RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	624 Romitti DR	☐ Town ☐ Village ☐ City Florence	3/29/11
2. Allison Wolesiak	624 Romitti Dr	☐ Town ☐ Village ☐ City Florence	3/29/11
3. Michelle Schneider	655 Romitti Rd.	☐ Town ☐ Village ☐ City Florence	4/13/11
4. Eric Schneider	655 Romitti Rd	☐ Town ☐ Village ☐ City Florence	4/5/11
5. [illegible]	[illegible]	☐ Town ☐ Village ☐ City FLORENCE	4/15/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Michelle Schneider (name of circulator), certify:

I reside 655 Romitti 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.

4/16/11 (date) Michelle Schneider (signature of circulator)

RECALL PETITION

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jennifer J Fricks	15547 Star Lake Rd Mountain, WI 54149	☒ Town ☐ Village ☐ City Riverview Mountain, WI	3/31/11
2. Joyce Eberhardt	~~Box 172~~ 4000 Oconto Dr Waena, WI 54566	☒ Town ☐ Village ☐ City Waena, Wi	3/31/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, Ruth Leeftink, certify:
(name of circulator)

I reside 14830 County T Mountain WI 54149.
(circulator's residence - include number, street, and municipality)

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

X 3-31-2011 (date) X Ruth Leeftink (signature of circulator)

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

Page No. 1802

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Laurie Zen Netzow	W2207 Taylor Road P.O. Box 235 White Lake, WI 54491	☒ Town ☐ Village ☐ City Wolf River	4/18/2011
2. Kort Ulbanta	W2207 Taylor Rd PO Box 282 White Lake	☒ Town ☐ Village ☐ City Wolf River	4-18-2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, LAURIE ZEN NETZOW, certify:
(name of circulator)

I reside W2207 Taylor Road 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.

4/18/2011 (date)

Laurie Zen Netzow (signature of circulator)

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RECALL PETITION

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RECEIVED
11 APR 14 PM 3:09
GOVERNMENT ACCOUNTABILITY BOARD

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Karen A. Karow	103 Cottage St	☐ Town ☐ Village ☑ City Merrill	3-11-11
2. [illegible]	120 N State St Merrill	☐ Town ☐ Village ☑ City MERRILL	3-11-11
3. [illegible]	Merrill	☐ Town ☐ Village ☑ City	3-11-11
4. LAWRENCE E. HAMAE	MERRILL 200 W RIVERSIDE AV	☐ Town ☐ Village ☑ City MERRILL	3-11-11
5. Debbi Koch	PO Box 93 merrill	☐ Town ☐ Village ☐ City Merrill	3-11-11
6. Rob Mutz	711 Elm St	☐ Town ☐ Village ☑ City Merrill	[illegible]
7. Kelly Deering	N1857 Trillium Merrill WI 54452	☐ Town ☐ Village ☑ City MERRILL	4/8/11
8. [illegible]	W7894 W Bilby Tomahawk WI 54487	☐ Town ☐ Village ☐ City Tomahawk	4/8/11
9. Sally Voller	N2049 Corners Rd Merrill WI	☑ Town ☐ Village ☐ City Corners	4/8/11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Karen A. Karow (name of circulator), certify:

I reside at 103 Cottage 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.

April 8, 2011 (date)

Karen A. Karow (signature of circulator)

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STATEMENT OF REASON FOR RECALL

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Failure to show up for work

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Randy Zak	W3094 Hwy 64	☐ Town ☐ Village ☑ City MERRILL	3-3-11
2. Margo Plochetka	12555 5th Ln Athens, WI 54411	☑ Town ☐ Village ☐ City HAMBURG	4-10-11
3. Jeremy Plo	12555 5th Ln Athens, WI 54411	☑ Town ☐ Village ☐ City Hamburg	4-10-11
4. Elizabeth Plochetka	12555 5th Lane Athens WI 54411	☑ Town ☐ Village ☐ City Hamburg	4-10-11
5. Edwin Borchardt	15294 St. HWY 107 ATHENS WI. 54411	☑ Town ☐ Village ☐ City Hamburg	4/19/11
6. Susan Trail	12824 5th Lane Athens, WI 54411	☑ Town ☐ Village ☐ City Hamburg	4/19/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Susan Trail (name of circulator), certify:

I reside 12824 5th Lane Athens, WI 54411 Town of Hamburg
(circulator's residence - include number, street, and municipality)

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

4/19/11
(date)

Susan Trail
(signature of circulator)

RECALL PETITION

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N2316 Sunnyside Rd Antigo, WI	☒ Town ☐ Village ☐ City Rolling	3/2/11
2. Judy [illegible]	N2316 Sunnyside Rd Antigo WI 54409	☒ Town ☐ Village ☐ City Rolling	3/2/11
3. Thomas Michaels	8777 Sallet Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/2/11
4. [illegible] Michaels	8777 Sallet Minocqua WI 54548	☒ Town ☐ Village ☐ City Minocqua	3/2/11
5. [illegible] (Root)	9809 Charlotte Ln Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/6/11
6. Nicole Michaels	8777 Sallet Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/14/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, _____, certify:
(name of circulator)

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

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

_____ (date) _____ (signature of circulator)

RECALL PETITION

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

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

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

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

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1. Darlene A. Eaton	210 Rangeline Rd Eagle River, WI.	☑ Town ☐ Village ☐ City Washington	3/5/11
2. Jessie Munz	PO Box 836 813 Hwy 45 Eagle River, WI	☑ Town ☐ Village ☐ City Lincoln	3/2/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Robert W. Werner
(name of circulator), certify:

reside at 7090 Timber Shore Lane Three Lakes WI 54562
(circulator's residence - include number, street, and municipality)

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

3/11/11
(date)

Robert W Werner
(signature of circulator)

RECALL PETITION

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Diane Krieghoff	7394 Birch Tree Dr. Eagle River, WI, 54521	☒ Town ☐ Village ☐ City Sugar Camp	2/25/11
2. Ed Bak	5875 Hy 70 west Eagle River W. 54521	☒ Town ☐ Village ☐ City Cloverland	2-25-11
3. Diane L. Mizina	1406 Halberstadt Rd. St. Germain, WI 54558	☒ Town ☐ Village ☐ City St. Germain	2-28-11
4. Robin Nicholas	5536 HWY D EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City NEWBOLD	3-1-11
5. Daryl Nicholas	5536 HWY D EAGLE RIVER, WI 54521	☒ Town ☐ Village ☐ City NEWBOLD	3-1-11
6. Jo Daniel	2885 ST HWY 155 SAYNER, WI 54560	☒ Town ☐ Village ☐ City PLUM LAKE	3-1-11
7. [illegible]	7451 W Wakefield Lake Rd. St. Germain, WI 54558	☒ Town ☐ Village ☐ City St Germain	3-7-11
8. Robert H Krieghoff	7394 BIRCH TREE DR. EAGLE RIVER WI 54521	☒ Town ☐ Village ☐ City SUGAR CAMP	3/1/11
9. Holly Ghelf	5716 Northern Highland Dr. St. Germain, WI 54558	☒ Town ☐ Village ☐ City Newbold	3/5/11
10. Penelope J. Greenberg	6404 Hwy J. St Germain, WI 54558	☒ Town ☐ Village ☐ City St. Germain	3/7/11

Certification of Circulator

I, Diane Krieghoff (name of circulator), certify:

I reside 7394 BIRCH TREE DR., EAGLE RIVER, WI 54521 (TWN 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.

