

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>David W Kress</u>	<u>8040 Hwy 8W Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <u>Woodboro</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/4/11</u>
2. <u>Laurena Kress</u>	<u>8040 Hwy 8W Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <u>Woodboro</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/4/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

I, DAVID W KRESS **Certification of Circulator**, certify:
(name of circulator)
 I reside 8040 Hwy 8W Rhinelander, WI 54501 Woodboro
(circulator's residence - include number, street, and municipality)

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

04/04/2011
(date)

David W Kress
(signature of circulator)

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1. <i>Roy A. Suberek</i>	8456 Greenhosa Rd Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2/24/11
2. <i>Genevieve Sobolik</i>	8456 Sheon Bass Rd. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2/24/11
3. <i>Charlotte L Jewson</i>	1885 Meta Lake Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2/24/11
4. <i>Dale D. Jewson</i>	1885 META LK. RD EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	2/24/11
5. <i>John F. Godfreed</i>	1894 Meta LK. RD Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2/25/11
6. <i>John Donon</i>	933 OLSEN RD THREE LAKES, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	2/25/11
7. <i>[Signature]</i>	1850 Forest Lane Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2-25-11
8. <i>[Signature]</i>	8300 GREEN BASS RD EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Threelakes	2/25/11
9. <i>[Signature]</i>	4397 Ranger Rd Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	25 Feb 11
10. <i>Audrey M. [Signature]</i>	1905 St. Hwy 70 Phelps, WI 54554	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Phelps	2/24/11

Certification of Circulator

I, CRAIG KLEIN LINCOLN TN, certify:

I reside at 3861 GAFFNEY DRIVE EAGLE RIVER, WI 54521

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

2-25-11 (date) Craig Klein (signature of circulator)

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

RECALL PETITION

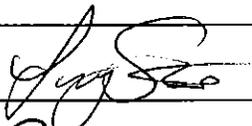
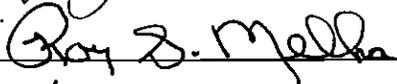
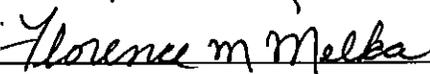
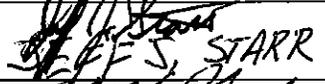
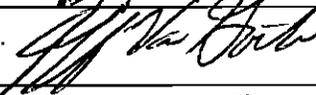
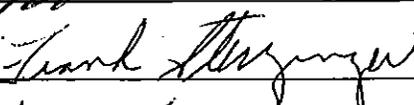
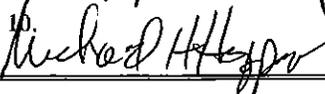
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1. 	9579 County Club Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/1/11
2. 	9825 Clearview Court	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3/1/11
3. 	9825 CLEARVIEW CT.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	3-1-11
4. 	7491 Gilmore Lk Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	3-1-11
5. 	7491 GILMORE LK RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	3-2-11
6. 	9623 County Rd D	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/3/11
7. 	9630 Oakwood Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3-2-11
8. 	9630 Oakwood Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/2/11
9. 	8103 Mercer Lk Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/3/11
10. 	P.O. Box 361	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODCROFT	3-3-11

Certification of Circulator

I, Bruce Kluever, certify:
(name of circulator)
 I reside 9622 Oakwood Drive Minocqua W. 54548.
(circulator's residence - include number, street, and municipality)

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

March 13, 2011 
(date) (signature of circulator)

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1. <i>John Lemke</i>	<i>14454 Cty Rd S Hamburg WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>2-28-11</i>
2. <i>Judy Lemke</i>	<i>14454 Cty Rd S Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>2-28-11</i>
3. <i>Ashley Lemke</i>	<i>14454 Cty Rd S Athens, WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>2-28-11</i>
4. <i>Alfred Lemke</i>	<i>14454 Cty. Rd. S Athens, WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>2-28-11</i>
5. <i>Stu Dreyer</i>	<i>Athens, WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>2-28-11</i>
6. <i>Jessica Daper</i>	<i>1017 Cty Rd F Athens</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i>	<i>2-28-11</i>
7. <i>Michelle Pempke</i>	<i>122 E. Rainbow Athens, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i>	<i>2-28-11</i>
8. <i>Laurie Benzang</i>	<i>9148 Jenny Lake Rd. Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>No Komis</i>	<i>3-1-11</i>
9. <i>John Wenelt</i>	<i>W9110 Cedar Rd Merrill Wis 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3-1/11</i>
10. <i>Phyllis Duellman</i>	<i>310 S. Foster St Merrill, WI, 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Lincoln</i>	<i>3/2/11</i>

Certification of Circulator

I, *Wendy Kottke*, certify:
(name of circulator)

I reside at *7150 13th Ave Athens WI 54411*
(circulator's residence - include number, street, and municipality)

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

3-1-11

(date)

Wendy Kottke
(signature of circulator)

RECALL PETITION

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

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

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

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

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1. <u>Scott Cline / Scott Cline</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
2. <u>Rachel Brown</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
3. <u>Melchor Hennekan</u>	<u>W10085 PIKE PLAINS RD. DUNBAR, WI 54119</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
4. <u>Gloria Everson</u>	<u>1325 Garfield Niagara, WI 54151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>3/29/11</u>
5. <u>Stephen Jespersen</u> <u>Stephen Jespersen</u>	<u>W1100 85 Pike Plains Rd. Dunbar, WI 54119</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
6. <u>Mary Stewart</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
7. <u>Matthew Meskill</u> <u>Matthew Meskill Meskill</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
8. <u>DAVID HERRON</u>	<u>W10085 PIKE PLAINS RD DUNBAR - WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>
9. <u>Carrie Berg</u>	<u>W8411 Lundgren Lakes Pembine, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pembine</u>	<u>3/29/11</u>
10. <u>Aaron Marshall</u>	<u>W10085 Pike Plains Rd Dunbar WI 54119</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/29/11</u>

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.

4/4/2011
(date)

David Smail
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: Wisconsin Government Accountability Board

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1. <i>Gerald F Koehler</i>	<i>W11496 Van Beek Rd Crittitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>23 Feb 2011</i>
2. <i>Rachel J Borecki</i>	<i>CRIVITZ, WI 6819 N 3rd ST</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>2/24/11</i>
3. <i>Jeanne Roulette</i>	<i>CRIVITZ 54114 2063 FORBES RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>2/24/11</i>
4. <i>Arthur Wagner</i>	<i>CRIVITZ WI 54114 N6755 S. 3RD ST</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>2/24/11</i>
5. <i>Jim Mansolek</i>	<i>CRIVITZ, WI 54114 N6755 S. 3RD ST Crittitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>2-24-11</i>
6. <i>John M. ...</i>	<i>W8266 FORD RD WAUSAUKEE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WAUSAUKEE</i>	<i>2/24/11</i>
7. <i>Debra ...</i>	<i>W 6667 5th ST WAUSAUKEE WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WAUSAUKEE</i>	<i>2-24-11</i>
8. <i>Rebecca ...</i>	<i>926 Main St Wausaukee, WI 54177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wausaukee</i>	<i>2-24-11</i>
9. <i>Lillian Leonard</i>	<i>19772 TIMMS LK NIAGARA, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NIAGARA, WI</i>	<i>2-24-11</i>
10. <i>Muek ...</i>	<i>W11496 Vanbeek Rd CRIVITZ, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>2-24-11</i>

Certification of Circulator

I, *Gerald F Koehler*, certify:
(name of circulator)
 I reside at *W11496 Van Beek Rd Crittitz, WI 54114* *Town of Stephenson*.
(circulator's residence - include number, street, and municipality)

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

24 Feb 2011
(date)

Gerald F Koehler
(signature of circulator)

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1. <i>Alfred Hoffard</i>	5897 Hwy 8 W. Apt B, Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/23/11
2. <i>Carol Ruppel</i>	4290 City Rd W Rhineland, WI 54601	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3-24-11
3. <i>Jim Dorn Etkin</i>	25 N. Brown St Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3-24-11
4. <i>Ther R. Steil</i>	28 N. Brown Apt 36, Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	3-24-11
5. <i>[Signature]</i>	123 Pine Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/24/11
6. <i>Dolli Schilling</i>	Rhineland 127 W Dives St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/24/11
7. <i>Bruce E Thompson Bruce E Thompson</i>	4272 Mud Lk Rd Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3-24-11
8. <i>Tari Zelazoski</i>	1120 City Road E Pelican Lake, WI 54463	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pelican Lake	3-24-11
9. <i>William Bishop</i>	54325 Spider Lk Rd Rhineland WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-24-11
10. <i>[Signature]</i>	402 Loma St Rhineland WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	3/24/11

Certification of Circulator

I, Larry W. Schumacher, certify:

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Deborah Gajew</u>	<u>PO BOX 335</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Laona</u>	<u>3/4/11</u>
2. <u>Edmund Rose</u>	<u>6591 FISHER DR WAABENO WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Waabeno</u>	<u>3/6/11</u>
3. <u>Terri Burel</u>	<u>4074 McGlin Ln Crandon, WI 54520</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crandon</u>	<u>3/6/11</u>
4. <u>Randall L. Burel</u>	<u>4074 McGlin Lane Crandon, WI. 54520</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crandon</u>	<u>3/6/2011</u>
5. <u>Anna Gardner</u>	<u>P.O. Box 200 54/21</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/6/2011</u>
6. <u>Jahne Norak</u>	<u>P.O. Box 146 Laona WI 54544</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u>	<u>3/14/11</u>
7. <u>Gail Genty</u>	<u>4391 County Road # Laona WI 54541</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blackwell</u>	<u>03/15/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Vicki Koch **Certification of Circulator**
(name of circulator)
 I reside at 5244 Fairway Ct., Laona, WI 54541 certify:
(circulator's residence - include number, street, and municipality)

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

AB-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 18-266-8005, <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.)

Fairness in Government and Taxing

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Frank Berg</u>	<u>W9490 CO B BRYANT WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NEVA</u>	<u>3/2/11</u>
2.	<u>54418</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Frank Berg, certify:

I reside W9490 CO B BRYANT WI 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.

April 1 2011
(date)

Frank Berg
(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.)

FLED OUR STATE FOR THREE WEEKS, LEAVING OUR DISTRICT WITHOUT REPRESENTATION

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Robert P. H. Buetow</u>	<u>174 ORLANDO DRIVE WAUSAUKEE WI 54177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WAUSAUKEE</u>	<u>3/29/11</u>
2. <u>Robert P. H. Buetow</u>	<u>174 ORLANDO DRIVE WAUSAUKEE WI 54177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wausaukee</u>	<u>3/29/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u> / / 11</u>

Certification of Circulator

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

I reside 174 ORLANDO DR. - WAUSAUKEE, WI 54177
(circulator's residence - include number, street, and municipality)

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

3-29-2011
(date)

Robert P. H. Buetow
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Karen Christopherson</i>	<i>4208 Popes Road Arbor Vitae, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
2. <i>Janet Dwyer</i>	<i>4208 Popes Rd. Arbor Vitae, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4/5/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Karen Christopherson*, certify:
(name of circulator)

I reside *4208 Popes 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.

4-5-2011
(date)

Karen Christopherson
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Sherry Kropfle</u>	<u>10721 TDW</u> <u>Minocqua, Wis 54548</u>	<input checked="" type="checkbox"/> Town <u>shp</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
2. <u>Thomas Kropfle</u>	<u>10721 TDW</u> <u>Minocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
3. <u>Amy Cota</u>	<u>10516 Corks Lake Lane</u> <u>Minocqua WI 54548</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/10/11</u>
4. <u>Jim Cator</u>	<u>10516 Corks Lake Lane</u> <u>Minocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/10/11</u>
5. <u>William Sharkey</u>	<u>Minocqua Wis</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
6. <u>Scottie Stenberg</u>	<u>Minocqua Wis</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/10/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, SHERRY KROPFLE, certify:

I reside at 10721 TDW, Minocqua, Wis 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.

