVERS RD ST. GERMAIN, WI. 54558	☒ Town ☐ Village ☐ City ST. GERMAIN	3/7/11

Certification of Circulator

I, Kenneth W Seffle, certify:
(name of circulator)

I reside at 1280 Edgewater Rd Eagle River, WI 54521
(circulator's residence - include number, street, and municipality)

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

3/7/11
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Raymond L. Tegelman	8387 Doolittle Rd.	☑ Town ☐ Village ☐ City Minocqua	3-23-2011
2. Russell W Fitzgerald	1255 P.O. Box	☐ Town ☐ Village ☑ City Rhinelander	3-24-11
3. Vincent St. Germaine	119 Clinic Rd.	☑ Town ☐ Village ☐ City Lac du Flambeau	3/24/11
4. Dale Smith	2567 Potts Bay Lane	☐ Town ☐ Village ☐ City Lac du Flambeau	3/24/11
5. Clyde Barber	15 Lothlorien Pl	☑ Town ☐ Village ☐ City Arbor Vitae	3/24/11
6. Jeffrey T Kovar	2212 Powers Rd	Town Lake Tomahawk ☐ Village ☐ City	3/28/11
7. Carol J Smith	2567 Potts Bay LDF, WI 54648	☐ Town ☐ Village ☐ City Lac du Flambeau	3/24/11
8. Sherri L Tilda	11284 Kel Robin Dr. Arbor Vitae, WI. 54568	☑ Town ☐ Village ☐ City Arbor Vitae	3/25/11
9. Catherine Tegelman	8387 Doolittle Rd.	☑ Town ☐ Village ☐ City Minocqua	3/26/11
10. [illegible]	8374 Doolittle Rd.	☐ Town ☐ Village ☐ City Minocqua	3/27/11

Certification of Circulator

I, Raymond L. Tegelman, certify:
(name of circulator)

I reside 8387 Doolittle Rd. Minocqua.
(circulator's residence - include number, street, and municipality)

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

3-23-2011
(date)

Raymond L. Tegelman
(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. Ronald Presl	N3882 County Road K	☒ Town ☐ Village ☐ City Merrill	4/4/11
2. MERLE J. MEWING	N3976 County Rd. K	☒ Town ☐ Village ☐ City MERRILL	4/5/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Ronald Presl, certify:
(name of circulator)

I reside N3882 County Road K Town of 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.

4-5-11
(date)

Ronald Presl
(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. Lynn E. Peterson	1218 Drager Rd. Eagle River, WI 54521	☒ Town Lincoln ☐ Village ☐ City	4/4/11
2. [illegible]	1218 Drager Road Eagle River, WI	☒ Town ☐ Village Lincoln ☐ City	4/4/11
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, Lynn Peterson (name of circulator), certify:

I reside at 1218 Drager 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.

4-4-11
(date)

Lynn Peterson
(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. 1546

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Dirk W. Peterson	200 N. POPLAR ST MERRILL, WI 54452	☐ Town ☐ Village ☐ City MERRILL	3/31/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, DIRK W. PETERSON, certify:
(name of circulator)

I reside 200 N. POPLAR ST MERRILL, WI 54452.
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

Dirk W. Peterson
(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. Connie Rademacher	611 Hwy 8 Armstrong Crk, WI 54103	☒ Town ☐ Village ☐ City	4/2/11
2. Joe Rademacher	611 Hwy 8 Armstrong Creek, WI 54103	☒ Town ☐ Village ☐ City	4/3/11
3. Chris Grydrych	8057 Hwy 101 A. Crk, WI 54103	☒ Town ☐ Village ☐ City	4/3/11
4. Josphine Ahearn	619 Hwy 8 Armstrong Crk, WI, 54103	☒ Town ☐ Village ☐ City	4/3/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, CONNIE RADEMACHER, certify:
(name of circulator)

I reside 611 Hwy 8 ARMSTRONG CRK WI.
(circulator's residence - include number, street, and municipality)

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

4-3-11
(date)

Connie Rademacher
(signature of circulator)

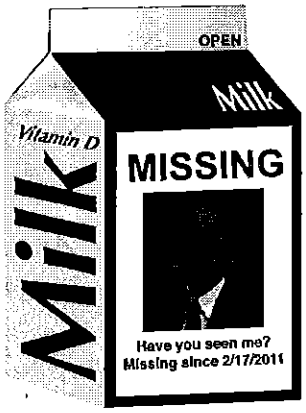
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. George F. Kuether	7252 Chicken In The Woods Rd.	☑ Town ☐ Village ☐ City Three Lakes Wi 54562	4/2/11
2. Mary Kuether	7252 Chicken in the Wood Rd 54562 Three Lakes Wi	☑ Town ☐ Village ☐ City Three Lakes Wi 54562	4/2/11
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, George F. Kuether Mary R Kuether, certify:
(name of circulator)

I reside at 7252 Chicken In The Woods Rd Three Lakes, Wi 54562.
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

George F. Kuether Mary Kuether
(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. 1549

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. Patricia M Krause	W10918 County Road O Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	4/5/11
2. Timothy W. Krause	W10918 County Rd O Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	4/5/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Patricia M Krause (name of circulator), certify:

I reside W10918 County Road O Dunbar WI 54119 (circulator's residence - include number, street, and municipality).

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

Patricia M Krause (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. Bernard Church	1580 Scout Lake Rd Fence	☒ Town ☐ Village ☐ City Fence	3/29/11
2. Linda Church	1580 Scout Lake Rd Fence	☒ Town ☐ Village ☐ City Fence	3/29/11
3. Curtis Meissner	3884 Cty C FLORENCE	☒ Town ☐ Village ☐ City HOMESTEAD	3/30/11
4. Doug DeWitt	3574 Montgomery lake Rd	☒ Town ☐ Village ☐ City Florence	3/30/11
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 E. Meissner, certify:
(name of circulator)

I reside 3884 Co. Rd. C Florence, WI 54121.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Mary E Meissner
(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. 1551

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Nancy Larson	W4471 Buckner Rd Elton, WI 54430	☒ Town ☐ Village ☐ City Evergreen	3/30/11
2. David Larson	W4471 Buckner Rd Elton, Wis 54430	☒ Town ☐ Village ☐ City Evergreen	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, David Larson, certify:
(name of circulator)

I reside W4471 Buckner Rd Evergreen Tn.
(circulator's residence - include number, street, and municipality)

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

David Larson
(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. 1552

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Catherine A Lundy	1006 Putnam Lane Florence Wis 54121	☒ Town ☐ Village ☐ City	3/31/11
2. Paul C Lundy	1006 Putnam Lane Florence Wi 54121	☒ Town ☐ Village ☐ City	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, Catherine Lundy, certify:
(name of circulator)

I reside 1006 Putnam Lane, Florence Wi 54121.
(circulator's residence - include number, street, and municipality)

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

March 31, 2011 — Catherine A Lundy
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Eunice C. Locher	300 AV Hwy 51 N ARBOR VITAE WI	☒ Town ☐ Village ☐ City ARBOR VITAE	3/31/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Eunice C Locher, certify:
(name of circulator)

I reside 300 AV Hwy 51 N. ARBOR VITAE WI 54568.
(circulator's residence - include number, street, and municipality)

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

3/31/11
(date)