3/7/11 (date) Diane Krieghoff (signature of circulator)

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RECALL PETITION

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Christine Massa	1728 Raphaem Rd	☐ Town ☐ Village ☒ City Tomahawk	4-14-11
2. Julia Kline Jaeger	N9285 Sanctuary Rd Tomahawk, WI 54487	☐ Town ☐ Village ☐ City Tomahawk	4-15-11
3. C. Smith	1422 N LANE	☐ Town ☐ Village ☒ City TOMAHAWK	4-15-11
4. R. Turnbull	1408 E. KINGS Rd	☐ Town ☐ Village ☒ City TOMAHAWK	4-15-11
5. Sue Callahan	N 9480 Sunset Pt Rd	☐ Town ☐ Village ☒ City Tomahawk	4-15-11
6. Mary M Johnson	919 Charlene Ave Tomahawk Wi	☐ Town ☐ Village ☒ City Tomahawk	4-15-11
7. [illegible]	1025 W upham Marshfield wi	☐ Town ☐ Village ☐ City Marshfield	4-15-11
8. Megan Jansen	N10895 Hunting River Rd.	☒ Town ☐ Village ☐ City Echo	4-16-11
9. [illegible]	N11945 Partridge St Echo WI 54428	☒ Town ☐ Village ☐ City ECHO.	4/16/11
10. [illegible]	N11965 PARTRIDGE ST ECHO WI 54428	☒ Town ☐ Village ☐ City ECHO	4/16/11

Certification of Circulator

I, Jacqueline Morales, certify:
(name of circulator)

I reside 7231 NW 174 ter. Hia. Fl 33015.
(circulator's residence - include number, street, and municipality)

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

4-16-11
(date)

(signature of circulator)

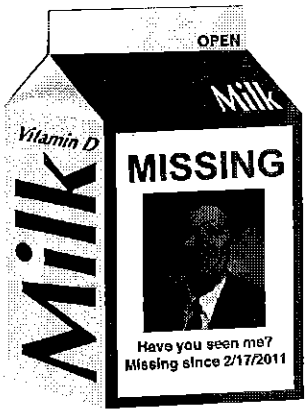
RECALL PETITION

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

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

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

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



STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michelle Fenske	2792 Pelican Ranch Rd Rhi. WI 54501	☒ Town ☐ Village ☐ City Pelican	04-06-11
2. [illegible]	453 Lk Owen Rd 3-Lks WI	☐ Town ☐ Village ☐ City 3-Lks	04-06-11
3. Jim Olsen	227 Maple St Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	04-06-11
4. [illegible]	907 N. Stevens St Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	Apr 6, 11
5. Julie McKenzie	440 Abner Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4-6-11
6. Heidi Schwinger	3243 Buntage Lane Rhedr.	☒ Town ☐ Village ☐ City Crescent	4-6-11
7. Stanley Schwinger	Same	☐ Town ☐ Village ☐ City Same	4-6-11
8. David DeHart	6452 Northwestern Dr Rhinelander, WI 54501	☐ Town ☐ Village ☐ City Newbold	4/7/11
9. Kathy Riopel	1994 Larsen Dr Rhinelander, WI 54501	☒ Town ☐ Village ☐ City Newbold	4-15-11
10. Nancy Dumeier	330 Abner 54501 Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	4-19-11

Certification of Circulator

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

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 13(3)(a), Wis. Stats.

4-19-2011
(date)

(signature of circulator)

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

Page No. 1810

(2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
bed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	N11160 Clear Lake Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3-29-11
2. Harold Buschmann	130 Mohawk Dr Tomahawk 54487	☐ Town ☐ Village ☒ City Tomahawk	3-29-11
3. Nicole Haupt	Tomahawk 54487 15 East Rice Ave	☐ Town ☐ Village ☒ City Tomahawk	3-29-11
4. Todd Schy	9514 Little Beaverkin Rd Harshaw WI 54529	☒ Town ☐ Village ☐ City Cassian	3-29-11
5. Vicki [illegible]	916 S. Tomahawk Ave. Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3-29-11
6. Steve Brown	2307 East Rd Tomahawk Wis 54487	☒ Town ☐ Village ☐ City Nokomis ~~Tomahawk~~	3-29-11
7. [illegible]	2682 Hwy [illegible] Tomahawk 54487	☒ Town ☐ Village ☐ City Nokomis	3/29/11
8. [illegible]	230 Theiler Drive Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3/29/11
9. [illegible]	5712 SPAFFORD RD. RHINELANDER, WI 54501	☒ Town ☐ Village ☐ City STELLA	3/29/11
10. [illegible]	2341 Cty. Hwy G Apt 2A Pelican Lake, WI 54463	☒ Town ☐ Village ☐ City Pelican Lake	3/29/11

Certification of Circulator

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

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

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

4-1-11
(date)

Duane Schumacher
(signature of circulator)

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1. [illegible]	N5293 TOWNHALL RD GLEASON, WI 54435	☐ Town ☑ Village ☐ City RUSSEL	3/29/11
2. Mary J. Cayo	W4587 Hwy S Irma WI 54442	☐ Town ☑ Village ☐ City Skannawan	3/29/11
3. [illegible]	6 So. 7TH Apt 12 Tomahawk 54487	☐ Town ☐ Village ☑ City Tomahawk	3/29/11
4. David Zitelbach	Tomahawk 54487 W6339 Hwy O	☒ Town ☐ Village ☐ City Bradley	3/29/11
5. Jennifer Wright	W6095 Wadell Rd. Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3/29/11
6. [illegible] Herron	624 E. Park Ave Tomahawk, WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/29/11
7. Rufenne Herron	624 E. Park Ave Tomahawk, WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/29/201
8. Cynthia M. Fitzgerald	W2732 Hwy CC Tomahawk, WI 54487	☐ Town ☒ Village ☐ City WILSON	3/29/11
9. Ron Miller	9397 Bridge Lake Rd Tomahawk 54487	☒ Town ☐ Village ☒ City Nokomis	3/29/11
10. Lori McAllister	W4313 COPPER LK AVE IRMA, WI. 54442	☐ Town ☐ Village ☒ City IRMA	3-29-11

Certification of Circulator

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

I reside 13528 290 Ave, Detroit Lakes, MN 56501.
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(date)

Duane Schumacher
(signature of circulator)

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1. [illegible]	N 8429 Hwy 107 Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3-29-11
2. [illegible]	1411 E King Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3-29-11
3. Charity Chase	8½ S 4th St Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3-29-11
4. Allen Engelson	307 N Merrill Ave Tomahawk 54487	☒ Town ☐ Village ☐ City Tomahawk	3-29-11
5. Caroline Kocie	W 7720 Sonia Park Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Wilson	3-29-11
6. Sharon Cornell	112 E. Prospect AVE Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3-29-11
7. Vicki Anderson	4962 County Rd Y Hazelhurst, WI 54531	☒ Town ☐ Village ☐ City Little Rice	3-29-11
8. Margaret Beals	2139 Krystal Knoll Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3-29-11
9. Brian Ahrens	N10838 S. Country CT Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Bradley	3-29-11
10. Glen R Faith	N29713 Hwy H TOMAHAWK, 54487	☒ Town ☐ Village ☐ City KING	3-29-11

Certification of Circulator

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

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4-1-11
(date)