3/17/11
(date)

Sherry Kropfle
(signature of circulator)

RECALL PETITION

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Genevieve J. Rajek</u>	<u>W 7203 LYNN LA</u> <u>MERRILL, WIS</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MERRILL</u>	<u>3/7/11</u>
2. <u>Robert J. Rajek Sr.</u>	<u>W 7203 Lyman Lane</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MERRILL</u>	<u>3/7/11</u>
3. <u>Karen R. Rajek</u>	<u>W7220 RIVER RD</u> <u>MERRILL WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MERRILL</u>	<u>3-7-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Kim Simac

(name of circulator)

certify:

reside at 3860 Kula Vista Dr. Eagle River, Wis. Lincoln

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

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

3-7-11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>D. M.</u>	906 LANGLADE RD. ANTIGO WIS 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	2-28-11
2. <u>Denise Williams</u>	906 Langlade rd. Antigo wis 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-28-11
3. <u>M. Zarchy</u>	N3605 City Rd S Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Polar	2-28-11
4. <u>Cathy Krueger</u>	130 S. LINCOLN ST ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	2-28-11
5. <u>Nancy Kelly</u>	823 Vista Ln Antigo WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Antigo	2-28-11
6. <u>Don Kelly</u>	823 Vista Ln Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	2-28-11
7. <u>Perene Krueger</u>	130 S. Lincoln St Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	2-28-11
8. <u>Cheryl Heischman</u>	N6185 S Pratt Rd. Gleason WI 54436	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Gleason	3-1-11
9. <u>Jeslynne VanPace</u>	130 S. Lincoln St. Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-1-11
10. <u>J. H.</u>	N1175 City Hill Antigo WI 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-3-11

Certification of Circulator

I, Cathy Krueger, certify:

I reside at 130 S. Lincoln 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.

3-6-11
(date)

Cathy Krueger
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ray Kamp</u>	1684 W. 8150 Parkview <u>MIDDOCAVA WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minoqua</u>	<u>3/2/11</u>
2. <u>Mike Creighton</u>	<u>1689 Hwy 51 N</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/2/11</u>
3. <u>Debbie Kamin</u>	<u>P.O. Box 139</u> <u>Bowdoin WI 54512</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bowdoin</u>	<u>3/2/11</u>
4. <u>Cheryl Johnson</u>	<u>P.O. Box 74</u> <u>MINOCQUA WI 54548</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/2/11</u>
5. <u>Mike Durrell</u>	<u>1711 Hwy 51 North</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3-2-11</u>
6. <u>Jeff Hienow</u>	<u>11498 Cogle Rd</u> <u>Ar</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/2/11</u>
7. <u>Susan Hienow</u>	<u>11498 Cogle Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Arbor Vitae</u>	<u>3/2/11</u>
8. <u>Lav O. Labe</u>	<u>9201 Cty H J</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/3/11</u>
9. <u>Wesley Wick</u>	<u>9493 Ridgewood Dr</u> <u>M</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3/3/11</u>
10. <u>Op Jeschke</u>	<u>1167 Old 51</u> <u>Woodruff WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-4-11</u>

Certification of Circulator

David O. Sprister certify:

(name of circulator)

reside at 2410 Hwy 155 St Germain

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

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

3/24/2011
(date)

David O. Sprister
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	3427 PLEASANT RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-2-11
2. <i>Shirley C. Kufeldt</i>	4294 Pine Knoll Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-10-11
3. <i>Scott D. Kufeldt</i>	4294 Pine Knoll Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-10-11
4. <i>Phillip D. Gauske</i>	4288 Pine Knoll Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-10-11
5. <i>Judith E. Gauske</i>	4288 Pine Knoll Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	3-10-11
6. <i>James A. Anderson</i>	2618 Sunrise Lane Phelps	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-25-11
7. <i>Alan Eggert</i>	3037 Hwy K-E Conover WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	3/26/11
8. <i>John Bruzick</i>	5611 RUSH CREEK CONOVER, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	4/5/11
9. <i>Thomas Bitt</i>	3742 E Church Rd Conover, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City conover	4/5/11
10. <i>[Signature]</i>	4450 CHICAGO AVE CONOVER, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CONOVER	4/5/11

Certification of Circulator

I, Shirley Kufeldt, certify:

(name of circulator)

I reside at 4294 Pine Knoll Lane Conover, Wisconsin 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.

4-25-2011
(date)

Shirley C. Kufeldt
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Landra Tank</i>	<i>N 5321 Hwy 17 Gleason, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>2/26/11</i>
2. <i>Lawrence Tank</i>	<i>N 5331 Hwy 17 Gleason Wis 54435</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>2/26/11</i>
3. <i>Mary Kane</i>	<i>N 5325 Hwy 17 Gleason Wis 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>2/26/11</i>
4. <i>Kenneth Kane</i>	<i>N 5325 Hwy 17 Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>2/26/11</i>
5. <i>John Heidorf</i>	<i>Merrill, WI. N 3407 Heidorf Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2/26/11</i>
6. <i>Tommy Rank</i>	<i>7576 Rank Center Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>2/26/11</i>
7. <i>Shirley Kirby</i>	<i>N 2441 Doering Dr Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2/26/11</i>
8. <i>Charles M Huley</i>	<i>N 2441 DOERING DR MERRILL WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>2/26/11</i>
9. <i>Thomas Zimmerman</i>	<i>W 3650 ARD G MERRILL WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PIKE RIVER</i>	<i>2/26/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Kim Simon*, certify:
(name of circulator)

I reside at *3860 Kula Vista Dr, Eagle Run, WI 54521 Union*
(circulator's residence - include number, street, and municipality)

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

Kim Simon
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Shawn M. Wiche</i>	<i>1604 E Main St - Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2/24/2011</i>
2. <i>Dale Ecklund</i>	<i>607 Wisconsin St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2/26/2011</i>
3. <i>Tina J. Duphe</i>	<i>615 Cottage Merrill Wis 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2/26/2011</i>
4. <i>Jeanne Duphe</i>	<i>615 Cottage 2 St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2-26-2011</i>
5. <i>Jay Griger</i>	<i>W10526 Sunset Rd Elcho, WI 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>2-26-2011</i>
6. <i>Greg A. Seiger</i>	<i>W10520 Sunset Road</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>2-26-2011</i>
7. <i>Paul Arseneau</i>	<i>12666 State Hwy 107</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2-26-2011</i>
8. <i>Doris</i>	<i>12666 Hwy 107</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>2-26-2011</i>
9. <i>Mary Oluggalski</i>	<i>501 Pine St.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2-26-11</i>
10. <i>Paul Oluggalski</i>	<i>501 Pine St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2/26/11</i>

Certification of Circulator

I, *Jim Smeac*, certify:
(name of circulator)
 I reside at *3860 Kula Vista Dr. Eagle Dam, 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.

2-26-11 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Cynthia M. Elko	N7242 Kean Rd Deerbrook, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA	2-28-11
2. Randy Wiegert	N5653 Outlets Deerbrook, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA	2-28-11
3. DENNIS ZAHURONES	W4924 Branch Rd DEERBROOK, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA	2-28-11
4. Peter J. Decker	117 FORREST AVE ANTIGO, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	3-1-11
5. Jamie Burtl	843 EASTVIEW DR. ANTIGO, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	3/1/11
6. <i>Mirja</i>	11008 HWY 64 SIXTNS WI 54174	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BASLEY	3/1/11
7. James R. James	W9989 Knight Road Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UPHAM	3/2/11
8. <i>Wladimir J. Jermak</i>	922 Langlade Rd ANTIGO, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3/2/11
9. <i>Jim H. H...</i>	5016 Hwy 45 Bryant, WI 5448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA	3-3-11
10. Joe Charwell	W10560 Belmhall Rd Deerbrook, WI 54424	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PECK	4/MAR-2011

Certification of Circulator

I, EUGENE JACOBUS, certify:

(name of circulator)

I reside W 10081 CTY B DEERBROOK WI 54424 NEVA

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

town of

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

3-4-11

(date)

Eugene Jacobus

(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 13

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Joseph Kampf</u> <u>JOSEPH KAMPF</u>	<u>15714 Binder Lake Rd</u> <u>Lakewood, WI 54138</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lakewood</u>	<u>3-12-2011</u>
2. <u>Paula A. DeHart</u>	<u>N3993 White Lake</u> <u>CTY M W.F.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wolf River</u>	<u>3-12-2011</u>
3. <u>Jeff Redish</u>	<u>17585 Red Maple Ln.</u> <u>TOWNSEN WIS. 54175</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TOWNSEND</u>	<u>3-12-2011</u>
4. <u>Nick Marshall</u> <u>Nick T. Marshall</u>	<u>5507 W. Forrester Rd</u> <u>Lakewood WI 54136</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lakewood</u>	<u>3/12/11</u>
5. <u>Michele Kocak</u>	<u>14274 Pinelodge Lake Cir</u> <u>Lakewood WI 54138</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lakewood</u>	<u>3/12/11</u>
6. <u>Eric Ristagno</u>	<u>W15901 City C</u> <u>Silver Cliff WI 54104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff</u>	<u>3-12-11</u>
7. <u>Virginia Kampf</u>	<u>15714 Binder Lake Rd.</u> <u>Lakewood WI 54138</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lakewood</u>	<u>3-12-11</u>
8. <u>Justin Cleereman</u> <u>Justin Cleereman</u>	<u>15491 McCabe Rd</u> <u>Lakewood WI 54138</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lakewood</u>	<u>3-12-11</u>
9. <u>Brian Zdroik</u> <u>Brian Zdroik</u>	<u>N3715 Brettner Rd</u> <u>White Lake, WI 54441</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wolf River</u>	<u>3-12-11</u>
10. <u>Ralph Peteresen</u> <u>Ralph Peteresen</u>	<u>W13665 City C</u> <u>Atholone 54104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff</u>	<u>3-12-11</u>

Certification of Circulator

I, PAUL SOCHA, certify:

(name of circulator)

I reside at 13435 AENPONI RD POUA WI 54101 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>John Petersen</u>	<u>TOMSHAWK</u> <u>9160 HWY N</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomshawk</u>	<u>3/25/11</u>
2. <u>Stephanie Ernst</u>	<u>3003 Germond</u> <u>Rd Rhinelander</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhinelander</u>	<u>3/25/11</u>
3. <u>Jamie Olson</u>	<u>7978 RICE RD</u> <u>EDGE RIVER, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Edge River</u>	<u>3/25/11</u>
4. <u>Kenneth</u>	<u>815 River St</u> <u>Rhinelander</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhinelander</u>	<u>3/25/11</u>
5. <u>Bob Boman</u>	<u>1303 JACK PINE TR</u> <u>EAGLE RIVER WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	<u>3/25/11</u>
6. <u>Karl Schumacher</u>	<u>1303 Jack Pine Tr</u> <u>Edge River</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Edge River</u>	<u>3/25/11</u>
7. <u>Chris Sedens</u>	<u>3304 Hwy C</u> <u>Rhinelander</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Starks</u>	<u>3-25-11</u>
8. <u>Stephanie Ernst</u>	<u>3380 Lumber Lane</u> <u>Rhinelander</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>3-25-11</u>
9. <u>Lynn Schroeder</u>	<u>3801 Pine Crest Ln</u> <u>Harshaw</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Harshaw</u>	<u>3-25-11</u>
10. <u>Reid Webster</u>	<u>Rhinelander</u> <u>807 E. Timber Dr</u> <u>APT 6</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-25-11</u>

I, Larry W. Schumacher, certify:
(name of circulator)
 I reside 4621 S. Tans E. 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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Chith Muth</i>	<i>15521 Star Nave Rd Deerbrook WI, 5354424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nevea</i>	<i>3-21-10</i>
2. <i>Larry Palmer</i>	<i>W19127 Lakeview Drive Aniwa, WI 54408</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Aniwa</i>	<i>3-21-11</i>
3. <i>Paul Stubme</i>	<i>1213 N Superior Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-2-11</i>
4. <i>Craig Guile</i>	<i>1220 Main Rd Antigo WI, 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-21-11</i>
5. <i>John Spore</i>	<i>924 5th Ave Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-21-11</i>
6. <i>Rich Thur</i>	<i>W 9341 Rollwood Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-21-11</i>
7. <i>Mary Jones</i>	<i>636 Sunset Dr. ANTIGO, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	<i>3/21/11</i>
8. <i>Fred Schmel</i>	<i>W10113 Farman Rd Deerbrook WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>
9. <i>[Signature]</i>	<i>1534 Sunday St Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3/22/11</i>
10. <i>Esther Spore</i>	<i>Antigo 635 [Address]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-22-11</i>

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.