Eunice C. Locher
(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. Ryan Casselman	11723 County Rd B Crandon, WI 54520	☒ Town ☐ Village ☐ City Nashville	3/31/11
2. Marie Gravatt	W6107 east wallace La Pocen WI 54462	☒ Town ☐ Village ☐ City Ainsworth	4/1/11
3. Jim Lee	W15291 Hwy J Gleason, WI 54435	☒ Town ☐ Village ☐ City Vilas	4/3/11
4. Susan Lee	W15291 Hwy J Gleason, WI 54435	☒ Town ☐ Village ☐ City Vilas	4/3/11
5. Chris Held	W13288 Hwy C Deerbrook WI 54424	☒ Town ☐ Village ☐ City Vilas	4/3/11
6. Joe Fleischman	Antigo, Wi. W11260 - 54409	☐ Town ☐ Village ☐ City Rolling	4/3/11
7. Carl Basler	W14684 Hwy C Gleason WI 54435	☒ Town ☐ Village ☐ City Vilas	4/3/11
8. Keith Packard	Deerbrook Wis. 54424 W13154 Hwy C	☒ Town ☐ Village ☐ City Vilas	4/3/11
9. Cindy Packard	W13154 Hwy C, Deerbrook WI	☒ Town ☐ Village ☐ City Vilas	4/4/11
10. James D. Cole	N5071 Peterson Rd Gleason Wis 54435	☒ Town ☐ Village ☐ City VILAS	4/4/11

Certification of Circulator

I, Eric Larsen (name of circulator), certify:

I reside W14359 Lloyd Creek Rd. Gleason Wi. 54435 Town of Vilas. Langlade 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.

4-05-2011 (date)

Eric Larsen (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. Patricia Hirto	N693 Poplar rd Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4-8-11
2. Karl Reichel	1605 Cedar Ave Tomahawk Wi 54452	☐ Town ☐ Village ☒ City Tomahawk	4-8-11
3. John C. Smith	N5326 State Hwy 17 Gleason, Wi	☒ Town ☐ Village ☐ City Russell	4/8/11
4. Phil H G Jr	W1793 Hwy D #105 Tomahawk, WI	☒ Town ☐ Village ☐ City Harrison	4/8/11
5. [illegible]	W4837 Lincoln Dr Merrill Wi	☒ Town ☐ Village ☐ City Merrill	4/8/11
6. Julie Ott	Lelle Cottage St. Merrill, WI	☐ Town ☐ Village ☒ City Merrill	4/8/11
7. Matt Wallace	W975 Hwy W Merrill WI	☒ Town ☐ Village ☐ City Pine River ~~Merrill~~	4/8/11
8. Braden Kresp	Merrill, WI W5312 Hillside dr.	☒ Town ☐ Village ☐ City Merrill	4/8/11
9. Karrie Koss	N2183 Cty Rd K Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4/8/11
10. Janeen Seafuld	1300 E. MAIN MERRILL, WI. 54452	☐ Town ☐ Village ☒ City MERRILL	4/8/11

Certification of Circulator

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

I reside ~~N693 Poplar rd~~ 4621 S. 72nd E Pl., Tulsa, OK
(circulator's residence - include number, street, and municipality)

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

4-11-11
(date)

Larry W. Schumacher
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.	1318 E Main St Merrill	☑ Town ☐ Village ☐ City Merrill	4/8/11
2.	711 Elm St Merrill	☐ Town ☐ Village ☑ City Merrill	4-8-11
3.	206 Hendricks St Merrill, WI	☐ Town ☐ Village ☑ City Merrill	4/8/11
4.	713 E Second St Merrill WI	☑ Town ☐ Village ☑ City Merrill	4/8/11
5.	N691 Hilly Rd Merrill, WI	☑ Town ☐ Village ☐ City Merrill	4/8/11
6.	109 Locust St Merrill, WI	☐ Town ☐ Village ☑ City Merrill	4/8/11
7.	N1383 Bullet Ave Merrill WI	☐ Town ☐ Village ☐ City Merrill	4/8/11
8.	Merrill 54452 704 E 8th Street	☐ Town ☑ Village ☑ City Merrill	4/8/11
9.	704 Wisconsin St Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	4-8-11
10.	N1805 Hillcrest Rd Merrill WI	☑ Town ☐ Village ☑ City Merrill	4/8/11

Certification of Circulator

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

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

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

4-11-11 (date)

Larry W. Schumacher (signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Gary E Seymour	N16630 Shoreline Dr.	☒ Town ☐ Village ☐ City Beecher	3/26/11
2. Betty J Seymour	N16630 Shoreline Dr	☒ Town ☐ Village ☐ City Beecher	3/26/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Gary E Seymour, certify:
(name of circulator)

I reside at N16630 Shoreline Dr. Beecher, Wi. 54156.
(circulator's residence - include number, street, and municipality)

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

3/26/11 (date) Gary E Seymour (signature of circulator)

EB-170 (Rev 7/2003, page no. box added 8/2005) The information on this form is required by Ss. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the State Elections Board, P.O. Box 2973, Madison, WI 53701-2973
608-266-8005, http://elections.state.wi.us

Page No. 1558

3/26/11 Betty J Seymour

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.)

Recall Jim Holperin -

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] PATRICIA WERNER	23 Channel RD	☒ Town ☐ Village ☐ City Manitowish Waters, WI	3/28/11
2. [signature] MASON R WERNER JR	23 CHANNEL RD	☒ Town ☐ Village ☐ City MANITOWISH WATERS WISCONSIN 54545	3-28-2011
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, PATRICIA L. WERNER (name of circulator), certify:

I reside 23 Channel ROAD, Manitowish Waters, WI 54545 (circulator's residence - include number, street, and municipality).

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

3-28-11 (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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	W2210 CTH RD M KESHENA, WI	☒ Town ☐ Village ☐ City MENOMINEE	3-17-11
2. [illegible]	? Keshena	☒ Town ☒ Village ☐ City Menominee	3-17-11
3. [illegible]	W6767 ~~Keshena~~ WI Twin Oak Rd K Town	☒ Town ☐ Village ☐ City Menominee	3-17-11
4. [illegible]	W6767 Twin Oak Rd Keshena, WI	☒ Town ☐ Village ☐ City Menominee	3/17/11
5. [illegible]	W6717 Big Sky Ct Keshena, WI	☒ Town ☐ Village ☐ City Menominee	3-18-11
6. [illegible]	W1634 Council Hill Tr. Keshena WI	☒ Town ☐ Village ☐ City Menominee	3-19-11
7. [illegible]	W1634 Council Hill Tr Keshena WI	☒ Town ☐ Village ☐ City Menominee	3-19-11
8. [illegible]	1215 P.O. Box Keshena WI	☒ Town ☐ Village ☐ City Menomee	3-19-11
9. [illegible]	1215 Keshena	☒ Town ☐ Village ☐ City Menominee	3/21/11
10. Victoria McGann	P.O Box 1215 Keshena WIS	☒ Town ☐ Village ☐ City Menomonee	3-21-11

Certification of Circulator

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

I reside N1307 Rawhide Rd. Keshena, WI 54135 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.