Duane Schumacher
(signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	W11755 Hwy 86 Tripoli WI 54564	☑ Town ☐ Village ☐ City Tomahawk	3-29-11
2. Ryan Hawkins	123½ W Wisconsin Ave Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3-29-11
3. Gale L Hanse	2556 Hanson Hanse Dr. Tomahawk WIS 54487	☑ Town ☐ Village ☐ City Nokomis	329-11
4. [illegible]	1527 Pine Notch Tomahawk WI 54487	☐ Town ☐ Village ☑ City TOMAHAWK	3/29/201
5. Chris Kaplanek	123 W. WISCONSIN Ave Tomahawk 54487	☑ Town ☐ Village ☐ City Tomahawk	3-29-11
6. Amy Miller	206½ W Wisconsin Ave Apt 1 Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/29/11
7. Martha Pennington	N11021 Red Pine RD Tomahawk WI 54487	☑ Town ☐ Village ☐ City Bradley	3/29/11
8. Connie Campbell	10860 S. Country Rd Tomahawk WI 54487	☑ Town ☐ Village ☐ City Bradley	3/29/11
9. Pamela D Crass	W3635 Cloverbelt Rd Irma WI 54442	☑ Town ☐ Village ☐ City Skanawan	3-29-11
10. Denise Zitter	209 W. Wisc. Ave Tomahawk 54487	☑ Town ☐ Village ☐ City Wilson	3-29-11

Certification of Circulator

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

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

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4-1-11
(date)

Duane Schumacher
(signature of circulator)

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

Page No. 1814

RECALL PETITION

TO: Wisconsin Government Accountability Board
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tyler Budreau	2067 River Road Tomahawk, WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/29/11
2. Joe Krutke	2540 Lake Nokomis Rd Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3/29/11
3. Karen Wagner	N10580 City Rd YY Tripoli 54564	☑ Town ☐ Village ☐ City Somo	3/29/11
4. Nick Swan	704 N Center Ave Merrill WI 54452	☐ Town ☐ Village ☑ City Merrill	3/29/11
5. Karen Schoone	W2474 City Rd D Tomahawk, WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3-29-11
6. Steve Schoone	W2474 City Rd D Tomahawk WI 54487	☑ Town ☐ Village ☐ City Tomahawk	3-29-11
7. Angela Borkowski	414 Bradley Farm Rd Tomahawk WI 54487	☐ Town ☐ Village ☑ City Tomahawk	3-29-11
8. Gary Zurich	2152 The Point Rd East Tomahawk WI 54487	☑ Town ☐ Village ☐ City Nokomis	3-29-11
9. Jim Jagodzinski	107 W PLEASANT Ave TOMAHAWK WI 54487	☐ Town ☐ Village ☑ City TOMAHAWK	3-29-11
10. Steve Dreeson	1326 N 4th ST Tomahawk 54487	☐ Town ☐ Village ☑ City Tomahawk	3-29-11

Certification of Circulator

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

I reside 13528 290 Ave; Detroit Lakes, MN 56501.
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4-1-11
(date)

Duane Schumacher
(signature of circulator)

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RECALL PETITION

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James Schultz	2103 Jackson St Merrill wis. 54452	☐ Town ☐ Village ☒ City Merrill wis	3/30/11
2. [illegible]	W7023 Joe Snow Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	3/30/11
3. [illegible]	W7028 Joe Snow Rd Merrill WI 54452	☒ Town ☐ Village ☐ City Scott	3/30/11
4. Mee Hang Thao	N715 Hallwig Rd Merrill, wi 54452	☒ Town ☐ Village ☐ City Pine River	3-30-11
5. Erica Copas	W4845 RiverBend Dr Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3-30-11
6. Becky Heller	N4995 Lakeson Lk Rd Irma WI 54442	☒ Town ☐ Village ☐ City Birch	3/30/11
7. Mike Lemke	W6314 Alery Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Bradley	3-30-11
8. Jamie Cole	Merrill, WI 54452 1322 W. main St.	☒ Town ☐ Village ☐ City Merrill	3-30-11
9. Craig Brown	W2460 Alexburger Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	3-30-11
10. Rhiannon Weiss	103 N. Scott St. Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11

Certification of Circulator

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(name of circulator)

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(date)

Duane Schumacher
(signature of circulator)

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1. Amber Haring	10284 Gentle Ben Rd Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Nokomis	3/29/11
2. [illegible]	N10351 Tannery Rd Tomahawk WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3/29/11
3. [illegible]	227 [redacted] 5th street Tomahawk 54487	☐ Town ☐ Village ☒ City Tomahawk	3/29/11
4. Matt [illegible]	833 N. 4th St Tomahawk WI. 54487	☐ Town ☐ Village ☐ City Tomahawk	3-29-11
5. Kim Brown Kim Brown	2307 East Rd Tomahawk, WI. 54487	☒ Town ☐ Village ☐ City Nokomis	3/29/11
6. Christ Fallstad Christ Fallstad	N10136 Zenith Ave Tomahawk WISC 54487	☐ Town ☐ Village ☐ City Wilson	3/29/11
7. Adam Zietlow	717 Charles Ave Tomahawk, WI 54487	☒ Town ☐ Village ☐ City Tomahawk	3/29/11
8. Scott Zaremba	1009 School Rd Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3/29/11
9. [illegible]	1604 CEDAR AV. Tomahawk, WI. 54487	☐ Town ☐ Village ☒ City Tomahawk	3-29-11
10. [illegible]	N10035 Hwy B Tomahawk WI 54487	☒ Town ☐ Village ☐ City Harrison	3-29-11

Certification of Circulator

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

I reside 13528 290 Ave, Detroit Lakes, MN 56501.
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4-1-11
(date)

Duane Schumacher
(signature of circulator)

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1. Janey Landers	21 W. SPIRIT AVE	☐ Town ☐ Village ☒ City TOMAHAWK	4/5/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, NANCY LANDERS, certify:
(name of circulator)

I reside 21 WEST SPIRIT AVE. TOMAHAWK, WI.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Janey L Landers
(signature of circulator)

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STATEMENT OF REASON FOR RECALL

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Cynthia J. Lerdal	11845 Sumach Lake Rd Woodruff, WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	3/29/11
2. Thomas H Lerdal	11845 Sumach Lake Rd Woodruff, WI 54568	☑ Town ☐ Village ☐ City Arbor Vitae	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Cynthia J. Lerdal, certify:
(name of circulator)

I reside 11845 Sumach Lake Rd, Woodruff, WI ARBOR VITAE
(circulator's residence - include number, street, and municipality)

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

3-29-11
(date)

Cynthia J. Lerdal
(signature of circulator)

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 [illegible]	W1672 Basel Ln Gleason, WI 54435	X Town X Village ~~Gleason~~ Russell __ City	2/25/11
2 Todd Matthes	W1672 Basel Ln Gleason, Wi. 54435	X Town __ Village Russell __ City	2/25/11
3 Cynthia L. Lokemoen	W3585 Copperlake Ave Gleason, Wi 54435	X Town __ Village Birch __ City	2.28.11
4 [illegible]	N5226 Hwy K Irma, WI. 54442	X Town __ Village Birch __ City	4-4-11
5		__ Town __ Village __ City	
6		__ Town __ Village __ City	
7		__ Town __ Village __ City	
8		__ Town __ Village __ City	
9		__ Town __ Village __ City	
10		__ Town __ Village __ City	

CERTIFICATION OF CIRCULATOR

I, Terry L. Lokemoen, certify that I reside at W3585 Copperlake Av. Gleason, Wi. 54435

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

4/4/11 (date)

Terry L. Lokemoen (Signature of Circulator)

Page: 1830

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE SIGNED
1. Raymond Hess	W10567 HY J Deerbrook WI 54424	☒ Town Peck ☐ Village ☐ City	3-21-11
2. Shirley Hess	W10567 Co Rd J Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Peck	3-21-11
3. William D. Hess	N6675 Co. V Deerbrook, WI 54424	☒ Town ☐ Village ☐ City Nevo	3-21-11
4. Mark E Mishler	N8036 Forest Rd Deerbrook WI 54424	☒ Town ☐ Village Upham ☐ City	4-4-11
5. Sandra L Mishler	N8036 Forest Rd Deerbrook WI 54424	☒ Town ☐ Village ☐ City Upham	4-4-11
6. Barbara Mishler	N7526 Forest Rd Deerbrook WI 54424	☒ Town ☐ Village ☐ City Upham	4-4-11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Lonnie L. Lodholz Lonnie Lodholz, certify:
(name of circulator)