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

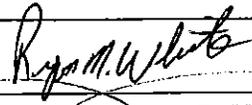
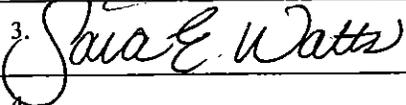
(official with whom nomination papers or declaration of candidacy for the office is filed)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1303 David Lk. Lane MINOCQUA WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/4/11
2. 	8740 BIRD LAKE RD LAKE TOWNSHIP	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOWNSHIP	3/4/11
3. 	1239 Cove Ln. EAGLE RIVER, WI 54522	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Clarendon	3/6/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

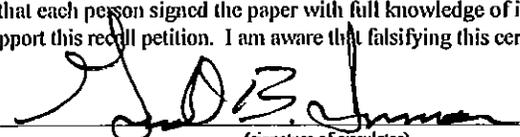
Certification of Circulator

I, GERALD B. LINMAN, certify:

I reside at 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.

3/24/11
(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.)

Jim Holperin was elected to work for us in Madison. Not to hide out in Ill. and still get paid with our tax dollars.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Laurence J. Schoone</i>	<i>W1729 Harrison Flowage Rd Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/29/11</i>
2. <i>Barbara A. Tavel</i>	<i>W3795 County A Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>King</i>	<i>3/29/11</i>
3. <i>Carl E. Tavel</i>	<i>Tomahawk WI 54487 W3795 County A</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>King</i>	<i>3/29/11</i>
4. <i>Ruby Schoone</i>	<i>W1729 Harrison Flowage Rd Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/30/11</i>
5. <i>Shirley Schoone</i>	<i>N100 HWB Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>4/2/11</i>
6. <i>Robert Leokoul</i>	<i>10 Gleason St 54487 N9929 City Hwy B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>4/3/11</i>
7. <i>Mary A Van Ryn</i>	<i>N1000 - City Rd B Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>4/3/11</i>
8. <i>Whitey & Kay Arnold</i>	<i>W2804 City Hwy D Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>4/3/11</i>
9. <i>Lois Schoone</i>	<i>W2225 Hwy. D Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>4/3/11</i>
10. <i>Leri Schoone</i>	<i>W2225 County Rd Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>4/3/11</i>

Certification of Circulator

I, *Laurence J. Schoone*, certify:
(name of circulator)

I reside *W1729 Harrison Flowage Rd. Harrison*.
(circulator's residence - include number, street, and municipality)

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

4-4-2011
(date)

Laurence J. Schoone
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Daniel R. Schlais	W8104 Weckerle Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	3/30/11
2. Marcy K. Mays	W7754 White Tail LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	3/30/11
3. Jason T. Leonard <small>Don & Zarah</small>	W 6983 Cemetery Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	3/30/11
4. Willie Hama	461 N MAKE ST PESH160 W154157	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City PESH160	3/30/11
5. Gary L. Beuk	422 CARNEY BLVD MARINETTE WI 54153	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PEMBINE	3/30/11
6. Ray D. Diehl	W 7124 Steele Rd Pembina Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	3/30/11
7. Audrey Mays	W7754 White Tail LN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	4/1/11
8. Daniel Janikowski	N18787 Forestview Dr Pembine	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	4/1/11
9. Sam Seuro	W18457 Pembina WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembina	4/13/11
10. Don Janikowski	W6750 Smoaland Dr Pembina	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pembine	4/13/11

Certification of Circulator

I, Daniel R. Schlais, certify:
(name of circulator)

I reside W8104 Weckerle Rd, Pembine, Wis. 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 §.12.13(3)(a), Wis. Stats.

4/3 2011 Daniel R. Schlais
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Evelyn Schwartz	26 3403 E Winesville Rd Porterfield, WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	3/30/11
2. Clay Schwartz	W4302 PANSKE RD PORTERFIELD WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PORTERFIELD	3/30/11
3. Carol Schwartz	W4302 PANSKE RD Porterfield, WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	3/30/11
4. Scott Schwartz	N7575 Dearlane Porterfield, WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	3/30/11
5. James Schwann	W3949 W Winesville Rd Porterfield, WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	3/31/11
6. Steve Schwartz	W4390 Winesville Rd Porterfield, WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	3/31/11
7. Robert E. Schwartz	W4302 PANSKE RD PORTERFIELD WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PORTERFIELD	4/1/11
8. Tina Schwartz	N7530 marzu Rd. Porterfield WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	4/1/11
9. Steven A Schwartz	W 4390 Winesville Rd Porterfield WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Porterfield	4/3/11
10. Betty Martin	N8124 School Forest Dr Crescent WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Chate W	4/3/11

Certification of Circulator

I, Evelyn Schwartz, certify:
(name of circulator)
 I reside 26 3403 E Winesville Rd. Porterfield, WI 54159.
(circulator's residence - include number, street, and municipality)

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

April 4, 2011 Evelyn Schwartz
(date) (signature of circulator)

RECALL PETITION

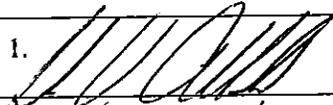
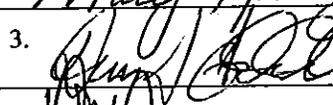
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	10015 RIDGEWOOD DR. MINOCQUA, WI 54548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Minocqua WI	3/2/11
2. Mary Spatz	7478 Pine Rd Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua WI	3/2/11
3. 	420 Manitowish ST. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua WI	3/2/11
4. 	9683 WAYNE DR Woodluff WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodluff WI	3/2/11
5. John R. Trochell	5632 City Tak B Land o' Lakes WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o' Lakes WI	3/3/11
6. Mary Ann Trochell	5632 City Tak B Land o' Lakes	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o' Lakes WI	3/3/11
7. James Hartman	7159 BIG LAKE RD LAND O' LAKES, WI. 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o' Lakes WI	3/4/11
8. Karen O. Hartman	7159 Big Lake Rd LAND O' LAKES WI 54540	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land o' Lakes WI	3/4/11
9. Kathy Schuh	6103 FOWLER TER Phelps WI. 54554	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps WI	3/4/11
10. John G. Bonann	4779 Cross Country Rd Town of Pine Lake	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/8/11

Certification of Circulator

I, LEE H. SENSIBA, certify:

(name of circulator)

I reside 5616 COUNTRY 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.

3/8/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Jim HOLPERIN left Wisconsin To HIDE IN ILLINDIS
INSTEAD OF STAYING HERE TO DO HIS JOB!!

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>James Rickett</u>	<u>19626 Maple Rd</u> <u>BIRNAMWOOD, WI 54414</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALMON</u>	<u>03/30/11</u>
2. <u>Cheryl Rickett</u>	<u>N9676 MAPLE ROAD</u> <u>BIRNAMWOOD, WI 54414</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALMON</u>	<u>03/30/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, CHERYL RICKETT, certify:
(name of circulator)

I reside N9676 MAPLE ROAD BIRNAMWOOD, WI 54414 ALMON
(circulator's residence - include number, street, and municipality)

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

MARCH 30, 2011
(date)

Cheryl Rickett
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mary D. Rumsey</i>	<i>W6791 SPIRIT VIEW RD TOMAHAWK, WI 54487</i>	<input checked="" type="checkbox"/> Town <i>BRADLEY</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Buddy M. Rumsey</i>	<i>W2960 City Hwy, A Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <i>KING</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
3. <i>Jim Rumsey</i>	<i>417 N. 4th St W2960 Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <i>King</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

I, *Buddy M. Rumsey* **Certification of Circulator**, certify:
(name of circulator)

I reside *W2960 City Hwy A, Town of King*
(circulator's residence - include number, street, and municipality)

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

3-29-11 (date) *Buddy M. Rumsey* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	<i>Edward G. Rippe</i> <i>10177 Cedar Falls Road, Hazelhurst WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>54531</i>	<i>3/29/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, EDWARD G. RIPPÉ, certify:

(name of circulator)

I reside 10177 Cedar Falls Road, Hazelhurst, WI 54531

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

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

3/29/2011
(date)

Edward G. Rippe
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard C. Symes</i>	<i>79617 Connors Dr. Wabeno, WI 54566</i>	<input checked="" type="checkbox"/> Town <i>Wolf River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
2. <i>Nancy Symes</i>	<i>79617 Connors Dr. Town Wolf River Wabeno</i>	<input checked="" type="checkbox"/> Town <i>Wolf River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
3. <i>Theresa Van Dyke</i>	<i>N9613 Connor Dr. Wabeno, WI 54566</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Wolf River</i> <input type="checkbox"/> City	<i>3/30/11</i>
4. <i>Jeanette Chrouser</i>	<i>N9595 Connors Dr. Wabeno, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>3/30/11</i>
5. <i>A.P. Chrouser</i>	<i>N9595 Connors Dr. Wabeno WI 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>3/30/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *Richard C. Symes*, certify:
(name of circulator)

I reside *79617 Connors Dr. Town of Wolf River*.
(circulator's residence - include number, street, and municipality)

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

March 30, 2011
(date)

Richard C. Symes
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Peter Scheuermann</i>	6070 Journeys End Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/30/11
2. <i>Mary Jane Blumberg</i>	6050 Journeys End Rd. Rhinelander, Wis. 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/30/11
3. <i>Steff Scheuermann</i>	6070 Journeys end rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/30/11
4. <i>Adam Scheuermann</i>	P.O. Box 1602 Rhinelander WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/30/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, Peter A Scheuermann (name of circulator), certify:

I reside 6070 Journeys End Rd Rhinelander WI. PINE LAKE (circulator's residence - include number, street, and municipality)

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

3/30/11 (date)

Peter Scheuermann (signature of circulator)

RECALL PETITION

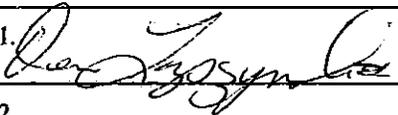
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	1208 EAGLE ST. 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/4/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, Wayne L. Marguardt, certify:

I reside 704 Margaret St. Rhineland, WI. 54501

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

RECALL PETITION

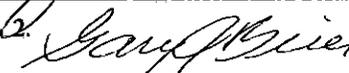
TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	3600 DARLING LANE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAC DU FLAMBEAU	4/1/11
2. 	3600 DARLING LANE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAC DU FLAMBEAU	4/1/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, GARY J. BEIER, certify:

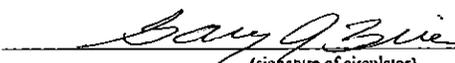
(name of circulator)

I reside 3600 DARLING LANE LAC DU FLAMBEAU, WI 54538

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

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

April 1, 2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Donald Heimke</i>	<i>7177 N. Shore Rd Florence WI 54121</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>04/04/11</i>
2. <i>Marilyn Heimke</i>	<i>7177 N. Shore Rd Florence, WI 54121</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>04/04/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Marilyn Heimke* (name of circulator), certify:
 I reside *7177 N Shore Rd Florence WI 54121 Dist 12*
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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, 04, 2011 (date) *Marilyn Heimke* (signature of circulator)

RECALL PETITION

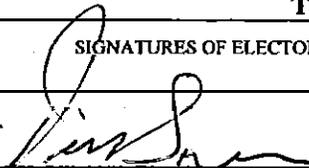
TO: Wisconsin Government Accountability Board

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

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

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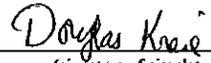
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	808 Superior St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
2. 	N2916 City Rd G	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
3. Todd Rust	W1255 Scott Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/30/11
4. Tim Grund	1303 Mathews St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/3/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

I, Douglas Kreie **Certification of Circulator** Douglas Kreie, certify:

I reside 105 Stuyvesant St. Merrill WI
(circulator's residence - include number, street, and municipality)

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

4-3-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sandra C. Kolpack</i>	<i>W6788 5th Ave Rd Bryant, WI 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>polar</i>	<i>3/29/11</i>
2. <i>Martin A. Kolpack</i>	<i>W6788 5th Ave Rd. Bryant WI 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>polar</i>	<i>3/29/11</i>
3. <i>Tim Kolpack</i>	<i>N4540 Clover Rd. Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/2/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Sandra Kolpack*, certify:
(name of circulator)

I reside *W6788 5th Avenue Rd, Bryant, WI 54418*
(circulator's residence - include number, street, and municipality)

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

Sandra C. Kolpack
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Ken Keepers Jr</u>	<u>7643 Hwy 32 & 55</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Argonne</u>	<u>4/4/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>

Certification of Circulator

I, Ken Keepers Jr, certify:

I reside 7643 Hwy. 32 & 55 Argonne, WI 54511
(circulator's residence - include number, street, and municipality)

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

4/4/11
(date)

Ken Keepers Jr
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Lori Klima</i>	<i>W10638 Cole St. PO Box 2</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>4/2/11</i>
2. <i>Richard C. King</i>	<i>W10638 Cole St. PO Box 2</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>4/2/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Lori Klima*, certify:

I reside *W10638 Cole St. P.O. Box 2, Elcho, WI 54428-0002*
(circulator's residence - include number, street, and municipality)

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

Lori Klima
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Henry King</i>	1402 E. 10TH ST MERRILL, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/3/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

I, HENRY KING **Certification of Circulator**, certify:
(name of circulator)

I reside 1402 E 10TH 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.