3/21/11 (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

Page No. 1560

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.	W 8164 Hwy 47 Ant. 90	☒ Town ☐ Village ☐ City Norwood	4-12-11
2.	W 5142 Angle Rd Deer Brook WI 54424	☒ Town ☐ Village ☐ City Deer Brook	4/12/11
3.	Birnamwood W 8647 CoN P.O. Box 107	☒ Town ☐ Village ☐ City Birnamwood	4-12-11
4.	326 Maple St Birnamwood	☐ Town ☒ Village ☐ City Birnamwood	4-12-11
5.	PY345 Cty Z Birnamwood	☒ Town ☐ Village ☐ City Pleva	4-12-11
6.	419 State RD Birnamwood	☐ Town ☒ Village ☐ City Birnamwood	4-12-11
7.	Birnamwood Main St 38415	☐ Town ☐ Village ☐ City Birnamwood	4-12-11
8.	361 Wausau St Birnamwood	☐ Town ☒ Village ☐ City Birnamwood	4-12-11
9.	[illegible] Antigo WI 54409	☐ Town ☒ Village ☐ City Antigo	4-12-11
10.	415 High St Birnamwood 54414	☐ Town ☒ Village ☐ City Birnamwood	4-12-11

Certification of Circulator

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

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

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

4-15-11 (date)

Larry W. Schumacher (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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. 1561

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Brian Ach	620 S. Morse St. Antigo WI	☐ Town ☐ Village ☒ City ANT. 60	3-17-11
2. Mandy Pecha	2413 Charlotte Ct Antigo WI	☐ Town ☐ Village ☒ City Antigo	3/17/11
3. Connie Kabes	Antigo WI W9775 State Hwy 47	☒ Town ☐ Village ☐ City Rolling	3/17/11
4. Gary Ovgerman	Antigo WI 102 S. Hudson Street	☐ Town ☐ Village ☒ City Antigo	3/18/11
5. Kenneth Rhode	N5008 Hwy 52 Bryant WI	☐ Town ☐ Village ☒ City Bryant	3/18/11
6. Jerry McLain	2505 Parkway Ln	☐ Town ☒ Village ☐ City Weston	3/18/11
7. [illegible]	N3774 Ackley Rd Antigo WI	☐ Town ☐ Village ☒ City Antigo	3/22/11
8. Mike Hartman	Antigo WI N2846 CTH H	☒ Town ☐ Village ☐ City Ackley	3/22/11
9. Heather Hackbarth	Antigo WI 703 Gowan Rd	☒ Town ☐ Village ☐ City Antigo	3/22/11
10. [illegible]	W11515 Hwy 64 Antigo WI	☒ Town ☐ Village ☐ City Ackley	3/25/11

Certification of Circulator

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

I reside at N 3383 Meadow Rd Antigo.
(circulator's residence - include number, street, and municipality)

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

3-25-11
(date)

Laurie Hottenstein
(signature of circulator)

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

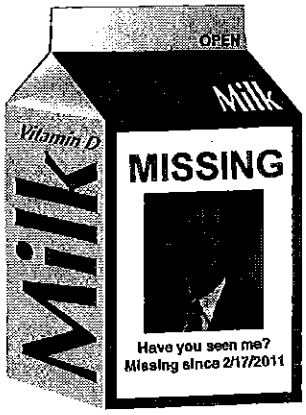
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Peter H Bonkowski	7019 Bonkowski Rd	☒ Town ☐ Village ☐ City Three Lakes	26 Mar 2011
2. Nancy S Johnson	6838 Connors Rd	☒ Town ☐ Village ☐ City Three Lakes	3/26/11
3. Terry Dembrasski	6347 Lake Terrace	☒ Town ☐ Village ☐ City THREE LAKES	3/26/11
4. Jeffrey M Woodward Sr	1432 Lake Terrace Dr	☒ Town ☐ Village ☐ City THREE LAKES	3/28/11
5. [illegible]	1432 Lake Terrace Dr	☒ Town ☐ Village ☐ City Three Lakes	3/28/11
6. Mary Ann Woodward	1432 Lake Terrace Three Lakes, WI	☒ Town ☐ Village ☐ City Three Lakes WI	3/28/2011
7. Eugene A Step	1790 Erie St. Three Lakes, WI	☒ Town ☐ Village ☐ City Three Lakes	3/28/11
8. Deanna L Anderson	1301 N. Big Lake Loop Three Lakes, WI	☐ Town ☐ Village ☐ City	3/28/11
9. Cheryl Keffer	4484 CTY D Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3/29/11
10. James N Homes	6990 Gorgebw St	☒ Town ☐ Village ☐ City Three Lakes	4/4/2011

Certification of Circulator

I, Peter H Bonkowski, certify:
(name of circulator)

I reside at 7019 Bonkowski Rd.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 5 April 2011 (date) X Peter H Bonkowski (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. 1563

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Louis Linsmeyer	W8184 Linsmeyer Ln Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3/14/11
2. Barbara Linsmeyer	W8184 Linsmeyer Ln Pembine WI 54156	☒ Town ☐ Village ☐ City Pembine	3/14/11
3. Greg Linsmeyer	N18743 VENSTRA DR Pembine WI. 54156	☒ Town ☐ Village ☐ City Pembine	3/14/11
4. Maria Lamansky	N18761 Venstra Dr. Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/15/11
5. Donald Lamansky	N18761 Venstra Dr. Pembine, WI 54156	☒ Town ☐ Village ☐ City Pembine	3/15/11
6. Jeremy Bailie	W10085 Pike Plains Road Dunbar, Wi. 54119	☒ Town ☐ Village ☐ City Dunbar	3/17/11
7. Stephen Jay	W10085 Pike Plains Rd. Dunbar, WI. 54119	☒ Town ☐ Village ☐ City Dunbar	3/31/11
8. Tim Brill	W10085 Pike Plains Rd Dunbar WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/31/11
9. Joshua Fox	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/31/11
10. Chet Whigham	W10085 Pike Plains Rd Dunbar, WI 54119	☒ Town ☐ Village ☐ City Dunbar	3/31/11

Certification of Circulator

I, Jeremy Bailie (name of circulator), certify:

I reside at W10085 Pike Plains Road, Dunbar, Wi, 54119 (circulator's residence - include number, street, and municipality).

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

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

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.)

Failure to show up for work in the position of senator for which he was elected. Collecting his paycheck for services not rendered. This recall is for Senator Jim Holperin.

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. Ann Maletzke	14221 Helen Lane Mountain, WI	☒ Town ☐ Village ☐ City Mountain	4/4/11
2. Linda [illegible] III	14221 Helen Ln MOUNTAIN WI	☐ Town ☐ Village ☐ City Mountain	4/4/11
3. Heide Rabowski	14245 Spring Crk Rd Mountain WI	☒ Town ☐ Village ☐ City Mountain	4/4/11
4. Emeline Cabunac	14270 Spring Rd Mountain, WI	☒ Town ☐ Village ☐ City Mountain	4/4/11
5. [illegible]	13615 Hwy 32 Mountain WI 54149	☒ Town ☐ Village ☐ City MOUNTAIN	4/4/11
6. [illegible]	13615 State Hwy 32/64 Mountain WI 54149	☒ Town ☐ Village ☐ City Mountain.	4/4/11
7. Andrea L Neforth	W9248 Maplevew Rd Antigo WI 54409	☒ Town ☐ Village ☐ City ANTIGO	4/5/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Ann Maletzke (name of circulator), certify:

I reside 14221 Helen Lane, Mountain, WI 54149 (circulator's residence - include number, street, and municipality).

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

4/5/11 (date)

Ann Maletzke (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. 1565

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	N5056 Jones Rd Bryant, WI 54418	☑ Town ☐ Village ☐ City Bryant	2-28-11
2. Judy Stukhamer	W8078 Ct Rd AA Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	2-28-11
3. Sandra Peterson	W8078 Ct RD AA antigo WI 54409	☐ Town ☐ Village ☐ City antigo	2-28-11
4. Robert Purnell	W12036 Highland Antigo WI 54409	☐ Town ☐ Village ☐ City Antigo	2/28/11
5. [illegible]	W11298 forest Rd Antigo WI 54409	☐ Town ☑ Village ☐ City Ackley	2/28/11
6. [illegible]	315 Lincoln St Antigo, WI 54409	☐ Town ☐ Village ☑ City Antigo	2-28-11
7. Lindsay Hodges	400 Crowan Rd Antigo WI 54409	☐ Town ☐ Village ☑ City Antigo	2-28-11
8. Deb Bauknecht	N4475 Angle Rd Antigo, WI 54409	☑ Town ☐ Village ☐ City Antigo	2-28-11
9. Holly Pavek	W2210 Hwy 64 Bryant WI 54418	☑ Town ☐ Village ☐ City Polar	2-28-11
10. Chris Pavek	W2210 Hwy 64 Bryant WI 54418	☑ Town ☐ Village ☐ City Polar	2-28-11

Certification of Circulator

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

I reside N8075 Forest Rd. Deerbrook, WI 54424 Twn Nevin.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 1, 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.
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. Donald B Dixon	PO Box 155 Conover, Wi. 54519	☒ Town ☐ Village ☐ City	4/2/11
2.	6044 E. BUCKATABON	☐ 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, DONALD B. DIXON, certify:
(name of circulator)

I reside 6044 E. BUCKATABON RD., CONOVER, WI. 54519.
(circulator's residence - include number, street, and municipality)

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

APRIL 2, 2011
(date)

Donald B Dixon
(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. 1567

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.)