I reside at N8040 FOREST RD, DEERBROOK WISCONSIN 54424
(circulator's residence - include number, street, and municipality)

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

4-5-11 (date) Lonnie L. Lodholz (signature of circulator)

Please mail this form to: Recall Jim
P.O. Box 961 • Eagle River, WI 54521

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barbara Bergman	2354 Bergman Rd. Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican, Rhldr	3/30/11
2. Jack Bergman	2354 Bergman Rd Rhinelander WI 54501	☒ Town ☐ Village ☐ City Pelican	3/31/11
3. Robert Miller	4051 Shady pl. Ln Rhinelander Wis	☐ Town ☐ Village ☐ City Pine Lake	3/31/11
4. [illegible]	300 Spring Lk Rd. Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/31/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Jack Bergman (name of circulator), certify:

I reside 2354 Bergman Rd Rhinelander, WI 54501 TWN OF PELICAN
(circulator's residence - include number, street, and municipality)

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

4/03/2011 (date)

Jack Bergman (signature of circulator)

FROM : Decision Support, Inc. PHONE NO. : 208 [illegible]

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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 lot no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Craig B Janssen	273 Alder Lake Rd Manitowish Waters	☑ Town ☐ Village ☐ City Manitowish WATERS	3/11/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Craig Janssen (name of circulator), certify:

I reside at 273 Alder Lake Road, Manitowish Waters WI 54545 (circulator's residence, including number, street, and municipality)

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

3/15/11 (date)

Craig B Janssen (signature of circulator)

Page No. 1833

GAB-130 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608/266-8005 http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

We do not believe Jim Holprin represented our interests as our representative when he fled the State during the Budget Repair Bill Session.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. Susan Blennert	W9011 State Rd 64 Merrill, WI 54452	☒ Town ☐ Village ☐ City Corning	4/4/11
2. Nicholas Blennert	W9011 State Road 64 Merrill, WI 54452	☒ Town ☐ Village ☐ City Corning	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Susan A. Blennert, certify:
(name of circulator)

I reside W9011 State Rd 64 Merrill WI 54452 TWN CORNING
(circulator's residence - include number, street, and municipality)

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

April 4, 2011 (date)

Susan A. Blennert (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Jerry W. Badeau	W5044 DUGINSKI RD MERRILL WI 54452	☒ Town ☐ Village ☐ City MERRILL	3/29/11
2. Ann M. Badeau	W5044 DUGINSKI Rd MERRILL, WI 54452	☒ Town ☐ Village ☐ City MERRILL	3/29/11
3. Mark A [illegible]	902 Monroe ST Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11
4. John Hartung	310 W. Riverside Ave MERRILL, WI 54452	☐ Town ☐ Village ☒ City MERRILL	3/30/11
5. Andy Mann	404 E 3rd ST. Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11
6. [illegible]	N10083 SHADY SHORE RD TOMAHAWK, WI 54487	☐ Town ☐ Village ☒ City TOMAHAWK	3/30/11
7. Mary M. Bennett	N5168 Joe Snow Road Merrill, WI 54452	☒ Town ☐ Village ☐ City Scott MERRILL	3/30/11
8. [illegible]	2301 W. Jackson St Apt 28 Merrill, WI 54452	☐ Town ☐ Village ☐ City MERRILL	3/30/11
9. Floyd Lenchner	PO Box 781 Merrill, WI 54452	☒ Town ☐ Village ☐ City Pelas	3/30/11
10. Sandra J. Joburnew	902 monroe St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	3/30/11

Certification of Circulator

I, JERRY W. BADEAU (name of circulator), certify:

I reside W5044 DUGINSKI RD. MERRILL WI. 54452 (circulator's residence - include number, street, and municipality).

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

3/30/11 (date)

Jerry W. Badeau (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Rex Buehler	N1484 Big Eddy Rd Merrill, WI	☒ Town ☐ Village ☐ City Pine River	3/30/11
2. [illegible]	W4481 Birch hill Inc Merrill WI	☒ Town ☐ Village ☐ City Pine River	3/30/11
3. Gary J. Hayes	W.4490 Birch Hill LN. Merrill, WI. 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
4. Jerry Weber	N1429 Norell Dr MERRILL WI	☒ Town ☐ Village ☐ City PINE RIVER	3/30/11
5. [illegible]	N429 Norell Dr. Merrill, WI 54452	☐ Town ☐ Village ☐ City PINE RIVER	3/30/11
6. Amy M. Drew	N1418 Norell Dr Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
7. [illegible]	N1418 Norell D Merrill WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
8. [illegible]	N1411 Norell Dr. Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
9. Margaret J. Deise	N1405 Norell Dr Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/30/11
10. Bruce Deise	N1405 NORELL Dr MERRILL, WI 54452	☒ Town ☐ Village ☐ City PINE RIVER	3/30/11

Certification of Circulator

I, Rex Buehler (name of circulator), certify:

I reside N1484 Big Eddy Road Merrill WI 54452 Town of Pine River (circulator's residence - include number, street, and municipality).

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

March 31 2011 (date)

Rex Buehler (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Judy A. Burns	17220 W. Burnt Dam Rd TOWNSEND WI 54175	☑ Town ☐ Village ☐ City TOWNSEND	04/05/11
2. Michael L Burns	17220 W Burnt Dam Rd Townsend WI 54175	☑ Town ☐ Village ☐ City Townsend	04/05/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JUDY A BURNS (name of circulator), certify:

I reside 17220 W BURNT DAM RD TOWNSEND (circulator's residence - include number, street, and municipality).

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

APRIL 5, 2011 (date) Judy A. Burns (signature of circulator)

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

Page No. 1837

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Maria F. Donat	9132 Cty. Hwy II Eland, WI. 54427	☒ Town ☐ Village ☐ City ELDERON	3/29/11
2. Kathleen K. Donat	594 State Rd. Birnamwood, Wi. 54414	☐ Town ☒ Village ☐ City Birnamwood	3/30/11
3. ~~Patti Cook~~	~~E12588 City Rd N~~ ~~Wausau, WI 54403~~	☒ Town ☐ Village ☐ City ~~Easton~~	4/2/11
4. Dawn Rambo	511 Corazalla Drive #B Birnamwood, WI. 54414	■ Town ☐ Village ☐ City Birnamwood	4/2/11
5. Mark Rambo	511 Corazalla Drive #B Birnamwood, WI 54414	☒ Town ☐ Village ☐ City Birnamwood	4/2/11
6. Stacy Zinker	W189B City Rd Q Wittenberg, WI	☐ Town ☒ Village ☐ City Wittenberg	4/3/11
7. Roger Zinker	W18618 County Rd O	☐ Town ☒ Village ☐ City Wittenberg	4/3/11
8. Charles Barrett	8005 Home St, Apt 3 Wittenberg, Wi. 54414	☐ Town ☒ Village ☐ City Wittenberg	4/4/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kathleen K. Donat (name of circulator), certify:

I reside 594 State Rd., Birnamwood, Wi 54414-Village of Birnamwood. (circulator's residence - include number, street, and municipality)

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

4-30-2011 (date)

Kathleen K. Donat (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John A Bauman	W11073 W Townhall Rd Gresham, WI 54128	☒ Town ☐ Village ☐ City	4/4/11
2. Diane C Bauman	W11073 W. Townhall Rd Gresham, WI 54128	☐ Town ☐ Village ☐ City	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JOHN A. BAUMAN, certify:
(name of circulator)

I reside W11073 W. TOWNHALL Rd, GRESHAM WI 54128.
(circulator's residence - include number, street, and municipality)