4/3/11 (date) *Henry 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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Arthur D. Ashut</i>	<i>N12901 OAK RIDGE DR WAUSAUKEE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/6/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *ARTHUR DASHUT*, certify:
(name of circulator)

I reside *N12901 OAK RIDGE DR WAUSAUKEE*.
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)

Arthur D. Ashut
(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.)

Leaving the state. Not governing.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Steve DeLamur</u>	<u>5055 Hilltop Rhineland, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>04/04/11</u>
2. <u>Vickie Balty</u>	<u>1170 Overlook Dr. Eagle River, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>04/04/11</u>
3. <u>Alex York</u>	<u>217 SUTZIFF AVE RHINELANDER, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RHINELANDER</u>	<u>4/6/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Steve W. DeLamur, certify:

(name of circulator)

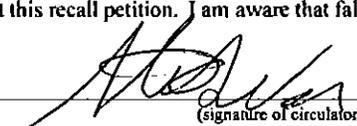
I reside 5055 Hilltop, Rhineland, WI 54501 (Pelican, Town of)

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

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

04-06-2011

(date)



(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Shannon Mosher	W9575 Forrest Ave Antigo WI 54108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	8-30-11
2. Mike Lenzner	N 1412 Trout Rd Antigo 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	4-3-11
3. Tim Spick	W9295 City Rd Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	4-4-11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Laurie Hottenstein, certify:

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.

4-18-11
(date)

Laurie Hottenstein
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	18088 Rock Dam. Rd. NEMA WI 54542	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ALVIN	7-26-11
2. <i>[Signature]</i>	1430 N. Collet Shores Ln PHELPS, WI -54554	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	3-26-11
3. <i>[Signature]</i>	1369 Spectacle Lake Phelps WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/26/11
4. <i>[Signature]</i>	4029 Volkman Rd. Phelps, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-26-11
5. <i>[Signature]</i>	4707 Olsen Phelps, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-26-11
6. <i>[Signature]</i>	2396 Strong Phelps, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-26-11
7. <i>[Signature]</i>	2101 County Rd A Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/26/11
8. <i>[Signature]</i>	Box 153 Phelps, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3-26-11
9. <i>[Signature]</i>	4238 Deriskin Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/26/11
10. <i>[Signature]</i>	4153 DERISKIN RD PHELPS WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	3/26/11

Certification of Circulator

JEFF KIRSCHMANN

(name of circulator)

certify:

reside at 3000 KENTUCK LANSING RD.

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

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

3/26/11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

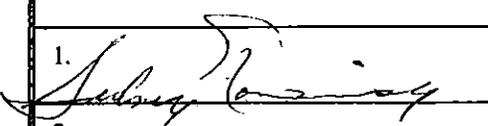
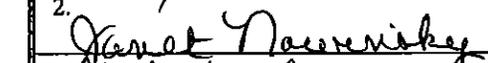
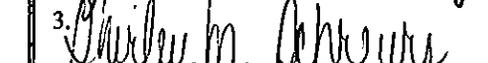
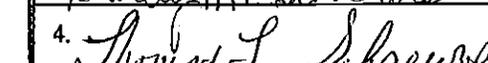
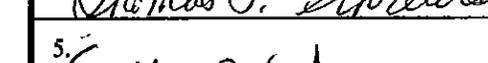
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	329 329 SUNSET DR.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/29/11
2. 	329 Sunset Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/29/11
3. 	110486 Cherry Rd. BIRNAMWOOD WI 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANIWA	3/29/11
4. 	Birnamwood Wis 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aniwa Wis	4/2/11
5. 	Birnamwood Wis, 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aniwa	4/2/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, Sidney P. Tuszynski, certify:

(name of circulator)

I reside 329 SUNSET DR. ANTIAGO, WI

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

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

4-4-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Cal Lewis</i>	645 Wis. Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/5/2011
2. <i>Dwight M. M...</i>	132 Woodland WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-2011
3. <i>Robert Guole</i>	296 Woodland Heights Rhinelander WI EST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	4-5-2011
4. <i>Bruce Cole</i>	4566 LK MILDRED RD RHINELANDER WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4-5-11
5. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6. <i>G. J. [Signature]</i>	6185 Harmony Ln Dr.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-11
7. <i>[Signature]</i>	W10644 Carpenter Ln	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village SEMO <input type="checkbox"/> City	4-5-11
8. <i>[Signature]</i>	333 Woodland Hickorys Terrace	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4-5-11
9. <i>Aimee Stewart</i>	6043 Lakewood Rd Hartshorn J. WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARTZLAURST	4-5-11
10. <i>Dillon Poler</i>	31915 Clenden Settlements	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City (RAN...)	4/5/11

Certification of Circulator

I, SHERI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

4/5/11
(date)

Sheri E. Ferrell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William Blom</i>	1574 dogwood drive	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St GERMAIN	4/12/11
2. <i>Richard M... 1059</i>	South Bay Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	4/12/11
3. <i>Connie Heiting</i>	8148 Lost Drive S. st.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	4/12/11
4. <i>Jean Meunier</i>	1469 Lily Lane St Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	4-4-11
5. <i>Ralph M... 1069</i>	Lily Lane Finger Broken	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	4-4-11
6. <i>Jennifer Vogta</i>	8213 N. Lullaby Ln St. Germain WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	4-5-11
7. <i>Pat Allen</i>	1224 Arrowhead Dr Wendroff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	4-5-11
8. <i>Theodore C. Gregg</i>	1559 Hill Circle ST. GERMAIN, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST. GERMAIN	4-5-11
9. <i>John ...</i>	ST. Germain, WI 54558 Box 536	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	4-5-11
10. <i>...</i>	1877 Pennel Rd Apt 22	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST GERMAIN	4-5-11

Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/5/11
(date)

Sherri Ferrerell
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	N11181 OAK LN. Elcho, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	4/12/11
2. <i>[Signature]</i>	N11021 US Hwy 45 Birnamwood WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Anawa	4/12/11
3. <i>[Signature]</i>	224 Field St Birnamwood WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4/12/11
4. <i>[Signature]</i>	272 Act Rd N Bwood WI 54414	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4/12/11
5. <i>[Signature]</i>	Birnamwood N10716 Hwy 45	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4-12-11
6. <i>[Signature]</i>	Birnamwood wis 4866 Norwood Dr. Mtg. Pl. S.W.	<input checked="" type="checkbox"/> Town Norwood <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	4-12-11
7. <i>[Signature]</i>	W17105 N Branch Rd Wittenberg, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4-12-11
8. <i>[Signature]</i>	353 Railroad St Birnamwood, WI 54414	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4-12-11
9. <i>[Signature]</i>	W19012 3rd St Anawa WI 54406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Anawa	4-12-11
10. <i>[Signature]</i>	415 High St Birnamwood WI 54414	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4-12-11

Certification of Circulator

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

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

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

4-15-11 (date) 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
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Jay Jackominio</u>	<u>3255 Hwy 17 S. Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u>	<u>3-1-11</u>
2. <u>Dennis T. Gauthier</u>	<u>4770 DYER RD EAGLE RIVER 54521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	<u>3-1-11</u>
3. <u>Paul W. Furbush</u>	<u>5270 DEER PATH RD CONOVER WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3-1-11</u>
4. <u>Roger Flaherty</u>	<u>3784 Hibanks RD CONOVER, WI, 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3/1/11</u>
5. <u>Victor J. Ucedo</u>	<u>5646 RUSH RD CONOVER, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3/1/11</u>
6. <u>David Maeder</u>	<u>3989 City Rd K-E CONOVER, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3-1-11</u>
7. <u>Charles P. Pappas</u>	<u>4721 E. Flowage Rd CONOVER, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3-2-11</u>
8. <u>Bruce Bock</u>	<u>6241 W Buckataban CONOVER WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3-12-2011</u>
9. <u>James R. Bull</u>	<u>6241 W. Buckataban Rd. CONOVER, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>3/12/11</u>
10. <u>Doris Schlaeter</u>	<u>4832 Hwy G Eagle River 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>3/14/11</u>

Certification of Circulator

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

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)

RECALL PETITION

J: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. <i>Saylor & Chapman</i>	1705 E. 10 th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/4/11
2. <i>Janet Tesch</i>	1601 E 1st Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/1-4/11
3. <i>Debbie Ruverance</i>	738 Comfort DR P.O. Box 94	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/4/11
4. <i>Leah Mendrycki</i>	N 339 Brush Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/4/11
5. <i>Jean Jankovsky</i>	N 5406 State R. 17	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Gleason	4-4-11
6. <i>General Miller</i>	100 S. Foster St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-4-11
7. <i>James W. Fick</i>	706 W. RIVERSIDE AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-4-11
8. <i>Boyd Schmitt</i>	301 S. Sales St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-4-11
9. <i>[Signature]</i>	806 S State St #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-4-11
10. <i>Nancy Hass</i>	N 1121 St Hwy 69 + 107 Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Corning	4-4-11

Certification of Circulator

I, SHERI FERRELL, certify:

(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922

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

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

4/4/11

(date)

Shari E. Ferrell

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Lois Bishop</u>	<u>3405 Rifle Rd Rhinelander</u>	<input checked="" type="checkbox"/> Town <u>Crescent</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-29-11</u>
2. <u>Melvin H. Hock</u>	<u>5501 Hwy D 15th Mile River, Wis</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>SUGAR CAMP</u> <input type="checkbox"/> City	<u>3-29-11</u>
3. <u>Ryan Everson</u> 4474	<u>Harmony Hill Ln 4446 Rhinelander</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Newbold</u>	<u>3-29-11</u>
4. <u>Steve Dwyer</u>	<u>3772 3792 Schimber Lost Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>STARKS</u>	<u>3-29-11</u>
5. <u>Charlotte Kuster</u>	<u>5841 Spotschke Rhinelander</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhinelander</u>	<u>3-29-11</u>
6. <u>Gene Palma</u>	<u>5295 Manor Rd Rhinelander WI 548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>3/29/11</u>
7. <u>Cheryl Fess</u>	<u>7253 Dove Rd Lake Tomahawk WI 54601</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>3/29/11</u>
8. <u>James D. Howard</u>	<u>311 Woodland Hgts Ter.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3/29/11</u>
9. <u>Mary J. Danie</u>	<u>5989 Redgine Ct. 5989</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3/29/11</u>
10. <u>Nel Schmitz</u>	<u>5260 River Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3/29/11</u>

Certification of Circulator

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

I reside 2511 So. 59th W. Ave PULSAOK 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.