He has failed us at a time when our Country needs proper representation, hard work & honesty!

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.		☐ Town ☐ Village ☐ City	/ /11
2. Marcella De Cleene	1195 Everett Road Eagle River, Wi 54521	☐ Town Washington ☐ Village ☐ City	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

X I, Marcella De Cleene, certify:
(name of circulator)

X I reside 1195 Everett Rd, Eagle River Wi 54521.
(circulator's residence - include number, street, and municipality)

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

X 3-30-11 (date) X Marcella De Cleene (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. 1568

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 lire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Helen M. Skibbie	5920 Co. RD. K WEST CONOVER WI 54519	☒ Town ☐ Village ☐ City CONOVER	2/23/11
2. Joseph A Skibbie	5920 Co Rd K WEST CONOVER, WI 54519	☒ Town ☐ Village ☐ City CONOVER	2/23/11
3. Paul H Eigl	5007 HEART LAKE RD CONOVER WI. 54519	☒ Town ☐ Village ☐ City CONOVER	2-23-11
4. Marion Jenkins	2018 Hwy 45 N. Eagle River WI. 54521	☒ Town ☐ Village ☐ City WASHINGTON	2-24-11
5. Joseph Thomas Jenkins	2018 Hwy 45 North Eagle River, Wisconsin 54521	☒ Town ☐ Village ☐ City WASHINGTON	2-24-11
6. Sue Ann Bauers	158 HWY 45 S. Conover, WI 54519	☒ Town ☐ Village ☐ City Conover	2-24-11
7. [illegible]	3459 Kohn Rd. Conover, WI 54519	☒ Town ☐ Village ☐ City Conover	2-24-11
8. [illegible]	160 S. Hwy 45 Apt. 1 Conover, WI 54519	☒ Town ☐ Village ☐ City Conover	2-25-11
9. Ronald Schultz	6145 BAKER LAKE RD CONOVER WI 54519	☒ Town ☐ Village ☐ City CONOVER	2-26-11
10. Kenneth J. Gunz	6145 Baker LK Rd. CONOVER, WI 54519	☒ Town ☐ Village ☐ City CONOVER	2-26-11

Certification of Circulator

I, JOSEPH SKIBBIE (name of circulator), certify:

I reside at 5920 HWY K CONOVER
(circulator's residence - include number, street, and municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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) Joseph Skibbie (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. 1569

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.)

He Fled the state to avoid a critical vote concerning the state of Wisconsin.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Dietz	3745 Country Drive	☒ Town ☐ Village ☐ City Newbold	3/30/11
2. [illegible]	6320 OAK ROCK Rd.	☒ Town ☐ Village ☐ City HAZELHURST	3/30/11
3. Ron Wuebema	2674 S. RIVER Rd. RHINELANDER, WI.	☒ Town ☐ Village ☐ City Crescent	3/30/11
4. Holly Rudis	8042 County Hwy K	☒ Town ☐ Village ☐ City Cassian	3/30/11
5. RuTh Dietz	3740 Country Dr. Newbold, Rhinelander	☐ Town ☐ Village ☒ City New Auen Rhinelander	3/30/11
6. Cathy Dietz	120 W Timber Dr Rhinelander, WI	☐ Town ☐ Village ☐ City Rhinelander	3/30/11
7. Michael Dietz	3740 Country Dr. Rhinelander	☐ Town ☐ Village ☐ City Newbold	03/30/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 3745 Country Drive, 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.

4-5-11
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Pamela Kell	1164 Thompson Ln	☒ Town ☐ Village ☐ City Lac du Flambeau	3/17/11
2. Joanne L Ahlborn	10149 W. Spur Rd Arbor Vitae, WI 54568	☒ Town ☐ Village ☐ City Arbor Vitae	4/1/11
3. Beverly Roll	8158 Hard Mill Rd St Germain WI 54558	☒ Town ☐ Village ☐ City St Germain	4/1/11
4. [illegible]	10857 Lynx Lake Rd Presque Isle, WI 54557	☒ Town ☐ Village ☐ City Presque Isle	4/8/11
5. Jim Mulhern	8488 Pinewood Dr. St Germain WI.	☒ Town ☐ Village ☐ City St Germain	4/16/11
6. Nancy Mulhern	8488 Pinewood St Germain 54558	☒ Town ☐ Village ☐ City St. Germain	4/16/11
7. Steven Wood	5611 Lumen Lake Rd Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Lake Tom.	4/16-11
8. Gwen Deering	8859 Hardwood Ln Hazelhurst 54531	☒ Town ☐ Village ☐ City Woodruff	4/16-11
9. Don Karl	9254 Brown Ct. Minocqua 54548	☒ Town ☐ Village ☐ City Minocqua	4/16/11
10. Beverly Karl	9254 Brown Ct. Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/16/11

Certification of Circulator

I, John Supinski (name of circulator), certify:

I reside 1765 Walck Rd 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.

4/16/11 (date)

John Supinski (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. 1571

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Cindy Britterham	N5142 Angle Rd Deerbrook, WI 54424	☒ Town ☐ Village ~~Deerbrook~~ NEVA ☐ City	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, Cindy Britterham, certify:
(name of circulator)

I reside N5142 Angle Rd 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.

4-8-11
(date)

Cindy Britterham
(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. Pete Lawson	7684 Breager Rd Three Lakes WI	☒ Town ☐ Village ☐ City Three Lakes	3-16-11
2. Bill Schemer	6404 CW Smith Rd Three Lakes Wi	☒ Town ☐ Village ☐ City Three Lakes	3-21-11
3. Dave M	3764 E. Church Rd Conover, WI 54519	☒ Town ☐ Village ☐ City Conover	3-22-11
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, Vicki Wollermann, certify:
(name of circulator)

I reside at 2476 Hwy 17 Town of Three Lakes Wi 54562 (PO Box 157).
(circulator's residence - include number, street, and municipality)

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

3/22/11
(date)

Vicki Wollermann
(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. Marjorie Mireski	317 Deresch St. Antigo Wi. 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
2. James Mireski	317 Deresch St. Antigo, Wis. 54409	☐ Town ☐ Village ☒ City Antigo	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, Marjorie Mireski, certify:
(name of circulator)

I reside 317 Deresch St. Antigo Wis. 54409.
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

Marjorie Mireski
(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.	1038 S. Tomahawk Tomahawk Wi	☒ Town ☐ Village ☐ City Tomahawk	3-1-11
2. Kay Hetzel	1516 Spruce Ave Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-1-11
3. Sarah O'Malley	1335 E. King Rd Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-1-11
4. Linda Daigle	W2366 Goddard Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Harrison	3-1-11
5. Nadine	1038 S Tomahawk Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-1-11
6.	2703 Rocky Rd Tomahawk, WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-1-11
7.	N10663 Moody Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Bradley	3-1-11
8.	318 WATER ST TOMAHAWK, WI, 54487	☒ Town ☐ Village ☒ City TOMAHAWK	03-02-11
9.	318 WATER ST TOMAHAWK, WI, 54487	☒ Town ☐ Village ☒ City TOMAHAWK	03-02-11
10.	2551 Rocky Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Nokomis	3-2-11

Certification of Circulator

I, FRED G. TIMM (name of circulator), certify:

I reside N8253 COUNTY Rd. V ERMA, WI 54442 (circulator's residence - include number, street, and municipality).