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

4/4/11
(date)

John A Bauman
(signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Penelope R. Petroskey	W8727 Forrest Rd Antigo, Wi 54409	☒ Town ☐ Village ☐ City Antigo	3/29/11
2. Wiley E. Petroskey	W8727 Forrest Rd Antigo Wi 54409	☒ Town ☐ Village ☐ City Antigo	3/29/11
3. Paula L. Gallenberg	N3418 Shady Road Antigo, Wi. 54409	☒ Town ☐ Village ☐ City Ackley	4/12/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Penelope R. Petroskey, certify:
(name of circulator)

I reside W8727 Forrest Rd. Antigo, Wi 54409.
(circulator's residence - include number, street, and municipality)

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

4-21-2011
(date)

Penelope R. Petroskey
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Betty J Hettwer	3434 Arbour Ct Phelps, WI 54554	☒ Town ☐ Village ☐ City Phelps	3/17/11
2. Ronald Hettwer	3434 Arbour Ct Phelps WI 54554	☒ Town ☐ Village ☐ City Phelps	3/18/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Betty J Hettwer, certify:
(name of circulator)

I reside 3434 Arbour Court Phelps, WI 54554.
(circulator's residence - include number, street, and municipality)

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

3/18/11
(date)

Betty J Hettwer
(signature of circulator)

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

Page No. 184

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. William E. Brand	518 BRAND ROAD	☒ Town ☐ Village ☐ City THREE LAKES	3/1/11
2. Phillip Brand	540 Brand Road	☒ Town ☐ Village ☐ City Three Lakes	3/2/11
3. Maureen Brand	518 Brand Rd	☐ Town ☐ Village ☐ City Three Lakes	3/2/11
4. Sue Storm	919 Olson Rd	☐ Town ☐ Village ☐ City Three Lakes	3/3/11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, X WILLIAM E. BRAND
(name of circulator), certify:

reside at X 518 Brand Rd Three Lakes WI 54562
(circulator's residence - include number, street, and municipality)

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

X 3-18-11
(date)

X William E. Brand
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	8061 NARROWS ROAD	☒ Town ☐ Village ☐ City MINOCQUA	3-16-2011
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, SCOTT WILKIE, certify:
(name of circulator)

I reside 8061 NARROWS ROAD MINOCQUA, WISCONSIN.
(circulator's residence - include number, street, and municipality)

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

(signature of circulator)

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

BE DUMB - SEE FT LEARC.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	957 Margaret Lake Rd Three Lakes, WI 54562	☒ Town ☐ Village ☐ City PEHL	3-28-11
2. Robert [illegible]	7004 HWY 45 THREE LAKES, WI 54562	☒ Town ☐ Village ☐ City 3-LAKES	3-28-11
3. Jim Hassell	202 ILLINOIS ST EAGLE RIVER, WI	☐ Town ☐ Village ☒ City Eagle River	3-29-11
4. Mark Kirby	1688 Ontario Three Lakes WI	☐ Town ☒ Village ☐ City Threelakes	3-29-11
5. [illegible]	6611 Cty. Sm. Trk Three Lakes	☐ Town ☒ Village ☐ City Three Lakes	3-29-11
6. David L. Brown	5585 US Hwy 45 Three Lakes, WI	☒ Town ☐ Village ☐ City Three Lakes	3-29-11
7. Steven L. Brunt	6475 CW. Smith Three Lakes	☒ Town ☐ Village ☐ City Threelakes	3-29-11
8. Tom [illegible]	7631 HWY 45N Three Lakes	☒ Town ☐ Village ☐ City Three Lakes	3-29-11
9. Barbara L. McCoy	P.O. Box 76 Three	☐ Town ☐ Village ☐ City Three Lakes	3/29/11
10. Bonnie Scanlon	2369 Wytkowski Rd Three Lakes	☒ Town ☐ Village ☐ City THREE LAKES	3/29/11

Certification of Circulator

I, JOHN A WITKOWSKI, certify:
(name of circulator)

reside at 1701 MAPLE LAKE ROAD (PO BOX 32) THREE LAKES WI 54562
(circulator's residence - include number, street, and municipality)

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

30 MARCH 11
(date)

(signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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08-266-8005, http://gab.wi.gov email: gab@wi.gov

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Bernard Deisinger	N3425 Buettner Rd White Lake wi 54491	☒ Town ☐ Village ☐ City	3/29/11
2. Grace Deisinger X	N3425 Buettner Rd White Lake 54491	☒ Town ☐ Village ☐ City	3/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, Grace Deisinger (name of circulator), certify:

X I reside N3425 Buettner Rd White Lake, wi 54491 (circulator's residence - include number, street, and municipality).

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

X 4-4-11 (date) X Grace Deisinger (signature of circulator)

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Kurt J Wagner	5305 Rummels Rd	☒ Town ☐ Village ☐ City Conover	3/19/11
2. Linda Wagner	5305 Rummels Rd	☒ Town ☐ Village ☐ City Conover	3/19/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

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

I reside 5509 Mohawk Rd Rhinelander WI TWN 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.

3/19/11
(date)

Laurie Rutkowski
(signature of circulator)

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

Page No. 1846

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1	9554 Country Club Rd Minocqua, WI	✓ Town Village City MINOCQUA	3/4/11
2	9554 Country Club Rd Minocqua, WI 54548	✓ Town Village City MINOCQUA	3/4/11
3		Town Village City	
4		Town Village City	
5		Town Village City	
6		Town Village City	
7		Town Village City	
8		Town Village City	
9		Town Village City	
10		Town Village City	

CERTIFICATION OF CIRCULATOR

I, CHARLES ZARTER, certify that I reside at 1200 ARROWHEAD DR ARBOR VITAE

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

3/6/11 (date)

(Signature of Circulator)

Page: 1847

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	1648 W Davenport St #10 Rhinelander WI 54501	☐ Town ☐ Village ☒ City	3/30/11
2. Dick Bruso	4479 Hwy 17 N Rhinelander Wi	☐ Town ☐ Village ☐ City Pine Lake	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 5849 W Big Portage Lk Rd Landolakes (circulator's residence - include number, street, and municipality).

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

Richard Swede (signature of circulator)

RECALL PETITION

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Dawn Welshan	W10085 Pike Plains Rd	☑ Town ☐ Village ☐ City Dunbar	4/6/11
2. David Welshan	W10085 Pike Plains Rd.	☑ Town ☐ Village ☐ City Dunbar	4/6/11
3. Matthew [illegible]	N17236 Lily Lake Rd	☐ Town ☐ Village ☐ City Dunbar	4/6/11
4. Diane [illegible]	N17236 Lily Lake Rd	☑ Town ☐ Village ☐ City Dunbar	4/6/11
5. Frank Mocha	W8114 Pikehill RD	☑ Town ☑ Village ☐ City Amberg	4/6/11
6. Nathaniel Bladine	N17221 Lily Lake Rd.	☑ Town ☐ Village ☐ City Dunbar	4/6/11
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Lila Teachout (name of circulator), certify:

I reside at N15570 US Hwy. 141, Amberg, WI 54102 (circulator's residence - include number, street, and municipality).

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

April 14, 2011 (date)

Lila Teachout (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lloyd M. Andrews	8764 Brunswick Rd. Minocqua, WI 54548	☒ Town ☐ Village ☐ City	3/18/11
2. Donna M Andrews	8764 Brunswick Rd Minocqua, WI 54548	☒ Town ☐ Village ☐ City	3/18/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Lloyd M. Andrews, certify:
(name of circulator)

I reside at 8764 Brunswick Rd., Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

3/18/11
(date)

Lloyd M. Andrews
(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. 1850

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Susan L Barnes	2040 Birch Bay Rd Tomahawk, WI	☒ Town ☐ Village ☐ City Woodboro	03/29/11
2. Michael L Barnes	2040 Birch Bay Rd Tomahawk WI	☒ Town ☐ Village ☐ City Woodboro	03/29/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Michael L. Barnes, certify:
(name of circulator)

I reside 2040 Birch Bay Rd Tomahawk WI 54487 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.