3-29-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

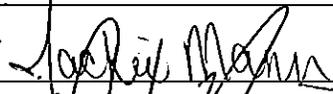
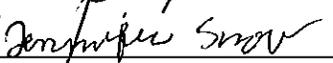
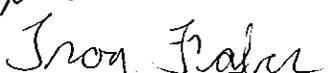
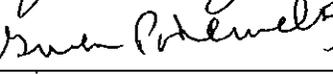
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. 	N13937 Linden Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fifield	3-29-11
2. 	N13937 Linden Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fifield	3-29-11
3. 	1147 Johnson Creek Rd. Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	3/29/11
4. 	1908 River St Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/29/11
5. 	695 Cr. F Athens 54411	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Athens	3/29/11
6. 	928 Kaphorn Rd Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3-29-11
7. 	4853 Creek Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-29-11
8. 	711 Martin St. Apt Merrill, Wis. 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-29-11
9. 	1905 Webster St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-29-11
10. 	N3828 Pier St Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-29-11

Certification of Circulator

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

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

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3-29-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Jenna Penben	1007 Francis Drive Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-29-11
2. Gaylin Brewington	1908 Webster St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/29/11
3. Mary Handlin	N3828 Pier St. Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/29/11
4. David Long	709 Lincoln St. Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/29/11
5. Christine M. Houtson	W8789 Highland Ave Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Corning	3/29/11
6. Lisa Gaddatz	2708 Gider Dr Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-29/11
7. Jon Kromple	215 Grand Av 208	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-29-11
8. Sandra Frager	205 E Fifth St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-29-11
9. William Muenchow	208 Douglas st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/29/11
10. Adam B. [Signature]	313 1/2 N Center Av	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/29/11

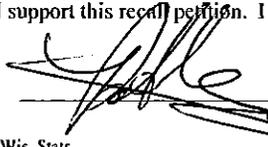
Certification of Circulator

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

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

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

3-29-11
(date)


(signature of circulator)

RECALL PETITION

J: Wisconsin Government Accountability Board

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

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

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1. <i>Dan Sawinski</i>	1308 E 10TH ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	3-26-11
2. <i>Robert Wagner</i>	1916 1st Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3/28/11
3. <i>Tommy Nelson</i>	WB891 Cty Rd W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	3/28/11
4. <i>John [unclear]</i>	518 Ackley St #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/28/11
5. <i>Jennifer Jackson</i>	601 Fernwell Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-28-11
6. <i>Joe [unclear]</i>	535 3rd Ave APT 411	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-28-11
7. <i>Rickie Maszy</i>	13927 Silver Hill Rd Mountain WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mountain	3-28-11
8. <i>John [unclear]</i>	524 2nd Ave Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-28-11
9. <i>Bob [unclear]</i>	ANTIGO WI 54409 817 ARCTIC ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-28-11
10. <i>Orlyng King</i>	1007 Lincoln St Apt 5 Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-28-11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

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

3-29-11
(date)

[Signature]
(Signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Nadine K. Wachob</i>	<i>5651 Burnham Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonie</i>	<i>4/5/11</i>
2. <i>Thomas Kloehn</i>	<i>8812 FOREST LN</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonie</i>	<i>4/5/11</i>
3. <i>Janet Fredenhagen</i>	<i>8487 Squirrel Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonie</i>	<i>4-5-11</i>
4. <i>Diagne M Demartin</i>	<i>1197 Gross Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arborvitae</i>	<i>4-5-11</i>
5. <i>Bruce Olf</i>	<i>8105 BO-UX-LAC DR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4-5-11</i>
6. <i>April Kozey</i>	<i>10338 Blue Lake Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonie</i>	<i>4-5-11</i>
7. <i>Thomas J...</i>	<i>11886 FRANKLIN CR Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4-5-11</i>
8. <i>Bandy Fredenhagen</i>	<i>8487 Squirrel Lake Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonie</i>	<i>4-5-11</i>
9. <i>Jeffrey Le Park</i>	<i>8511 STONEGATE CT.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4-5-11</i>
10. <i>Sandra Staedler</i>	<i>11080 Interlocken Hazelhurst</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonie</i>	<i>4-5-11</i>

Certification of Circulator

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

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

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

4-6-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

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

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1. <i>John K. Smith</i>	<i>510 VAUGHN Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4-4-11</i>
2. <i>Brenda P. Pico</i>	<i>PO Box 444168 S. State Rhinelander Wis.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Delucan</i>	<i>4-4-11</i>
3. <i>Yusuf Saad</i>	<i>Rhinelander WI 3881 TYLER DR</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-4-11</i>
4. <i>Katie Hogan</i>	<i>10435 Cedar Falls Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>4-5-11</i>
5. <i>Doug Williams</i>	<i>11435 Hill-N-Dale Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>
6. <i>Eugene R. Moyer</i>	<i>9892 MORGAN OAKS # 7 MINOCQA</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQA</i>	<i>4-5-11</i>
7. <i>Mark Knott</i>	<i>8843 French Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodville</i>	<i>4-5-11</i>
8. <i>Mary Bull</i>	<i>1587 PEBBLE COVE LN A</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBORVITAE</i>	<i>4-5-11</i>
9. <i>Charles Wickema</i>	<i>7404 Pinehurst</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4-5-11</i>
10. <i>Martha Mapes</i>	<i>9598 Old Hwy 70 Minocqua</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4-5-11</i>

I, ROBERT V. ARMSTRONG, **Certification of Circulator**, certify:
(name of circulator)
 I reside 2511 So. 59th W, Ave. TULSA OK 74107
(circulator's residence - include number, street, and municipality)

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4-6-11 (date)  (signature of circulator)

RECALL PETITION

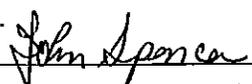
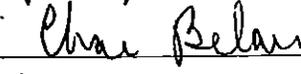
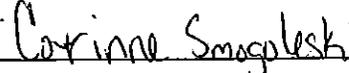
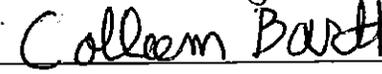
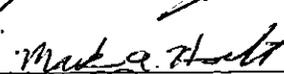
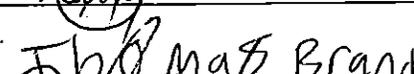
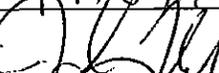
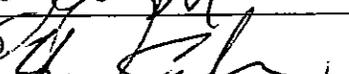
TO: Wisconsin Government Accountability Board

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

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1. 	N6021 Langlade-Price Bryant WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant, WI	4-9-11
2. 	535 3rd Ave Apt 15 Antigo Wis 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo WI	4-9-11
3. 	429 Edison St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo WI 54409	4-9-11
4. 	ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO WIS 54409	4-9-11
5. 	81016 5th Ave Apt 308	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo WI 54409	4/9/11
6. 	N3965 Polar Rd Bryant WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant WI	4-9-11
7. 	1022 CHAMPE #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
8. 	201 Romig St #5	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
9. 	427 Delight St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
10. 	N5750 Langlade Price Rd Bryant WI 54418	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Bryant	4-9-11

Certification of Circulator

I, Mark Vigil (name of circulator), certify:

I reside 4620 W. Cedar ave, Denver Colorado 80219 (circulator's residence - include number, street, and municipality)

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

4-12-11

(date)



(signature of circulator)

RECALL PETITION

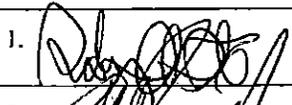
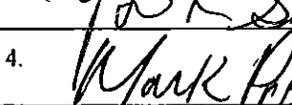
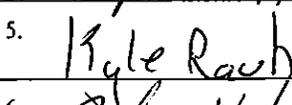
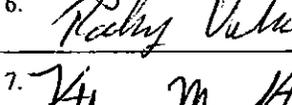
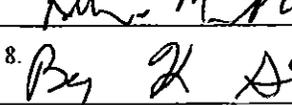
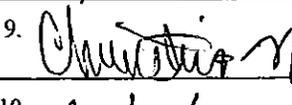
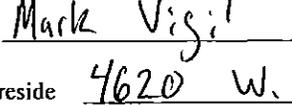
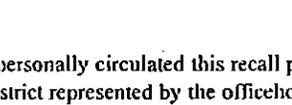
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1. 	800 5th Ave Fl 1 Bryant WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-9-11
2. 	2599 Pavik	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bryant	4-9-11
3. 	517 AAA ST APT # 203	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-9-11
4. 	514 Dorr St #4 Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
5. 	Antigo WI 10356	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Avon	4-9-11
6. 	304 Dorr Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
7. 	234 Dorr St. Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
8. 	234 Dorr St. Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
9. 	212 Dorr St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
10. 	212 Dorr St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11

Certification of Circulator

I, Mark Vigil, certify:

(name of circulator)

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

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4-12-11

(date)



(signature of circulator)

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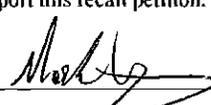
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1. Andrew Gibmaa	212 Dear St. Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
2. Deborah Spence	212 Dear St Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	7-9-11
3. Dad Man	139 DARR ST. Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	9-9-11
4. Bonnie Nicholson	629 North Ave #6 Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/9/11
5. Anthony Johnson	423 Edison St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/9/11
6. Willie Miller	W10120 WYMAN LA DEERBROOK, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEUA	4/9/11
7. Terry Grams	4456 URSULA Ln Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Newbold	4/9/11
8. Mary Moskowiak	W1750 White Birch Kn Bun. Wis 54414	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BUNWIS	4-10-11
9. Chris Rome	W7622 VINEW ST BRYANT WI 54418	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRYANT WI	09-10-11
10. Adam Reiter	721 7th Ave Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo WI	08-10-11

I, Mark Vigil Certification of Circulator, certify:
(name of circulator)
 I reside 4620 W. Cedar ave. Denver Colorado 80219
(circulator's residence - include number, street, and municipality)

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

4-12-11 
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(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.	205 Walnut St Eagle River WI, 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	2/24/11
2.	1404 LINCOLN DR. EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	2/24/11
3.	306 MAIN ST E.R. WI. 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>EAGLE RIVER</u>	2/26/11
4.	5017 Sundstein Rd. Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	2/28/11
5.	1857 SCATTERING RICE EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WASHINGTON</u>	2-28-11
6.	1259 Penny Lane Eagle River WI. 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CLEVELAND</u>	2-28-11
7.	5850 Hwy 70W Eagle River, Wis. 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cleveland</u>	2-28-11
8.	3445 Old 70 East Eagle River, wis 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	2-28-11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Brian V. Uttech

Certification of Circulator

certify:

reside at 5017 Sundstein Rd, Eagle River, (Town of Lincoln) 54521
(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.

Feb. 28, 2011
(date)

(signature of circulator)

RECALL PETITION

To: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Thomas W. Wenzel</u>	<u>7493 W. Wakefield Lake Rd. P.O. Box 515</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain, WI</u>	<u>3/14/2011</u>
2. <u>Connie Wenzel</u>	<u>7493 W. Wakefield Lake Rd. P.O. Box 515</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain, WI</u>	<u>3/14/2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Connie Wenzel

Certification of Circulator

certify:

I reside at 7493 W. Wakefield Lake Road, 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(9), Wis. Stats.

3/14/2011

(date)

Connie Wenzel

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Darlene Swed</i>	18363 Pickeral K. Rd Townsend 54175	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	2/28/11
2. <i>Ruth Jeppenga</i>	14830 Ctr F Mountain WI 54149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Doty	2/28/11
3. <i>Bob W. Brown</i>	14849 McCas Rd LAKESWOOD, WI 54136	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKESWOOD	2/28/11
4. <i>Keri Campshere</i>	17629 Forest Hill Dr. Townsend, WI 54175	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	2/28/11
5. <i>Alfreda Kymura</i>	17172 Club House Ingersoll, WI 54138	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKESWOOD	2/28/11
6. <i>Onicy Norton</i>	P.O. Box 142 Wakarusa, WI 54186	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAKARUSA	2-28-11
7. <i>Nancy Erbe</i>	16552 Pine Ridge Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	2/28/11
8. <i>Ronald BL.</i>	16845 Highway 64 MOUNTAIN, WI 54149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOTY	3/2/11
9. <i>Marguerite Gantzer</i>	16979 MARKUSEN LN. MOUNTAIN, WI 54149	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOTY	3-3-11
10. <i>Shirley J. Jones</i>	16979 MARKUSEN LN. MOUNTAIN, WI 54149	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DOTY	3-4-11

Certification of Circulator

I, MARGARET BLAIR, certify:
(name of circulator)

I reside 16845 HWY 64, MOUNTAIN, WI, TOWN OF DOTY
(circulator's residence - include number, street, and municipality)

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

3-4-11
(date)

Margaret Blair
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Becca Papayetrn</i>	<i>221A Maple St.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-30-11</i>
2. <i>Shereel Vanderkuwep</i>	<i>2512 City Rd G Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3-30-11</i>
3. <i>Ron Duke</i>	<i>1435 Apache Ln Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/30/11</i>
4. <i>Lebu/Hansel</i>	<i>1317 Monalite Dr Eagle River WI 54521</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River</i>	<i>3/31/11</i>
5. <i>Charlotte Welcox</i>	<i>4128 City W Rhineland W.I.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
<i>Donald LeBlanc</i>	<i>5569 Wendy Hill Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>3/31/11</i>
7. <i>Susan Woelke</i>	<i>5053 Royalwood Rd Rhineland WI 5</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/31/11</i>
8. <i>Teresa Bruno</i>	<i>4389 City P Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/31/11</i>
9. <i>Larry A. John</i>	<i>377 Woodland Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ONEIDA TOWN</i>	<i>3/31/11</i>
10. <i>[Signature]</i>	<i>5337 Lassy rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican Lake</i>	<i>3/31/11</i>