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

Fred G. Timm (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. 1575

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	2395 Hwy 45 N Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	2-26-11
2. [illegible]	7092 Hwy X 54562 Three Lakes WI	☒ Town ☐ Village ☐ City 3 lakes	2-26-11
3. Roy M. Welch	7092 Hwy X Three Lakes, WI 54562	☒ Town ☐ Village ☐ City Three Lakes	2-26-11
4. [illegible]	345 N 2nd ST Eagle River WI 54521	☐ Town ☐ Village ☒ City Eagle River WI	2-26-11
5. [illegible]	2883 County Rd E CONOVER WI 54519	☒ Town ☐ Village ☐ City CONOVER	2-26-11
6. [illegible]	6171 Wildlife Dr. Eagle River, WI 54521	☒ Town ☐ Village ☐ City Cloverland Eagle River	2/26/11
7. Dawn Siems	4290 Deerskin Rd Phelps, WI 54554	☒ Town ☐ Village ☐ City Phelps.	2/26/11
8. Allen Sims	4290 DEERSKIN RD PHELPS WI 54554	☒ Town ☐ Village ☐ City PHELPS	2/26/11
9. Gary Dixon	1252 Catfish Lk Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	2/26/11
10. Tom Curtis	4929 Cty Rd G EAGLE RIVER WI 54521	☒ Town ☐ Village ☐ City LINCOLN	2/26/11

Certification of Circulator

I Paula Visner, certify:
(name of circulator)

I reside at 6045 BEAVER TR. CLOVERLAND.
(circulator's residence - include number, street, and municipality)

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

2/26/2011
(date)

Paula Visner
(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. Deha Carlberg	2049 Maggie May Ln St. Germain WI 54558	☒ Town ☐ Village ☐ City	4/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, STEVE CARLBERG, certify:
(name of circulator)

I reside 2049 MAGGIE MAY LN. 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.

4-4-11
(date)

S C Carlberg
(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]	3104 Wausau Rd Rhinelander	☒ Town ☐ Village ☐ City Crescent	3-31-11
2. [illegible]	4182 Forestha Rhinelander, WI	☒ Town ☐ Village ☐ City Newbold	3-31-11
3. Sandra Sorvi	2343 Cty Rd Q Pelican Lake, WI	☒ Town ☐ Village ☐ City Schoepke	3.31.11
4. ~~Susan Hamm~~		☐ Town ☐ Village ☐ City	
5. [illegible]	427 E Pine Ave Tomahawk, WI	☐ Town ☐ Village ☒ City Tomahawk	3-31-11
6. Sandra Pope	5519 Hwy 17 N Rhinelander WI 54501	☒ Town ☐ Village ☐ City Sugar Camp	3-31-11
7. [illegible]	6468 Highway 8 West	☒ Town ☐ Village ☐ City Crescent	3-31-11
8. [illegible]	5089 Church Rd Harshaw, WI 54529	☒ Town ☐ Village ☐ City Cassian	3-31-11
9. KM White	820 Dorr Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
10. [illegible]	3970 Big Buck Cir East	☒ Town ☐ Village ☐ City Woodruff	3/31/11

Certification of Circulator

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

I reside 2571 So. 59th W. Ave TULSA OK 74107.
(circulator's residence - include number, street, and municipality)

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

3-31-11
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	108 S GENESEE ST MERRILL WI 54452	☐ Town ☐ Village ☒ City MERRILL	4/6/11
2. Michelle Henrichs	108 S Genesee St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	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, TODD HENRICHS, certify:
(name of circulator)

I reside 108 SOUTH GENESEE ST MERRILL, WI 54452.
(circulator's residence - include number, street, and municipality)

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

4-6-11
(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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert K. Halder	4350 PATTERSON PL BOULDER JUNCTION, WI	☒ Town ☐ Village ☐ City BOULDER JUNCTION	4-6-11
2. Robert J Halder	4350 PATTERSON PL BOULDER JUNCTION, WI.	☒ Town ☐ Village ☐ City BOULDER JUNCTION	4-6-11
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, ROBERT K. HALDER, certify:
(name of circulator)

I reside 4350 PATTERSON PL. 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.

4-6-11
(date)

Robert K Halder
(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. Nicole Grant	N9643 Lake Rd Bowler, WI 54416	☒ Town ☐ Village ☐ City Almon	3-4-11
2. [illegible]	1222 Nantasket St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-6-11
3. [illegible]	1222 Nantasket St. Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-6-11
4. LeAnn [illegible]	1287 10th Ave Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	3-6-11
5. [illegible]	N6120 White Lake Wisconsin	☐ Town ☐ Village ☒ City Antigo	3-9-11
6. [illegible]	N6120, 54409 White Lake Wisconsin	☐ Town ☐ Village ☒ City Antigo	3-9-11
7. Chris Stilwell	N6120 White Lake WI 54491	☐ Town ☐ Village ☒ City Antigo	3-9-11
8. Mary A. Wilhelm	1810 Clermont St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3-11-11
9. [illegible]	Antigo WI	☐ Town ☐ Village ☐ City Antigo	3-11-11
10. Jody [illegible]	137 Hogan St Antigo	☐ Town ☐ Village ☐ City Antigo	3-11-11

Certification of Circulator

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

I reside N3000 Orchard Rd., Antigo, Wisc.
(circulator's residence - include number, street, and municipality)

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

3-18-11
(date)

Pamela Augustyn
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 R. Dyer	402 George St	☐ Town ☒ Village ☐ City Crivitz	3/30/11
2. Lois L Dyer	402 George St	☐ Town ☒ Village ☐ City Crivitz	3/30/11
3. Eugene J. Walters	1316 Rosa	☐ Town ☒ Village ☐ City Crivitz	3/30/11
4. Mary Kathleen Walters	1316 Rosa	☐ Town ☒ Village ☐ City Crivitz	3/30/11
5. [illegible]	N7415 SAINT PAUL RD CRIVITZ	☒ Town ☐ Village ☐ City STEPHENSON	3/30/11
6. [illegible]	W5496 Cty X Wausaukee Wi	☒ Town ☐ Village ☐ City Middle Inlet	3/30/11
7. [illegible]	W6314 Circle Dr Crivitz	☐ Town ☐ Village ☐ City Lake	3/30/11
8. K. Elfstrom	N15057 Old Hwy 141 Amberg	☒ Town ☐ Village ☐ City Amberg	3/30/11
9. [illegible]	Crivitz 6325 Circle Dr	☒ Town ☐ Village ☐ City Lake	3/30/11
10. John W Heckel	N8074 N Oconeau Bay RD Crivitz, Wi	☒ Town ☐ Village ☐ City Lake	3/31/11

Certification of Circulator

I, Paul R Dyer, certify:
(name of circulator)

I reside 402 George St Crivitz Wis 54114.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Paul R Dyer
(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.)