03-29-11
(date)

Michael L Barnes
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Thomas J Baumann	W6948 WIMMER RD	☒ Town ☐ Village ☐ City BRADLEY	3/30/11
2. Pauline A. Baumann	W6948 Wimmer Rd.	☒ Town ☐ Village ☐ City Bradley	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, THOMAS BAUMANN (name of circulator), certify:

I reside W 6948 WIMMER RD BRADLEY (circulator's residence - include number, street, and municipality).

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

3/30/11 (date) Thomas J Baumann (signature of circulator)

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

Page No. 1852

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joseph W. Bochm	11833 Tamarack Lake Rd PO Box 408 Woodruff 54568	☒ Town ☐ Village ☐ City ARBOR VITAE	3/30/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Joseph W. Bochm, certify:
(name of circulator)

I reside 11833 Tamarack Lake Rd - PO Box 408 Woodruff WI 54568 ARBOR VITAE.
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

Joseph W. Bochm
(signature of circulator)

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

Page No. 1853

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James L. Brimacombe	1126 THEILER DR	☐ Town ☐ Village ☒ City TOMAHAWK	3/30/11
2. Patricia A. Brimacombe	1126 Theiler Dr	☐ Town ☐ Village ☐ City Tomahawk	4/1/11
3. Todd Lemieux	424 Esther Heights Dr.	☐ Town ☐ Village ☒ City Tomahawk	4/1/11
4. Nicole Schoone	429 Esther Heights	☐ Town ☐ Village ☒ City Tomahawk	4/1/11
5. Clyde Rockert	1120 Theiler Dr.	☐ Town ☐ Village ☒ City Tomahawk	4/1/11
6. [illegible]	1120 Theiler Dr.	☐ Town ☐ Village ☒ City Tomahawk	4/1/11
7. [illegible]	408 West Leather Cove	☐ Town ☐ Village ☒ City Tomahawk	4/2/11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JAMES L BRIMACOMBE, certify:
(name of circulator)

I reside 1126 THEILER DR. TOMAHAWK.
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)

James L. Brimacombe
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lucille A Hartman	5125 Hixon Lake Road Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pelican	4/4/11
2. Daniel G Hartman	5125 Hixon Lake Road Rhinelander, WI 54501	☑ Town ☐ Village ☐ City Pelican	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Daniel G. Hartman, certify:
(name of circulator)

I reside 5125 Hixon Lake Road, Rhinelander, WI 54501 PELICAN.
(circulator's residence - include number, street, and municipality)

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

4-4-11
(date)

Daniel G Hartman
(signature of circulator)

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

Page No. 1855

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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.	126 Hillcrest dr Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3/30/11
2.	N8593 Grandy Rd Irma WI 54442	☐ Town ☐ Village ☐ City Skanawa	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kenneth Dupont, certify:
(name of circulator)

I reside 126 Hillcrest DR Tomahawk WI.
(circulator's residence - include number, street, and municipality)

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

4/5/11
(date)

(signature of circulator)

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

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 Michael J Wakely	922 EAGLE St., Apt. #B RHINELANDER, WI 54501	___Town ___Village X City	06MAR2011
2 Mitchell Wakely	621 N. STEVEN ST. APT. A RHINELANDER WI 54501	___Town ___Village X City	03/06/2011
3 John Wakely	621 N. Steven St. Apt. A. Rhinelander, WI 54501	___Town ___Village X City	03/06/2011
4 Katherine Wakely	621 N. Stevens St. Apt. A. Rhinelander WI 54501	___Town ___Village X City	03/06/2011
5 Tom Wakely	1207 MASON RHINELANDER	___Town ___Village ✓ City	3/6/11
6		___Town ___Village ✓ City	3-6-11
7		___Town ___Village ___City	
8		___Town ___Village ___City	
9		___Town ___Village ___City	
10		___Town ___Village ___City	

CERTIFICATION OF CIRCULATOR

I, THOMAS A. WAKELY, certify that I reside at 1207 MASON RHINELANDER

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

3-6-11
(date)

Thomas V. Wakely
(Signature of Circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JoAnn Wenzlick	11485 State Hwy 70W Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/4/11
2. MARK BOWMAN	8716 W. Bakely Circle Minocqua, WI 54548	☒ Town ☐ Village ☐ City Minocqua	4/4/11
3. VECTOR HOFFMAN	1096 TIMBERTRAIL CT ARBOR VITAE WI 54568	☒ Town ☐ Village ☐ City ARBOR VITAE	4/4/11
4. Myron Seidl	1771 Hwy D Lac du Flambeau, WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4/4/11
5. Penny Seidl	1771 Hwy D Lac Du Flambeau, WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4/4/11
6. Jack Wenzlick	14276 Sugarbush Tr. Lac du Flambeau, WI	☒ Town ☐ Village ☐ City Lac du Flambeau, WI	4/12/11
7. Val [illegible]	13595 Sand Creek Dr Lac Du Flambeau	☒ Town ☐ Village ☐ City Lac Du Flambeau	4/7/11
8. Judy [illegible]	13595 Sand Creek Dr LDF, WI	☒ Town ☐ Village ☐ City Lac du Flambeau	4/7/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 14276 Sugarbush Tr Lac du Flambeau, WI (circulator's residence - include number, street, and municipality).

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

4/7/011 (date)

Jack J. Wenzlick (signature of circulator)

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

Page No. 1858

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Michael E. Wahl	N3003 State Hwy 17 Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	4/4/11
2. Sandra J. Wahl	N3003 State Hwy 17 Merrill WI 54452	☒ Town ☐ Village ☐ City Merrill	4/4/11
3. Kristy Wahl	N3003 State Hwy 17 Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	4/4/11
4. Michael W. Wahl	N3003 State Hwy 17 Merrill, WI 54452-9447	☒ Town ☐ Village ☐ City Merrill	4/4/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Michael E. Wahl, certify:
(name of circulator)

I reside N3003 State Hwy 17, 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.

April 4, 2011
(date)

Michael E. Wahl
(signature of circulator)

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

Page No. 1859

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	636 Adams St Eagle River WI 54521	☐ Town ☐ Village ☒ City Eagle River	3-1-11
2. Kay Ludwig	421 River St Eagle River WI 54521	☐ Town ☐ Village ☒ City Eagle River	3-24-11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, KAY LUDWIG (name of circulator), certify:

I reside at 421 RIVER ST EAGLE RIVER, WISC. 54521 (circulator's residence - include number, street, and municipality).