Certification of Circulator

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

I reside 2511 So. 59th W. Ave, Tulsa OK 74109
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>George Petrosky</i>	<i>431 Abner St Rhinelander WI 54781</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/31/11</i>
2. <i>Ronald Johnson</i>	<i>2583 Weingard Rd Rhinelander, WI 54750</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peshigo</i>	<i>3/31/11</i>
3. <i>Mary Jane Lucas</i>	<i>4181 W. Foundation Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/31/11</i>
4. <i>Broc Seignawie</i>	<i>921 Mason St. Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/31/11</i>
5. <i>[Signature]</i>	<i>10894 SWYDER RD Wausau WI</i>	<input checked="" type="checkbox"/> Town <i>ARECAVITAE</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>WAUSAU</i>	<i>3/31/11</i>
6. <i>Ruth Palm</i>	<i>322 Lynette Ter</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/31/11</i>
7. <i>Al Schaber</i>	<i>2512 LONGVIEW RH</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>3/31/11</i>
8. <i>Kathleen Marzaga</i>	<i>328 Lois St Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/31/11</i>
9. <i>[Signature]</i>	<i>1356 EAGLE ST RHINELANDER</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>3/31-11</i>
10. <i>Jean Sneller</i>	<i>2828 Boyce Drive Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Omick</i>	<i>3/31-11</i>

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

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

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

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

3-31-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Charles Huelbert</i>	3766 US Thompson Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/29/11
2. <i>Devin Hamilton</i>	<i>Rhineland</i> 3766 Lt. Thompson Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/29/11
3. <i>Janice Hereloff</i>	<i>Rhineland</i> 3766 LK Thompson Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/29/11
4. <i>Ben Moss</i>	<i>Rhineland</i> 3766 Lt. Thompson Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/31/11
5. <i>Serome Pombeck</i>	4711 Zorator Lane <i>Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	7/31/11
6. <i>Debra Utter</i>	6679 Hwy K <i>Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/31/11
7. <i>Ed Wale</i>	1952 Apache Lane <i>Rhineland WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pine Lake	3/21/11
8. <i>Tom M. Spill</i>	4057 BASS LK. LOOP <i>Rhineland WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pine Lake	3/31/11
9. <i>W. J. J.</i>	4381 Cedar Ln <i>Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEWBOLD	4/1/11
10. <i>Gudy Matteson</i>	5309 Manor Rd. <i>Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	4/1/11

Certification of Circulator

I, PETER BILO, certify:

(name of circulator)

I reside 401 IVERSON ST. RHINELANDER, WI. 54501

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

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

4-1-11

(date)

Peter Biolo

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Daniel Greene</i>	4745 Bradley Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-13-11
2. <i>Pete Duml</i>	4745 Bradley Ln	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-13-11
3. <i>Michelle Popelag</i>	1837 N. Farming Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbon Vital	4-13-11
4. <i>Dorey J Troch</i>	8690 Elison	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ER Eagle River	4-13-11
5. <i>Fred W. Kroch</i>	8690 Elison	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ER Eagle River	4/13/11
6. <i>Eric Absteens</i>	4800 Birchwood DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
7. <i>TIM R IRLB</i>	W12868 M SRUN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Summit Lake	4/13/11
8. <i>Dave Juff</i>	10241 PRAIRIE RAPIDS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NOKOMIS	4/13/11
9. <i>Neal Basse</i>	411 N BROWN ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
10. <i>Vicki Cantor</i>	210 Conservation St Towlausk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Townshawk	4/13/11

Certification of Circulator

I, SHERRE FERRELL, certify:
(name of circulator)
 I reside 924 BERKSHIRE DR COCOA FL 32921.
(circulator's residence - include number, street, and municipality)

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

4/13/11 (date) *Sherre E Ferrell*
(signature of circulator)

RECALL PETITION

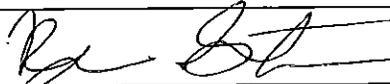
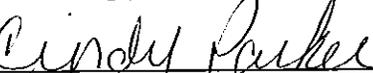
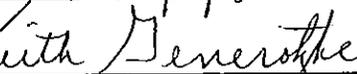
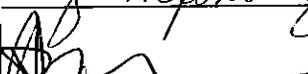
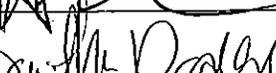
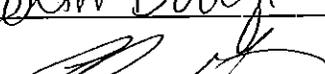
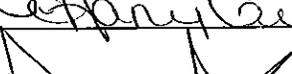
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	522 Wisconsin Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhine	4/13/11 1/13/12
2. 		<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
3. 	3880 TRAILS END LOOP 7797 BIRCH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/13/11
4. 	7787 BIRCHWOOD DR. ST. GERMAIN.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST. GERMAIN	4/13/11
5. 	7787 Birchwood Dr St. Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ST. GERMAIN	4/13/11
6. 	2997 S. RIVER RD RHINELANDER 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRESCENT	4/13/11
7. 	3547 E Balsan Ln Rhinelander WI 5450	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
8. 	6263 Richardson Rd Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
9. 	6263 Richardson Rd Rhinelander WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/13/11
10. 	706 E Division Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4/13/11

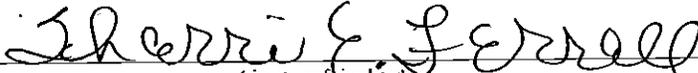
Certification of Circulator

I, ^{SEF} Sherrie SHERRI FERRELL, certify:
(name of circulator)

I reside 224 BERKSHIRE DR COCOA FL 32922
(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 §.13(3)(a), Wis. Stats.

4/13/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Robert M Palmer	W3709 Clow Rd Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/12/11
2. Dave Phillips	230 W Hudson St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11
3. Elmer Kruegel	N1442 Hwy 45 S Dr 590 Cwi, 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/12/11
4. Harold Kruegel	N1442 Hwy 45 S Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/12/11
5. Joshua Boh	W7441 Hwy 0 Bryant WI 54414	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Bryant <input type="checkbox"/> City	4/12/11
6. Brooke Williams	Elcho WI, 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	4-12-11
7. Jay Menth	35 P. J Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-12-11
8. Linda Kinross	1524 5th Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11
9. Sue Strube	W1156 Hwy 64 Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/12/11
10. Heath Sun	1235 Virginia St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/12/11

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

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

4/12/11
(date)
Sharon E. Ferrell
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Wendy Wheeler</u>	<u>7411 Wheeler Island Rd Three Lakes WI</u>	<input checked="" type="checkbox"/> Town <u>THREE LAKES</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>Apr 5, '11</u>
2. <u>Robert H. Malle</u>	<u>1888 Light House Rd Eagle River,</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>THREE LAKES</u> <input type="checkbox"/> City	<u>4-5-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, PETER BILO, (name of circulator) certify:

I reside at 401 IVERSON ST, RHINELANDER, WI, 54501
(circulator's residence - include number, street, and municipality)

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

4-19-2011
(date)

Peter Biolo
(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. 1771

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. JOHN L. LEWIS <i>John L Lewis</i>	8732 FOREST LN MINOCQUA	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village MINOCQUA <input type="checkbox"/> City	4/7/2011
2. <i>Betsy Petersen</i>	Box 504 9770 MINOCQUA WI 54518	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4/7/11
3. <i>Jon Olson</i>	2394 Crab Lake Rd Box 100	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	4/7/11
4. <i>Crail A. Mortensen</i> <i>Haipr. Mortensen</i>	2213 Waterlily Lane Lac Du Flambeau, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LDF WI	4/7/11
5. <i>Tina Holmquist</i> <i>Tina Holmquist</i>	1996 Heron Rd Lake Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	4/7/11
6. <i>ROSEMARIE BERNDT</i> <i>Rosemarie Berndt</i>	6803 SPANGLER DR HAZELHURST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST TWP	4-7-11
7. <i>PAUL HABRAM</i> <i>Paul Habram</i>	2350 Paper Drive Arbonville WI 54568	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbonville	4/7/11
8. <i>Ayan Boze</i> <i>Ayan Boze</i>	1003 First Ave WOODRUFF	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4/7/11
9. <i>Bon Hamers</i> <i>Bon Hamers</i>	2150 Poplar Lake Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	4-7-11
10. <i>Patricia Long</i> <i>Patricia A Long</i>	9309 Hwy N West Summer WI 54560	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sawyer-Plum Lake Twp	4-7-11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

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

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

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

4-8-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	8702 Pinewood Circle Mendota, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mendota	4-6-11
2.	8702 Pinewood Circle Mendota	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mendota	4-6-11
3. THOMAS J. SEMING 	W4459 BIRCH HILL LN MERRILL, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE RIVER TWP	4-6-11
4.	9743 Emerald Ridge Presque Isle, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	4/7/11
5. MERLE MENSO 	104 KAWATHUK ARBOR VITAE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4/7/11
6. EUGENE G. SCHMOLLER 	2743 DEERWOOD DR ARBOR VITAE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4-7-11
7. JAMES KRAKER 	10977 Hwy 70 E ARBOR VITAE, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4-7-11
8. NICK TRAPP 	2304 WOODRUFF WI 54588	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	4-7-11
9. NANCY OLSON 	FRESQUE ISLE 1394 CRAB LAKE RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FRESQUE ISLE, WI	4-7-11
10.	9877 County Lane Woodruff WI 54588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	4/7/11

Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

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

4-8-11
(date)

(signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Jim [Signature]</i>	819 Deresch Street Antigo, WI 54409	Town Village <input checked="" type="checkbox"/> City	2/24/11
2 <i>Sharon Hintz</i>	433 Deleglise Street Antigo, WI 54409	Town Village <input checked="" type="checkbox"/> City	2/24/11
3 <i>Craig [Signature]</i>	13149 Hunter Circle Antigo, WI 54409	<input checked="" type="checkbox"/> Town Village City <i>Azkey</i>	2/24/11
4 <i>[Signature]</i>	W9998 Hwy 47 Antigo WI 54409	<input checked="" type="checkbox"/> Town Village City <i>Rolling</i>	2-24-11
5 <i>Sabrina [Signature]</i>	N 6711 Chillin Rd. Deerbrook WI 54424	<input checked="" type="checkbox"/> Town Village City <i>Deer</i>	2-24-11
6 <i>Tom [Signature]</i>	N4988 Cty rd # Antigo, WI 54409	<input checked="" type="checkbox"/> Town Village City <i>Antigo</i>	2-24-11
7 <i>[Signature]</i>	N 4220 Hill Rd. Antigo, WI	<input checked="" type="checkbox"/> Town Village City <i>Polar</i>	2-24-11
8 <i>Keith [Signature]</i>	433 DELEGLISE St. Antigo, WI 54409	Town Village <input checked="" type="checkbox"/> City	2-25/11
9 <i>[Signature]</i>	304 MAYKAR STREET ANTIGO, WI 54409	Town Village <input checked="" type="checkbox"/> City	3/3/11
10 <i>[Signature]</i>	1113 10th Ave Antigo WI 54409	Town Village <input checked="" type="checkbox"/> City	3/14/11

CERTIFICATION OF CIRCULATOR

I, Jim Kapustka, certify that I reside at 819 Deresch St Antigo, WI

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

3/15/11
(date)

[Signature]
(Signature of Circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

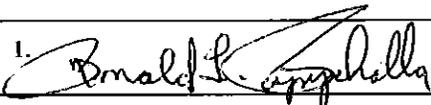
(official with whom nomination papers or declaration of candidacy for the office is filed)

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

STATEMENT OF REASON FOR RECALL

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

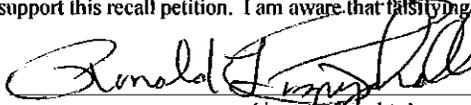
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	10165 Lower Rd ARBORVILLE, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBORVILLE	3/15/2011
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Ronald L. Pospychally **Certification of Circulator**, certify:
(name of circulator)
 I reside 10165 Lower Rd ARBORVILLE, 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.