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]	1614 Lower Rd Box 352	☒ Town ☐ Village ☐ City Three Lakes	3/30/2011
2. Robert Talbot	4148 Oak Leaf Rd Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Pine Lake	3/30/2011
3. Victoria L. Woyak	N11640 Jack Pine Lane Elcho WI 54428	☒ Town ☒ Village ☐ City ELCHO	3/31/2011
4. Terri Rossbach	324 Iverson St. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City RHINELANDER	3/31/11
5. John [illegible]	6108 Pine Lake Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City SUGAR CAMP	3/31/11
6. Lyle [illegible]	11617 Woodland Hgts Rd Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Minocqua	3/31/11
7. [illegible]	4743 Bradley Ln Rhinelander WI	☒ Town ☐ Village ☐ City Pelican	3/31/2011
8. Dan L. Holbrook	5070 CD & RD Rhinelander WI 54501	☒ Town ☐ Village ☐ City PELICAN	3/31/11
9. William L. Belongia	Rhinelander WI 54501	☐ Town ☐ Village ☐ City STARKS	4/1/11
10. Terry Kolar	315 S 5th Ave Park Falls, WI 54552	☐ Town ☐ Village ☐ City Price	4/1/11

Certification of Circulator

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

I reside at 4475 County P, Rhinelander, WI 54501 TWN PELEGAN (circulator's residence - include number, street, and municipality).

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

4/1/11 (date) [signature] (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. 1583

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. [illegible]	5233 Twilight E.E.	☐ Town ☐ Village ☐ City Lincoln	3/1/11
2. Jimmy Motes	4416 Maple Dr E/R	☒ Town ☐ Village ☐ City LINCOLN	3/1/11
3. Jerry Youngquist	6336 West Shore Rd Land o Lakes WI	☒ Town ☐ Village ☐ City Land o Lakes ~~Atlas~~	3/2/11
4. Philip A. Sarauer	3229 County RD K E.	☒ Town ☐ Village ☐ City Conover	3/2/11
5. Betty Kukanich	1941 Hwy 45N. Eagle River, WI	☒ Town ☐ Village ☐ City Lincoln	3/2/11
6. Carolyn S. Koylaski	2957 Lakewood Dr Sayner, WI 54560	☒ Town ☐ Village ☐ City Sayner	3/2/11
7. Stan Koylaski	2957 Lakewood SAYNER	☒ Town ☐ Village ☐ City Sayner	3/2/11
8. Peter Mauk	1181 BIRCHWOOD DR. ST. GERMAIN	☒ Town ☐ Village ☐ City Cloverland	3/8/11
9. Bonnie Smola	1230 Lost River Rd. Eagle River, WI 54521	☐ Town ☐ Village ☒ City Eagle River	3-14-11
10. Joseph A Smola	1230 Lost River Rd EAGLE RIVER WI. 54521	☐ Town ☐ Village ☒ City EAGLE RIVER	3-14-11

Certification of Circulator

I PAULA VISNER (name of circulator), certify:

I reside at 6045 BEAVER TR. CLOVERLAND
(circulator's residence - include number, street, and municipality)

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or 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.

3/14/2011 (date)

Paula Visner (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. 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
Delores M Guest	W2062 MT. W Rd Tomahawk WI	☑ Town ☐ Village ☐ City	3/30/11
2. James Guest	W 2062 Mt. & W. Rd Tomahawk, Wi.	☑ Town Ship ☐ Village TOMAHAWK ☐ City	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, Delores M. Guest, certify:
(name of circulator)

I reside W2062 MT & W. 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.

3-30-11
(date)

Delores M Guest
(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. Wayne R Hilmann	1745 Jaynes Rd Mosinee, WI 54455	☐ Town ☒ Village ☐ City Kronenwetter	2-25-11
2. Henry C Mayo	Eagle River WI 54521	☐ Town ☐ Village ☐ City Hangingtrad Eagle River	3/26/2011
3. David Hook	2726 TIMBER LN. EAGLE RIVER, WI. 54521	☒ Town ☐ Village ☐ City CLOVERLAND	3-26-11
4. [illegible]	3945 Monheim Rd Conover WI 54519	☒ Town ☐ Village ☐ City CONOVER	3-26-11
5. Bonnie Schmidt	6675 Timberlane Three Lakes, WI. 54562	☒ Town ☐ Village ☐ City Three Lakes	3-26-11
6. John Schmidt	6675 TIMBER LANE THREE LAKES WI 54562	☒ Town ☐ Village ☐ City THREE LAKES	3-26-11
7. Roger Bellay	8179 Lark Rd Lake Tomahawk WI 54539	☒ Town ☐ Village ☐ City Lake Tomahawk	3-26-11
8. Lucy Farrell	3788 Wyk. East Conover, WI 54519	☒ Town ☐ Village ☐ City CONOVER	3-26-2011
9. Reed Farrell	3788 Wyk. East CONOVER WI 54519	☒ Town ☐ Village ☐ City CONOVER	3-26-2011
10. Pam Brown	4417 Maple Dr Eagle River WI 54521	☒ Town ☐ Village ☐ City Lincoln	3-26-2011

Certification of Circulator

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

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

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

3/26/11
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Doreen Weise	502 Kreutzer St. Athens Wis.	☐ Town ☒ Village ☐ City	3-3-11
2. Eugene Weise	502 Kreutzer St Athens, WI	☐ Town ☐ Village ☐ City	3-3-11
3. Nancy Pecher	R1226 Mt View Ln Athens	☒ Town ☐ Village ☐ City	3-4-11
4. Michael Pecher	R1226 Mount View Athens, WI	☒ Town ☐ Village ☐ City	3-4-11
5. Judy Weise	508 Kreutzer St. Athens WI 54411	☐ Town ☒ Village ☐ City	3-4-11
6. Marvin Weise	508 Kreutzer St Athens WI 54411	☐ Town ☒ Village ☐ City	3-4-11
7. Loretta Lavin	501 Kreutzer St. Athens, WI 54411	☐ Town ☒ Village ☐ City	3-6-11
8. Leonard Stanek	501 Kreutzer ST Athens WI 54411	☐ Town ☒ Village ☐ City	3-6-11
9. Glen Steer	521 Kreutzer St Athens WI 54411	☐ Town ☒ Village ☐ City	3-6-11
10. Cheryl Steer	521 Kreutzer St Athens WI 54411	☐ Town ☐ Village ☐ City	3-6-11

Certification of Circulator

I, Matthew Viegut, certify:
(name of circulator)

I reside S618 Lambert Rd Minocqua WI
(circulator's residence - include number, street, and municipality)

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

March 13, 2011
(date)

Matthew Viegut
(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. 1587

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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 M Kruegen	7712 County Rd II Hatley, WI 54440	☒ Town ☐ Village ☐ City Elderon	2/26/11
2. Kelly E Kruegen	7712 County Rd II Hatley, WI 54440	☒ Town ☐ Village ☐ City Elderon	2/26/11
3. John Church	7580 City Hwy II Hatley WI 54440	☒ Town ☐ Village ☐ City Elderon	2/26/11
4. Douglas [illegible]	8172 East Lake Dr Hatley WI 54440	☒ Town ☐ Village ☐ City Elderon	2/26/11
5. [illegible]	411 N. Center St Withbey WI 54499	☒ Town ☐ Village ☐ City Withbey	2/26/11
6. [illegible]	~~2315 Hatley WI 54440~~ 2315 Toppt Rd. Hatley	☒ Town ☐ Village ☐ City elderon	2/26/2011
7. Jerry Popp	7641 City Road H Hatley, WIS 5444[illegible]	☒ Town ☐ Village ☐ City Elderon	2/26-2011
8. [illegible]	1936 Cedar Dr Hatley WI 54440	☒ Town ☐ Village ☐ City Elderon	2/26/2011
9. Stacy Gilmeister	8720 Hickory Road Eland, WI 54427	☒ Town ☐ Village ☐ City Elderon	2/26/11
10. [illegible]	8720 Hickory Road Eland, WI 54427	☒ Town ☐ Village ☐ City Elderon	2/26/11

Certification of Circulator

I, Alan VanderKooy (name of circulator), certify:

I reside at 8555 Hickory Road Eland WI 54427 ELDERON (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.