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

3-24-11 (date)

Kay Ludwig (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	S. & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Michael C Kollasar	5991 FLOWAGE LANE CRANDON, WI 54520	☒ Town ☐ Village ☐ City	4/14/2011
2. Janice L Kollasar	5991 FLOWAGE LANE CRANDON, WI 54520	☒ Town ☐ Village ☐ City	4-14-2011
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JANICE L. KOLLASZAR, certify:
(name of circulator)

I reside 5991 FLOWAGE LANE CRANDON, WI 54520
(circulator's residence - include number, street, and municipality)

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

4-14-11
(date)

Janice L Kollasar
(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. Mary Simerson	603 Blaine St Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill, WI	4-5-11
2. Tom Mleich	200 East 5th st. MERRILL WI 54452	☐ Town ☐ Village ☒ City MERRILL WI	4-5-11
3. [illegible]	200 East 5th St Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill WI	4-5-2011
4. Bertha Holling	608 East 5th Street Merrill WI 54452	☐ Town ☐ Village ☒ City Merrill, WI	4-10-11
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Mary Simerson
Mary Simerson
(name of circulator), certify:

reside at 603 Blaine Street Merrill, WI 54452
(circulator's residence - include number, street, and municipality)

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

April 10, 2010
(date)

Mary Simerson
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Brenda Urban	14560 Main Ln. Mountain	☒ Town ☐ Village ☐ City Mountain	4/6/11
2. Romaine Urban	13195 S Ann Lake Mountain Wi	☒ Town ☐ Village ☐ City Mountain	4/7/11
3. [illegible]	14560 MAIN LN MOUNTAIN, WI 54149	☒ Town ☐ Village ☐ City Mountain	4/7/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Brenda Urban (name of circulator), certify:

I reside 14560 Main Ln., Mountain WI 54149 (circulator's residence - include number, street, and municipality).

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

4-11-11 (date)

Brenda Urban (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Trisha A Kotcon	3689 Coleman Ln Florence, WI 54121	☑ Town ☐ Village ☐ City Commonwealth	3/26/11
2.		☐ Town ☐ Village ☐ City	
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Trisha A Kotcon, certify:
(name of circulator)

I reside at 3689 Coleman Ln - Florence, WI Commonwealth
(circulator's residence - include number, street, and municipality)

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

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

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

Page No. 1869

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Lorraine O'Brien	W10130 CH-F Antigo WI	☒ Town ☐ Village ☐ City Antigo	9/1/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

*I, Lorraine O'Brien, certify:
(name of circulator)

* I reside W10130 CH-F 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.

*X 4-12-11
(date)

*X Lorraine O'Brien
(signature of circulator)

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

Page No. 1865

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Reason - leaving state when he should have stayed & voted in Madison

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. William A. Gresch	William J Gresch	☒ Town ☐ Village ☐ City Rolling	3/30/11
2. Carol A. Gresch	Ms. Carol Gresch N1574 Sugar Bush Rd. Antigo, WI 54409	☒ Town ☐ Village ☐ City Rolling	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, William A. Gresch & Carol A. Gresch, certify:
(name of circulator)

I reside N1574 Sugarbush Rd Antigo, WI 54409 Town of Rolling
(circulator's residence - include number, street, and municipality)

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

3/30/11
(date)

William A. Gresch & Carol A. Gresch
(signature of circulator)

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

Page No. 1966

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	103 E. WISCONSIN AVE TOMAHAWK, WI	☐ Town ☐ Village ☒ City TOMAHAWK, WI	3/30/11
2. [signature]	103 E Wisconsin Ave Tomahawk WI 54487	☐ Town ☐ Village ☒ City Tomahawk	3/30/11
3.		☐ Town ☐ Village ☐ City	
4.		☐ Town ☐ Village ☐ City	
5.		☐ Town ☐ Village ☐ City	
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, DAVID G. LONG, certify:
(name of circulator)

I reside at 103 E. WISCONSIN AVE., TOMAHAWK, WI.
(circulator's residence - include number, street, and municipality)

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

3/30/11 (date) [signature] (signature of circulator)

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

Page No. 1867

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Shirley Verhaselt	N 735 North St. Phlox, WI 54464	☒ Town ☐ Village ☐ City Norwood	4/11/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Carl Lewis Clark, certify:
(name of circulator)

I reside N735 North St. Phlox WI 54464 Town of Norwood.
(circulator's residence - include number, street, and municipality)

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

4/11/11
(date)

Carl L. Clark
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	755 Balsam St. Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
2.	215 A East Kind St Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3/24/11
3.	417 N. Evergreen St Rhinelander	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
4.	3231 Faust Lk Rd. Rhinelander WI	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
5.	631 Alban St Rhinelander, WI 54501	☐ Town ☐ Village ☒ City Rhinelander	3-24-11
6.	6443 Hwy K. Rhinelander 54501	☒ Town ☐ Village ☐ City Crescent	3-24-11
7.	918 Brunner St #13 Rhinelander WI 54501	☐ Town ☐ Village ☒ City Rhinelander.	3/24/11
8.	485 Ridge Rd. ~~6453 Ridgeway Dr.~~	☒ Town ☐ Village ☐ City RHINELANDER	3/24/11
9.	6453 Ridgeway Dr. Lake Tomahawk	☒ Town ☐ Village ☐ City Lake Tomahawk	3/25/11
10.	3801 Pine Crest Ln Harshaw	☐ Town ☐ Village ☒ City Harshaw	3/25/11

Certification of Circulator

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

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

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

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

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

Page No. 1869

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paula Kebelis	N641 Hwy 107 Merrill, WI 54452	☑ Town ☐ Village ☐ City Corning	3/30/11
2. [illegible]	N641 Hwy 107 Merrill WI 54452	☑ Town ☐ Village ☐ City Corning	3/30/11
3. Lois A. Plautz	N687 HWY 107 MERRILL, WI 54452	☑ Town ☐ Village ☐ City CORNING	3/30/11
4. Gerald A. Plautz	N687 HWY 107 MERRILL, WI 54452	☑ Town ☐ Village ☐ City CORNING	3/30/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, GERALD A. PLAUTZ, certify:
(name of circulator)

I reside N687 HWY 107 MERRILL, WI 54452 CORNING.
(circulator's residence - include number, street, and municipality)

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

Gerald A. Plautz (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Joan Ruetter	3548 N Fox Lake Rd Rhinelander, wi	☒ Town ☐ Village ☐ City Crescent	3/31/11
2. Lois Borst	5053 BORST LN HARSHAW, WI	☒ Town ☐ Village ☐ City CASSIAN	3/31/11
3. Carol Bartel	7079 Birch Rd. Lake Tomahawk WI	☒ Town ☐ Village ☐ City Lake Tomahawk	4/1/11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Lois Borst (name of circulator), certify:

I reside 5053 BORST LN HARSHAW CASSIAN 54529.
(circulator's residence - include number, street, and municipality)

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

Lois Borst (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barbara Peterson	9054 Pine Cone Woodruff, WI	☒ Town ☐ Village ☐ City	4/5/11
2. Donald E. Peterson	9054 Pine Cone Woodruff WI	☐ Town ☐ Village ☐ City	4/5/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 9054 Pine Cone, Woodruff, Wi 54568.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Barbara Peterson
(signature of circulator)

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

Page No. 1872

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [signature]	1458 HIDEAWAY DR. ARBOR VITAE WI	☑ Town ☐ Village ☐ City	4/3/11
2. [signature]	1458 Hideaway Dr Arbor Vitae WI	☑ Town ☐ Village ☐ City	4/3/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, ANTHONY S. NEOBAL, certify:
(name of circulator)

I reside 1458 HIDEAWAY DR. 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.

4/3/11 (date) [signature] (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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Page No. 1873

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James A. Combs	33 Manitowish Rd.	☒ Town ☐ Village ☐ City Manitowish Waters	4/4/11
2. Beverly J. Combs	33 Manitowish Rd	☒ Town ☐ Village ☐ City Manitowish Waters	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, James A. Combs (name of circulator), certify:

I reside 33 Manitowish Rd, Manitowish Waters, WI 54545 (circulator's residence - include number, street, and municipality).

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

4-4-11
(date)

James A. Combs
(signature of circulator)

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

Page No. 1874

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Nancy Kraus	1209 Lakeland Dr.	☒ Town Arbor Vitae ☐ Village ☐ City	4/2/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Carola Anderson (name of circulator), certify:

I reside 1276 Burnt Bridge Rd, St Germain (circulator's residence - include number, street, and municipality).