03/15/2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>David Smith</u>	<u>26020 Prairie Lake Road</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u>	<u>4/17/11</u>
2. <u>Shirley Polzin</u>	<u>W4222 BIRLA</u> <u>W4222 CITY RD A</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>King</u>	<u>4/17/11</u>
3. <u>D Shy</u>	<u>W1132 CITY RD A</u> <u>W1132 CITY RD A</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>King</u>	<u>4/17/11</u>
4. <u>Abra J. Meyer</u>	<u>601 N. 4TH ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>4/17/11</u>
5. <u>Koranne Schadinger</u>	<u>W6542 Hwy E</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>4/17/11</u>
6. <u>Bob & Becca Hodges</u>	<u>659 South Gate #1</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u>	<u>4-17-11</u>
7. <u>[Signature]</u>	<u>18824 New Wood Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>TOMAHAWK</u>	<u>4/17/11</u>
8. <u>Delores Murray</u>	<u>609 No 4th St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>4.17.11</u>
9. <u>Aurilia Mangward</u>	<u>W5544 MUSKELONGE</u> <u>TOMAHAWK WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>4/17/11</u>
10. <u>[Signature]</u>	<u>1011 Timm St.</u> <u>Tomahawk, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u>	<u>4/17/11</u>

Certification of Circulator

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

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

4/17/11 (date) Sherril E. Ferrell (signature of circulator)

RECALL PETITION

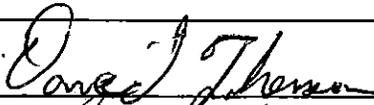
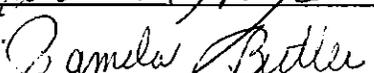
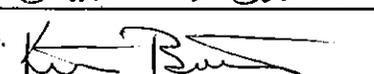
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	17045 Reggan Ln LA	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKewood	3/30/11
2. 	17964 LAKEWOOD WI 54138 <small>John Rd</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKewood	3/30/11
3. 	13643 WAUBEE LK DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood	3/13/11
4. 	13643 WAUBEE LK. DR.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKewood	4/1/11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, KURTIS BUTLER, certify:
(name of circulator)

I reside 13643 WAUBEE LK. DR. LAKEWOOD, WI TOWN OF LAKEWOOD.
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Daniel Giesen</u>	<u>303 Schabels Rd. Niagara, WI 54151</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Aurora</u>	<u>3/29/11</u>
2. <u>Amy & Susan</u>	<u>303 Schabels Rd Niagara, WI 54151</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Aurora</u>	<u>3/21/11</u>
3. <u>Robert Wollenberg</u>	<u>W 7015 Larson Ln. Pembine WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pembine</u>	<u>3/30/11</u>
4. <u>Margaret Gieser</u>	<u>N 22186 Hwy 141 Niagara W. 54151</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NIAGARA</u>	<u>4/1/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

Certification of Circulator

I, Amy Giesen, certify:

(name of circulator)

I reside 303 Schabels Rd, 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.

4/4/11

(date)

Amy Giesen

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Daniel J. Ferry Sr.	2458 Forest Drive Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	4-16-11
2. Gardey Campbell	11638 Co. Rd B Crandon, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	4-16-11
3. Amanda Collins	404 N Prospect Ave Crandon, WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4/16/11
4. [Signature]	1013 S. [Signature] Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/16/11
5. [Signature]	807E Timber Dr Apt 10	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/16/11
6. [Signature]	817 Scholus St. 817 ARBITRUS ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/16/11
7. Brad Linnert	1423 N. Stevens	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/16/11
8. [Signature]	909 Thayer Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/16/11
[Signature]	1506 W. Phillis St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/16/11
10. Keshia Bentley	11052 B County Rd A	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Toschawok	4/16/11

Certification of Circulator

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

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

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

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Loren Barske</i>	<i>W 7798 Crestwood Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>2/28/11</i>
2 <i>Lacey Zimmerman</i>	<i>Antigo wi 54409</i> <i>2776 City Rd HH</i> <i>Aniwa WI 54408</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>2/28/11</i>
3 <i>Katharine Reschke</i>	<i>1109 3RD AVENUE</i> <i>Antigo, WI 54409</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>2/28/11</i>
4 <i>Joe Wakefield</i>	<i>11311 Golf Drive</i> <i>Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-1-11</i>
5		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

CERTIFICATION OF CIRCULATOR

I, *Cathy DeBruin*, certify that I reside at *317 clermont st Antigo wi 54409*

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

3-1-11
(date)

Cathy DeBruin
(Signature of Circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Julie You</i>	<i>Cell F, 10th Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-11-11</i>
2. <i>Jan Moutnik</i>	<i>230 Main St Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-13-11</i>
3. <i>Randy Heindel</i>	<i>W 5764 E Tr B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>3-17-11</i>
4. <i>Matthew Zahring</i>	<i>213 Virginia St Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-21-11</i>
5. <i>Melinda Price</i>	<i>618 1/2 5th Ave Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-20-11</i>
6. <i>[Signature]</i>	<i>618 1/2 5th Ave Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-20-11</i>
7. <i>[Signature]</i>	<i>W 416 County Road F Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-20-11</i>
8. <i>[Signature]</i>	<i>N 4128 Maple Dr. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-20-11</i>
9. <i>Norma McMullen</i>	<i>N 1121 Hwy. 5. Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-20-11</i>
10. <i>Wilma M. Meyz</i>	<i>1202 S Avenue Antigo, WI 54409 1471</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>antigo</i>	<i>3-20-11</i>

Certification of Circulator

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

I reside *N 3000 Orchard Rd., Antigo, Wis.*
(circulator's residence - include number, street, and municipality)

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

3-20-11
(date)

Pamela Augustyn
(signature of circulator)

1781

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Wladimir Asad</i>	<i>N9280 Tomahawk Rd Tomahawk WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/9/11</i>
2. <i>Lance Alley</i>	<i>3015 Crescent Rd Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4-9-11</i>
3. <i>Margaret Breitbarth</i>	<i>2530 W. Killarney Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Little Rice</i>	<i>4-9-11</i>
4. <i>Doug Schuy</i>	<i>7055 CRAB LAKE RD. PRESQUE ISLE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PRESQUE ISLE</i>	<i>4-9-11</i>
5. <i>Hansette P. Fehl</i>	<i>W13896 Bauer Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Glendon</i>	<i>4-9-11</i>
6. <i>P @ W B 9152 </i>	<i>201 1/2 West WILF TOMAHAWK WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4-9-11</i>
7. <i>Morgan</i>	<i>N10845 Spring Ck</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Big Lake</i>	<i>4-9-11</i>
8. <i>Shirley Maki</i>	<i>N10861 50th S. Country Ct</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/9/11</i>
9. <i>Ed Gru</i>	<i>W2095 Tomahawk WIS</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/9/11</i>
10. <i>Sandra J. Hanson</i>	<i>63 E. BIRCHWOOD AVE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/9/11</i>

I, *Jacqueline Morales*, certify:
(name of circulator)
 I reside *7271 NW 174 terr. AIA/eah, FL 33015*
(circulator's residence - include number, street, and municipality)

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

4-9-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>David Dolansky</i>	<i>7393 Birch Tree Drive Sugar Camp</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-16-11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *David Dolansky* (name of circulator), certify:

I reside *7393 Birch Tree Drive Sugar Camp* (circulator's residence - include number, street, and municipality)

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

3-16-11 (date)

David Dolansky (signature of circulator)

RECALL PETITION

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

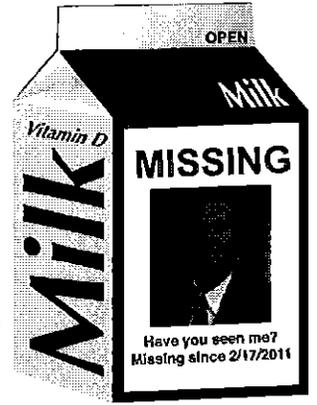
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small>	DATE OF SIGNING
1. <i>Judith Klecker</i>	8068 Rainbow Rd Lake Tomahawk, WI 54539-9546	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>3-15-11</i>
2. <i>Francis Klecker</i>	8068 Rainbow Rd. Lake Tomahawk, WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>3-15-11</i>
3. <i>Jim Proppel</i>	<i>7100 RAINBOW LK RD</i> <i>LAKE TOMAHAWK 54539</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>3-16-11</i>
4. <i>Shawn Nounis</i>	<i>7547 RUNWAY DRIVE</i> <i>LAKE TOMAHAWK WI 54539</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODRUFF</i>	<i>3-16-11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, *Judith Klecker*, certify:
(name of circulator) 8068 Rainbow Rd
Lake Tomahawk, WI 54539-9546

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.

3/16/2011
(date)

Judith Klecker
(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. *1784*

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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1. <u>KONNIE HUNTER</u>	<u>5849 MUSKY BAY DR</u> <u>RHINELANDER WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3/2/11</u>
2. <u>BOB KABEL</u>	<u>927 TRAYED ST</u> <u>RHINELANDER WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RHINELANDER</u>	<u>3-2-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Konnie Hunter **Certification of Circulator**, certify:
(name of circulator)
 I reside at 5849 Musky Bay Dr, Rhinelanders, 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.

3/2/11 (date) Konnie Hunter (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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1. <u>Luigi Bonack</u>	<u>6937 WINDLER RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/1/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
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9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

FRED J. BONACK

(name of circulator)

certify:

I reside at Yonkers Bonack, 6937 Windler Rd. Three Lakes

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

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

3/1/11

(date)

Luigi Bonack

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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STATEMENT OF REASON FOR RECALL

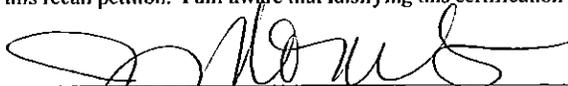
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1. <i>Nancy Lehman</i>	<i>6247 Northwestern Dr. Kluender</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
2. <i>Sarah Porsy</i>	<i>4243 BACKCOUNTRY Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARSHAW</i>	<i>4-5-11</i>
3. <i>Marcia Wefner</i>	<i>8809 Weguelhane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Resquesdale</i>	<i>4-7-11</i>
4. <i>Bernard Lemieux</i>	<i>75638 Moccasin Dr. Odanah, Wis.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Odanah</i>	<i>4-6-11</i>
5. <i>Susan Amy</i>	<i>9425 County J</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-6-11</i>
<i>Janice Teas</i>	<i>N5192 City Rd #</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Deerbrook</i>	<i>4-6-11</i>
<i>Linda Ines</i>	<i>7039 Birch Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lido Tomahawk</i>	<i>4-6-11</i>
8. <i>E. M. Aet</i>	<i>10587 Cedar Falls Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAZELHURST</i>	<i>4/7/11</i>
9. <i>John J. Gurdig</i>	<i>4009N KIMMEL RD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERCER</i>	<i>4/7/11</i>
10.		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERCER</i>	<i>4/7/11</i>

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

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

4-7-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Thomas M. Schmitt</i> <i>THOMAS M. SCHMITT</i>	<i>W3377 STA 182</i> <i>PARK FALLS WI 54552</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>EISENSTEIN</i>	<i>3/31/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, JAMES L. ZEISE, certify:

(name of circulator)

I reside 5538 BERTRAND RD - MARSHAN, WI 54529 TOWN OF LAKE TOMAHAWK.