2/26/11 (date) Alan VanderKooy (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. 21588

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Tracy Wendt	W8094 Cty Rd FF Merrill WI 54452	☒ Town ☐ Village ☐ City Corning	2-26-11
2. [illegible]	W4441 DAVEY LN. MERRILL WI 54452	☒ Town ☐ Village ☐ City Pine River	2-26-11
3. [illegible]	1608 E 9th St MERRILL WI 54452	☐ Town ☐ Village ☒ City Merrill	2-26-11
4. [illegible]	W534 Springbrook Ave Merrill, WI	☒ Town ☐ Village ☐ City Pine River	2-26-11
5. [illegible]	W7221 Nesseh Ct Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	2-26-11
6. Kurt Zubell	204 N. Cleveland St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	2-26-11
7. [illegible]	N4895 Prairie Dr Gleason WI 54435	☒ Town ☐ Village ☐ City Schley	3-5-11
8. Lynn Dattler	802 E 4th St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3-5-11
9. Leah Quelle	W5447 Brady Rd Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3-5-11
10. [illegible]	1601 E. 11th St Apt 101 Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/5/11

Certification of Circulator

I, Matthew J Seliger, certify:
(name of circulator)

I reside at 12522 3rd Lane Hamburg WI 54411.
(circulator's residence - include number, street, and municipality)

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

03-05-11
(date)

Matt Seliger
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Brad S. Geiss	W5502 Ash Dr. Merrill, WI. 54452	☒ Town Merrill ☐ Village ☒ City Merrill	2/28/11
2. Lisa M. Seliger	N 1997 Sunset Dr Merrill, Wisc	☒ Town Scott ☐ Village ☐ City	3/3/11
3. [illegible]	W2439 HWY 17 Merrill WI	☒ Town Merrill ☐ Village ☐ City	3/5/11
4. [illegible]	14549 5th LANE ATHENS, WI 54411	☒ Town Hamburg ☐ Village ☐ City	3/5/11
5. Rodelle [illegible]	14549 5th Lane Athens, WI 54411	☒ Town Hamburg ☐ Village ☐ City	3/5/11
6. Dewey Schwach	N1850 Hy 17 Merrill WI	☒ Town Pine River ☐ Village ☐ City	3-5-11
7. Ellen Seliger	2360 City Rd F Athens WI 54411	☒ Town Hamburg ☐ Village ☐ City	3-5-11
8. [illegible]	W6631 THE CLEARING MERRILL WI	☒ Town MERRILL ☐ Village ☐ City	3-5-11
9. Steve [illegible]	N1166 HIGH RIDGE MERRILL	☒ Town Pine River ☐ Village ☐ City	3-5-11
10. Jeffrey Anderson	W2708 STH 64 Merrill, WI	☒ Town Pine River ☐ Village ☐ City	3-5-11

Certification of Circulator

Ellen Seliger (name of circulator), certify:

reside at 2360 City Rd F Athens WI 54411 Hamburg
(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.

3-5-11 (date)

Ellen Seliger (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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. COLIN KINCAID	5741 E LAKEVIEW CRANDON, WI	☐ Town ☐ Village ☒ City CRANDON	3-7-11
2. Kim Geske	200 S. Central Crandon, WI	☐ Town ☐ Village ☒ City Crandon	3-7-11
3. Kody Kulinski	704 N Wildwood Ave Crandon, WI	☐ Town ☐ Village ☒ City Crandon	3-7-11
4. Sally Keerkus	5352 Harris St. Laona, WI. 54541	☒ Town ☐ Village ☐ City LAONA	3-7-11
5. [illegible]	11372 WIND ROSE LN CRANDON, WI 5	☐ Town ☐ Village ☒ City CRANDON	3-7-11
6. Sjana [illegible]	11372 Wind Ridge Ln Crandon, WI 54520	☒ Town ☐ Village ☐ City Crandon	3-7-11
7. Nora Matzwitz	P.O. Box 286 Laona, WI 54541	☒ Town ☐ Village ☐ City Laona	3-7-11
8. [illegible]	P.O. Box 823 Laona, WI 54541	☒ Town ☐ Village ☐ City Laona	3-7-11
9. Kim Plapp	9464 Hwy 32 Argonne WI 54511	☒ Town ☐ Village ☐ City Argonne	3-8-11
10. Thirly Campbell	814 W Hazeldell Ave Crandon, WI 54520	☒ Town ☐ Village ☐ City Crandon	3-9-11

Certification of Circulator

I, Bonnie Evans (name of circulator), certify:

I reside at 204 W Madison St Crandon WI 54520
(circulator's residence - include number, street, and municipality)

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

3/11/11
(date)

Bonnie L Evans
(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. Gordon Magee	8643 Parkview RD	☒ Town ☐ Village ☐ City Minocqua	March 4, 2011
2. [illegible]	1471 Marsha Ln	☒ Town ☐ Village ☐ City Arbor Vitae	March 11, 2011
3. [illegible]	1471 Marsha Ln	☒ Town ☐ Village ☐ City Arbor Vitae	March 11, 2011
4. [illegible]	8643 Parkview Rd	☒ Town ☐ Village ☐ City Minocqua	March 11, 2011
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, Gordon Magee (GORDON MAGEE), certify:
(name of circulator)

I reside MINOCQUA, WISCONSIN AT 8643 PARKVIEW RD.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 4, 2011
(date)

Gordon Magee
(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. 1592

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Raymond C Lehmann	N1128 Fairview Rd Merrill, WI 54452	☑ Town ☐ Village ☐ City Scott	2/27/11
2. Marjorie A. Lehmann	N1128 Fairview Rd Merrill WI 54452	☑ Town ☐ Village ☐ City Scott	2/27/11
3. Kathy M Depies	W8325 State Hwy 64 Merrill, WI 54452	☑ Town ☐ Village ☐ City Corning	2-27-11
4. Delbert R Depies	W8325 State Hwy 64 Merrill WI 54452	☑ Town ☐ Village ☐ City Corning	2-27-11
5. Mary A. Schutz	W2596 State Rd 64 Merrill WI 54452	☑ Town ☐ Village ☐ City Pine River	2-27-11
6. Edward Thomaschefsky	N2362 Doering Drive Merrill WI 54452	☑ Town ☐ Village ☐ City Merrill	3-4-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Bill Fehrmann 1305 Champagne, Merrill, WI 54452 certify:
(name of circulator)

I reside at _____.
(circulator's residence - include number, street, and municipality)

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

3/11/11
(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

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	W1110 Echo Lake Rd Gleason WI	☒ Town ☐ Village ☐ City RUSSELL	2-26-11
2. Gobie Peckham	W1110 Echo Lake Rd	☒ Town ☐ Village ☐ City Russell	2-26-11
3. [illegible]	N5954 Bachelor St Gleason, WI	☒ Town ☐ Village ☐ City Russell	2-26-11
4. Allen R. Bowdle	W14861 County Rd CE Gleason WI	☒ Town ☐ Village ☐ City Summit	2-26-11
5. [illegible]	W2308 Prairie Dr. Merrill, WI	☒ Town ☐ Village ☐ City Russell	2-26-11
6. Richard Koss	N4810 Singer Rd Antigo WI	☒ Town ☐ Village ☐ City Ackley	2/26/11
7. Cindy Koss	N4810 Singer Rd Antigo WI 54409	☐ Town ☐ Village ☐ City Ackley	2/26/11
8. David Heller	N5334 Rice LN Gleason, WI 54435	☒ Town ☐ Village ☐ City Russell	2/26/11
9. Eva Heller	N5334 Rice Ln. Gleason, WI 54435	☒ Town ☐ Village ☐ City Russell	2/26/11
10. TOM TYLENDA	P.O. Box 15 GLEASON 54435	☐ Town ☐ Village ☐ City RUSSELL	2/26/11