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

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

03/31/2011
(date)

James L. Zeise
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Joy A. Owen</i>	2360 Wylcowsk. Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village Three Lakes <input checked="" type="checkbox"/> City	4/4/11
2. <i>R. W. [Signature]</i>	11531 CAGLE Rd Arbor Vitae	<input checked="" type="checkbox"/> Town Arbor Vitae, WI <input type="checkbox"/> Village <input type="checkbox"/> City	4/4/11
3. <i>Cindy Johnson</i>	2427 CTY RD C RHINELANDER, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/4/11
4. <i>Laura Miller</i>	128 Woodland Hills Dr. Rhinelander, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	4/4/11
5. <i>Sarah Landry</i>	3883 Old Farm Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Pelican <input type="checkbox"/> City	4/4/11
6. <i>Jason [Signature]</i>	348 Woodland Heights	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/4/11
7. <i>Dawn Kelly</i>	328 Lennox St.	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input checked="" type="checkbox"/> City	4/5/11
8. <i>Danora Martinius</i>	5865 Black Lk Rd Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/5/11
9. <i>Andrew Van [Signature]</i>	5153 HWY 17 N	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/5/11
10. <i>[Signature]</i>	9423 Rocky Run Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Haishaw W	4/5/11

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

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

4-5-11
(date)

J Morales
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. Cheryl Rodent	600 N Keyes Keyes	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrick	3/31/11
2. Cheryl Alderton	N1498 STATE Hwy 64 + 107 MERRILL WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CORNING	3/31/11
3. Agnes Dymkowski	P.O. Box 152 Argonne, WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne	3/31/11
4. Linda Hellekson	7578 Hwy X Three Lakes	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/31/11
5. Bandy Swener	113 Woodland heights	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/31/11
6. Journal Zdrak	1739 Hwy Rd C	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/31/11
7. D. J. Lordova	2558 Prairie Lake Rd Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nokomis	3/31/11
8. John Polarski	7578 Hwy X	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/31/11
9. Carol Jeter	703 Pelican St Rhineland WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	3/31/11
10. Bette Karing	4327 Northview Dr Rhineland	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/31/11

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

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

3-31-11 (date) J Morawes (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Evelyn Bickom</i>	<i>4929 Carpenter Rd Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>FLORENCE</i>	<i>3/29/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

Certification of Circulator

I, *Evelyn Bickom*, certify:
(name of circulator)

I reside *4929 Carpenter Rd. Florence WI 54121*
(circulator's residence - include number, street, and municipality)

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

3/30/11 (date) *Evelyn Bickom* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Gary Muench</i>	<i> Hwy 45 Antigo Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-28-11</i>
2. <i>Casey Swartz</i>	<i>620 Jackson Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-28-11</i>
3. <i>Meredith Dable</i>	<i>18344 Front St</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Townsend</i>	<i>3-28-11</i>
4. <i>Jeff Thompson</i>	<i>W5442 Hillside Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-28-11</i>
5. <i>Don Pfeiffer</i>	<i>W2549 Videt Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-28-11</i>
6. <i>[Signature]</i>	<i>602-1 Hollywood</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-28-11</i>
7. <i>Wanda Brown</i>	<i>1805 1/2 East Main</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-28-11</i>
8. <i>Kelly Sloat</i>	<i>W1606 City Rd C</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-28-11</i>
9. <i>Judy Karau</i>	<i>W1940 Kinema</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sahley</i>	<i>3/28/11</i>
10. <i>Shonda B. Cook</i>	<i>N 208 CR. FF</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/28/11</i>

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

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

3-28-11 (date) *[Signature]* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Virginia Hegner</i>	<i>75734 Ormsby Rd. Deerbrook, WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>4/8/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

Certification of Circulator

I, *Virginia Hegner*, certify:
(name of circulator)

I reside *75734 Ormsby 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)

Virginia Hegner
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Raymond H. Star, Jr</i>	8530 County Road II Clond, Wis 54427	<input checked="" type="checkbox"/> Town Elderon <input type="checkbox"/> Village <input type="checkbox"/> City	4-1-11
2. <i>Louise J. Star</i>	8530 County Road II ELAND 54427	<input checked="" type="checkbox"/> Town ELderon <input type="checkbox"/> Village <input type="checkbox"/> City	4-1-11
3. <i>Don Munch</i>	4356 ABERDEEN RD	<input type="checkbox"/> Town RHINELANDER <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4-1-11
4. <i>Amanda England</i>	610 John St Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-1-11
5. <i>Joseph Frisch</i>	N4673 Pike River Rd Alexan WI 54435	<input checked="" type="checkbox"/> Town Summit <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
6. <i>Annunzio Behm</i>	W1420 RIVERSIDE RD ANTIGO WI	<input checked="" type="checkbox"/> Town NORWOOD <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
7. <i>Richard Tessmann</i>	N10516 PINELEAF RD RHINELANDER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARRISON	4/2/11
8. <i>Cindy K. Adam</i>	N1982 Crestwood Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/2/11
9. <i>Paul Hunsicker</i>	8845 Virgin Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	4/2/11
10. <i>John</i>	N7809 Crestwood RD	<input checked="" type="checkbox"/> Town FOSTER <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/2/11

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

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

4-2-11 (date) *J. Morales* (signature of circulator)

RECALL PETITION

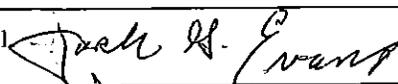
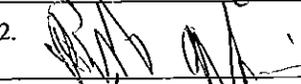
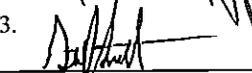
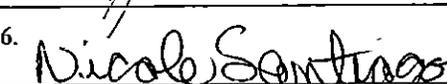
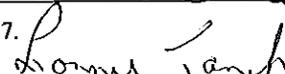
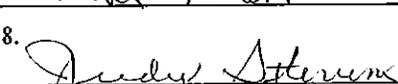
TO: Wisconsin Government Accountability Board

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

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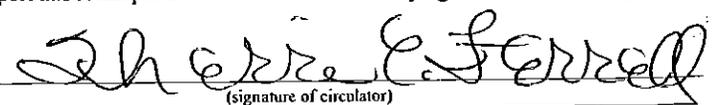
STATEMENT OF REASON FOR RECALL

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1. 	16152 5200 RIDGEVIEW DR TOMAHAWK WISCONSIN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/18/11
2. 	WJ 7193 WILLOW DR TOSCONG WISCONSIN	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WILKESBARRE <input type="checkbox"/> City	4-18-11
3. 	11543 Farmingdale Rd. Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
4. 	N3390 Elm Rd Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-17-11
5. 	W5318 HILLSIDE DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
6. 	600 Hollywood Dr #3 Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
7. 	511 W RIVERSIDE AVE MERRILL WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-17-11
8. 	72332 Ynezville Dr. Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-17-11
9. 	408 E FOURTH ST Merrill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4/17/11
10. 	1605 E 9th ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/17/11

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

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

4/18/11 
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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STATEMENT OF REASON FOR RECALL

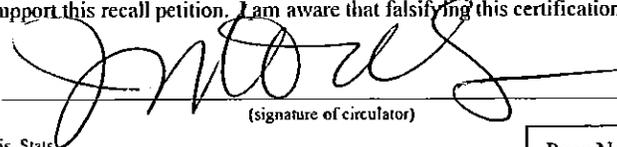
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1. Robert Benschel	901 Dereach St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo, Wis.	4/1/11
2. Edward Walter	1432 Clermont	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/1/11
3. Herb White	4416 Lk. MILDOR Rd LAKE MILDRED	<input type="checkbox"/> Town Rhineland <input type="checkbox"/> Village Rhineland <input type="checkbox"/> City Rhineland	4/1/11
4. ROBERT D. ...	715 1st Ave 715 1st St	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village Antigo <input checked="" type="checkbox"/> City Antigo	4/1/11
5. Tom ...	N11915 Sunset Rd	<input checked="" type="checkbox"/> Town Elcho <input type="checkbox"/> Village Elcho <input type="checkbox"/> City Elcho	4/1/11
6. ...	1633 Deleglise	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village Antigo <input checked="" type="checkbox"/> City Antigo	4/1/11
7. P. Gunkop	832 Deleglise St	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village Antigo <input checked="" type="checkbox"/> City Antigo	4/1/11
8. ...	W10159 HWY F W10151 HWY F	<input checked="" type="checkbox"/> Town Summit Lake <input type="checkbox"/> Village Summit Lake <input type="checkbox"/> City Summit Lake	4/1/11
9. Pat Swenti	25244 39 Rd Road, WI 54161	<input checked="" type="checkbox"/> Town Pound <input type="checkbox"/> Village Pound <input type="checkbox"/> City Pound	4/1/11
10. ...	3787 Ferry Reach Ln Wabeno, WI	<input checked="" type="checkbox"/> Town Wabeno <input type="checkbox"/> Village Wabeno <input type="checkbox"/> City Wabeno	4-1-11

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

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

4-1-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Gerhard R. Decker</i>	<i>3156 Tuttle Rd NW Eagle River</i>	<input checked="" type="checkbox"/> Town Phelps Twp. <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	<i>02-26-11</i>
2. <i>Marilyn Campbell</i>	<i>8685 Bellman Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	<i>2/27/11</i>
3. <i>Wayne R Campbell</i>	<i>8685 Bellman Ln</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	<i>2/27/11</i>
4. <i>Donna Merritt</i>	<i>1516 RACHAL LAKE 710 BOX 249</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	<i>2/27/11</i>
5. <i>Jany Merritt</i>	<i>1516 RACHAL LAKE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ST GERMAIN	<i>2/27/11</i>
6. <i>Catherine Saedler</i>	<i>4568 Briarwood Dr</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	<i>2/27/11</i>
7. <i>Ken Holman</i>	<i>1911 DUCK LK DR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIV	<i>2-27-11</i>
8. <i>Hilda Stenmoll</i>	<i>7780 COUNTY D Eagle River WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	<i>2-28-11</i>
9. <i>Draron Benda</i>	<i>1210 Duck Lake Rd Eagle River WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	<i>2-28-11</i>
10. <i>Jean Holman</i>	<i>1911 DUCK LK DR</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIVER	<i>2/28/11</i>

Certification of Circulator

I, Hilde E. Becker, certify:

I reside at 3156 Tuttle Road, Eagle River, WI 54521, Phelps Township
(circulator's residence - include number, street, and municipality)

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

February 28, 2011
(date)

Hilde E Becker
(signature of circulator)

WV

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Joyce Wernacut</i>	<i>16673 Bullfrog Bend Townsend, WI 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Townsend</i>	<i>3-2-11</i>
2. <i>Jeff Leonard</i>	<i>14997 Sunrise Circle Mountain, WI 54149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain</i>	<i>3-2-11</i>
3. <i>Robert M. Lush</i>	<i>15587 Menden Lk. Rd P.O. Box 369 Lakewood WI 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Riverview</i>	<i>3-3-11</i>
4. <i>Chris Faulkner</i>	<i>15097 County F RD 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3-3-11</i>
5. <i>Ellen Flynn</i>	<i>14312 Cty W Mountain WI 54149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain</i>	<i>3-3-11</i>
6. <i>Joe Fricle</i>	<i>17431 Cty Rd F Lakewood WI 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3-3-11</i>
7. <i>Sandra Kubitz Sandra Kubitz</i>	<i>868 Marathon Dr White Lake, WI 54491</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>3-4-11</i>
8. <i>Stewart Schaal Stewart Schaal</i>	<i>14370 LaVrene Lakewood, WI 54138</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3-4-11</i>
9. <i>Michael Goble</i>	<i>17827 Hwy 22 Townsend WI 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Townsend</i>	<i>3-4-11</i>
10. <i>Juanita Hudevall</i>	<i>16525 Bronco Ln.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Townsend</i>	<i>3-9-11</i>

Certification of Circulator

I, Scott Baldwin, certify:

I reside N11701 Boat Landing 1 Rd., Silver Cliff, WI 54104
(circulator's residence - include number, street, and municipality)

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

3/23/11
(date)

Scott Baldwin
(signature of circulator)

RECALL PETITION

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

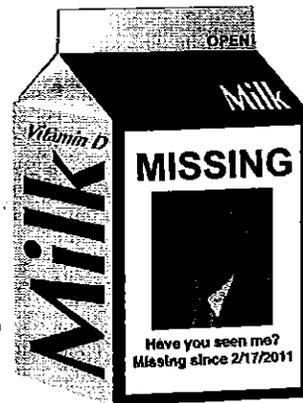
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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 <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kenneth R. Kuntz</u>	<u>843 Sundstem Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River, WI 54521</u>	<u>3/29/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Dawn M. Brogle, certify:
(name of circulator)
 I reside at 1040 Fox Lane Eagle River, WI 54521
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Dawn M. Brogle
(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. 1799

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Amy S. Shaffer</i>	<i>N7204 Shaffer Road Crivitz WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>03/01/11</i>
2. <i>John D. Wiesniewski</i>	<i>N. 17925 MONSON Lk. PEMBINE 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PEMBINE</i>	<i>03/01/11</i>
3. <i>David Collins</i>	<i>N10292 HY XX WAUSAUKEE, WIS. 54117</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WAUSAUKEE</i>	<i>03/01/11</i>
4. <i>Mark Shaffer</i>	<i>N7204 SHAFER RD CRIVITZ WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>03/01/11</i>
5. <i>Jan Brunner</i>	<i>504 N Hwy 141 CRIVITZ, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>03/2/11</i>
6. <i>Sandi Brunner</i>	<i>504 N Hwy 141 CRIVITZ WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3/2/11</i>
7. <i>Sueille Keding</i>	<i>W1618 St Paul Rd Crivitz WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3/2/2011</i>
8. <i>Delight Moas</i>	<i>14391 COUNTY Rd W MOUNTAIN JUL 54149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MOUNTAIN</i>	<i>3/3/2011</i>
9. <i>Debra L. Gies</i>	<i>N8528 IRONDUE DR CRIVITZ WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>3/5/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Carl Adkins*, certify:
(name of circulator)
 I reside at *N 8528 Iroquois Dr Crivitz WI*
(circulator's residence - include number, street, and municipality)

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

4-14-11
(date)


(signature of circulator)