Certification of Circulator

I, Jim Macs, certify:
(name of circulator)

I reside W834 3rd Ave Gleason WI 54435 TWN RUSSELL.
(circulator's residence - include number, street, and municipality)

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

2-26-11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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.	N 4692 Prairie Drive Gleason WI	☒ Town ☐ Village ☐ City Schley	2/26/11
2.	W1055 Echo Lake Rd Gleason WI	☒ Town ☐ Village ☐ City Russell	2/26/11
3.	W4953 Creek Ave Merrill WI	☒ Town ☐ Village ☐ City Scott	2/26/11
4. Kristine Wissell	N4465 Town Hall Gleason, WI 54435	☒ Town ☐ Village ☐ City Schley	2/26/11
5. Esther Wissell	315 Evergreen CT. Rhinelander, WI. 54501	☐ Town ☐ Village ☒ City Rhinelander	2/26/11
6. Benjamin Wissell	315 Evergreen WI 54501 Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	2/26/11
7.	N5945 City Rd J Gleason WI 54435	☒ Town ☐ Village ☐ City Birch	2/26/11
8.	N5620 County Rd H Deerbrook WI 54432	☐ Town ☐ Village ☐ City Deerbrook	2/26/11
9.	W3866 Town hall Merrill	☐ Town ☐ Village ☐ City Merrill	2/26/11
10.	N9610 Sunset Point	☒ Town ☐ Village ☐ City Tomahawk	2/26/11

Certification of Circulator

I, Jim Maas, certify:
(name of circulator)

I reside W834 3rd Ave Gleason, WI 54435 TWN RUSSELL.
(circulator's residence - include number, street, and municipality)

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

2-26-11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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]	227 VIRGINIA ST ANTIGO, WI 54409	☐ Town ☐ Village ☒ City Antigo	2-26-11
2. [illegible]	227 Virginia St Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	2/26/11
3. [illegible]	213 Virginia St Antigo, WI 54409	☐ Town ☐ Village ☒ City Antigo	2/27/11
4. [illegible]	1302 FIFTH AVENUE ANTIGO, WI 54409	☐ Town ☐ Village ☒ City ANTIGO	2-27-11
5. Nancy J. Palmer	1302 FIFTH AVENUE ANTIGO, WI 54409	☐ Town ☐ Village ☒ City ANTIGO	2-27-11
6. Phyllis Bula	130 Sunset Dr. Antigo, Wi 54409	☐ Town ☐ Village ☒ City Antigo	2-27-11
Rosemary Marx	W9142 Cty Rd F Antigo, WI 54409	☒ Town ☐ Village ☐ City Antigo	2-2-11
8. John Marx	W9142 Cty Rd F Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	3-2-11
9. Margret Byrne	W9088 Hwy 64 Antigo, Wi 54409	☒ Town ☐ Village ☐ City Antigo	3/6/11
10. Joyce Zaverovsky	W9141 Cty Rd F Antigo WI 54409	☒ Town ☐ Village ☐ City Antigo	03-06-11

Certification of Circulator

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

I reside at N3569 Airport Road, Antigo, WI 54409.
(circulator's residence - include number, street, and municipality)

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

March 6, 2011
(date)

Jennifer M.R. Marmes
(signature of circulator)

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. 1596

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Robert W Mather	3649 TOWNLINE RD EAGLE RIVER WI	☒ Town ☐ Village ☐ City Washington	3-1-11
2. Barbara J. Mather	3649 Townline Rd Eagle River WI	☒ Town ☐ Village ☐ City Washington	3-1-11
3. Mike Mather	3649 townline Rd Eagle River WI	☒ Town ☐ Village ☐ City Washington	3-1-11
4. Bill Schlicht	317 E Park Ave Minocqua WI.	☐ Town ☐ Village ☒ City Minocqua, WI	3-2-11
5. Gary Woodward	1434 Bayview Lane Eagle River WI 54521	☒ Town ☐ Village ☐ City Washington	3/3/11
6. Ben Kuhn	5455 Cty Rd G Eagle River Wi 54521	☒ Town ☐ Village ☐ City Cloverland	3/3/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, John Mors, certify:
(name of circulator)

I reside at 1215 E Cranberry Lk Rd. ER 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.

3-3-2011
(date)

John Mors
(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. 2/597

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Mary T. Barr	1215 E. Cranberry Lk Rd Eagle River, WI	☒ Town ☐ Village ☐ City Washington	2/28/11
2. John Mors	1215 E. Cranberry Lk. Rd Eagle River WI	☒ Town ☐ Village ☐ City Washington	2/28/11
3. [illegible]	845 E. Cranberry Lk Rd Eagle River WI	☒ Town ☐ Village ☐ City Washington	2/28/11
4. [illegible]	1215 E Cranberry Lk Rd Eagle River WI 54521	☒ Town ☐ Village ☐ City Washington	2/28/11
5. [illegible]	3911 TV Tower Rd Eagle River, WI 54521	☒ Town ☐ Village ☐ City WASHINGTON	2/28/11
6. [illegible]	1465 E. Boss Lake Rd Eagle River, WI. 54521	☒ Town ☐ Village ☐ City Washington	3-4-11
7. [illegible]	8100 Hwy N SAYNER, WI, 54560	☒ Town ☐ Village ☒ City PLUM LAKE	3-4-11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, John Mors, certify:
(name of circulator)

I reside at 1215 E. Cranberry Lk Rd E R.
(circulator's residence - include number, street, and municipality)

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

3-4-2011
(date)

John Mors
(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]	118 FAIRLAND ST Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
2. Barbara A Duegan	PO Box 559 Antigo WI 54409	☐ Town ☐ Village ☒ City Antigo	3/30/11
3.	A	☐ 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, DONALD G JAHNKE, certify:
(name of circulator)

I reside N6203 Cty Rd A DEERBROOK WI 54424 NEVIN.
(circulator's residence - include number, street, and municipality)

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

4-2-2011
(date)

Donald G Jahnke
(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. 1599

RECALL PETITION

ro: Wisconsin Government Accountability Board
(official 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)

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

STATEMENT OF REASON FOR RECALL

The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of he 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 F Simon	801 W TAYOR ST	☐ Town ☐ Village ☐ City MERRILL	03/11/11
2. Nathan Elliott	705 W. Taylor St.	☐ Town ☐ Village ☐ City Merrill	3/11/11
3. Jennifer K. Elliott	705 W. Taylor St	☐ Town ☐ Village ☐ City Merrill	3/13/11
4. Scott I. Sanderson	701 St. Paul St.	☐ Town ☐ Village ☐ City Merrill	3/13/11
5. Ruth Kunzler	1105 St. Paul Dr.	☐ Town ☐ Village ☐ City Merrill	3/13/11
6. Lorraine Schneider	805 Mill St	☐ Town ☐ Village ☐ City Merrill	3/13/11
7. Carlon Pepke	803 Taylor St.	☐ Town ☐ Village ☐ City Merrill	3-13-11
8. Darlene Pepke	803 W Taylor	☐ Town ☐ Village ☐ City Merrill	3-13-11
9. Verna A Schaefer	105 South Genesee St Merrill	☐ Town ☐ Village ☐ City Merrill	3-13-11
10. Marilyn Schunzel	W4615 Lake View Av Merrill	☐ Town ☐ Village ☐ City "	3/14/11

Certification of Circulator

Elaine D S, certify:
(name of circulator)

reside at 801 W. Taylor St. Merrill, WI. 54452
(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.

3/14/11
(date)

Elaine D Simon
(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. 1400