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

April 4, 2011 (date)

Carola Anderson (signature of circulator)

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

Page No. 1875

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 13,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Brian Schneider	1310 Kenny Dr. Crivitz, WI. 54114	☐ Town ☒ Village ☐ City Crivitz	3-5-11
2. Lori M. Schneider	1310 Kenny Dr. Crivitz, Wis 54114	☐ Town ☒ Village ☐ City Crivitz	3/5/11
3. Sally A. Witt	N8022 Island View Ln. Crivitz, WI. 54114	☒ Town ☐ Village ☐ City Lake	3/7/11
4. [illegible]	N8022 Island View Ln. Crivitz, WI 54114	☒ Town ☐ Village ☐ City Lake	3/7/11
5. [illegible]	N7428 Hideaway La. Crivitz, WI 54114	☐ Town ☐ Village ☐ City Stephenson	3/7/11
6. Ellen A. Behnke	W 8848 Airport Rd Crivitz WI	☒ Town ☐ Village ☐ City Stephenson	3/7/11
7. [illegible]	N7432 Sikowski Ln Crivitz, WI 54114	☒ Town ☐ Village ☐ City Stephenson	3-7-11
8. Donna Masters	N8324 Louisa Rd Crivitz WI	☒ Town ☐ Village ☐ City Stephenson	3-7-11
9. Sewin M. Stumpf	711 Hall Ave. Crivitz WI	☐ Town ☒ Village ☐ City Crivitz	3.7.11
10. Michelle M. Perry	316 Louisa St. Crivitz, WI 54114	☐ Town ☒ Village ☐ City Crivitz	3-7-11

Certification of Circulator

I, Brian Schneider, certify:
(name of circulator)

I reside at 1310 Kenny Dr. Crivitz, WI 54114.
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)

Brian Schneider
(signature of circulator)

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

RECALL PETITION

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

We, the undersigned qualified electors of the Wisconsin Senate District 13,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Barney J. Pepelnik	W10852 Co Hwy W Crivitz WI 54114	☒ Town ☐ Village ☐ City Stephenson	3/10/2011
2. [illegible]	N8022 Islandview Ln. Crivitz, WI 54114	☒ Town ☐ Village ☐ City Lake	3/11/2011
3. Dan Kopp	W14145 CTY C ATHELSTANE, WI 54104	☒ Town ☐ Village ☐ City SilverCliff	3/12/2011
4. [illegible]	W6989 Sundance Tr Crivitz WI 54114	☒ Town ☐ Village ☐ City Lake	3/21/11
5. Michael [illegible]	N8633 Cnty. Rd. A Crivitz Wi. 54114	☒ Town ☐ Village ☐ City Stephenson	3/25/11
6. Lynn Kosmecki	W6989 Sundance Tr. Crivitz, WI 54114	☒ Town ☐ Village ☐ City STEPHENSON	3/25/11
7. Edward J. Mo[illegible]	1015 Robert St. Crivitz WI 54114	☐ Town ☒ Village ☐ City Crivitz	4-6-11
8. [illegible]	1621 Duke Ln ~~Box Box 570~~ Crivitz WI 54114	☐ Town ☒ Village ☐ City CRIVITZ	4-6-11
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, Brian Schneider, certify:
(name of circulator)

I reside at 1310 Kenny Dr. Crivitz WI 54114
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)

Brian Schneider
(signature of circulator)

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

Page No. 1877

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	345 N Second St	☐ Town ☐ Village ☒ City Eagle River	4-5-11
2. [illegible]	91 N. [illegible] Eagle River	☐ Town ☐ Village ☒ City ER	4/5/11
3. [illegible]	91 N. [illegible] Eagle River	☐ Town ☐ Village ☒ City E R	4/5/11
4. [illegible]	536 N Bond Street Eagle River WI	☐ Town ☐ Village ☒ City Eagle River	4/5/11
5. Michele Fawcett	1033 Walnut St. Eagle River, W	☐ Town ☐ Village ☒ City Eagle River	4/5/11
6. [illegible]	107 Silver Lake Rd Eagle River, WI	☐ Town ☐ Village ☒ City Eagle River	4/5/11
7. [illegible]	326 [illegible]	☐ Town ☐ Village ☒ City Eagle River	4/5/11
8. Kathleen Oatman	319 S. 4th St. Eagle River	☐ Town ☐ Village ☒ City Eagle River	4.5.11
9. [illegible]	221 N. 1st St. EAGLE RIVER, WI	☐ Town ☐ Village ☒ City EAGLE RIVER	4.5.11
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

Hartley L. Nyslop, certify:
(name of circulator)

[illegible]ide at 309 No. 2nd St, Eagle River, WI 54521
(circulator's residence - include number, street, and municipality)

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

[illegible]5/2011 (date)

Hartley L. Nyslop (signature of circulator)

[illegible].6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
[illegible]escribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
[illegible] http://gab.wi.gov email: gab@wi.gov

Page No. 1878

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Jean Lester	14940 Payne Lake Rd. Mountain, WI 54149	☒ Town ☐ Village ☐ City Riverview	March 3-11
2. Janet J Lester	14940 Payne Lake Rd. Mountain, WI 54149	☒ Town ☐ Village ☐ City Riverview	March 3-11
3. Casey Ludwig	15811 Hwy 32 Mountain WI 54149	☒ Town ☐ Village ☐ City Riverview	3-2-11
4. Lori Corvette	18239 No. Rd Lakewood WI. 54138	☒ Town ☐ Village ☐ City Lakewood	3-2-11
5. Mike Schmitt	18239 No Rd Lakewood WI. 54138	☒ Town ☐ Village ☐ City Lakewood	3-2-11
6. Ben Schmitt	Lake wood WI 54138 18239 North RD	☒ Town ☐ Village ☐ City Lake wood	3-2-11
7. Robert Perpich Jr.	W14628 Bluebird Rd Athelstane, WI	☒ Town ☐ Village ☐ City Silver Cliff	3-3-11
8. Dick L Booth	15011 TAR DAM Rd MOUNTAIN WI 54149	☒ Town ☐ Village ☐ City RIVERVIEW	3-3-11
9. Michael Smith	W15720 Co. hwy F athelstane, wis 54104	☒ Town ☐ Village ☐ City SILVERCLIFF	3/3/11
10. Barb Smith	W15720 Co. Hwy F Athelstane, WI. 54104	☒ Town ☐ Village ☐ City Silver Cliff	3/3/11

Certification of Circulator

I, JAMES G. SCHUESSLER, certify:
(name of circulator)

I reside at 17950 SUNSET BAY CIRC TOWNSENT WI 54175.
(circulator's residence - include number, street, and municipality)

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

3/9/11
(date)

(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. JAMES G. SCHUESSLER	17950 SUNSET BAY LANE TOWNSEND WI 54175	☒ Town ☐ Village ☐ City TOWNSEND	2/24/11
2. Karla Schuessler	17950 Sunset Bay Townsend 54175	☒ Town ☐ Village ☐ City Townsend	2/24/11
3. Vincent McCabe	17398 Aspen Ln Townsend WI 54175	☒ Town ☐ Village ☐ City Townsend	3-4-11
4. Jonathon Llanas	4597 Folkman St Wabeno, WI 54566	☒ Town ☐ Village ☐ City Wabeno	3-4-11
5. Jerry VanDenBosch	17461 Clyde Rd Lakewood WI 54138	☒ Town ☐ Village ☐ City Lakewood	3-4-11
6.		☐ Town ☐ Village ☐ City	
7.		☐ Town ☐ Village ☐ City	
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, JAMES G. SCHUESSLER, certify:
(name of circulator)

I reside at 17950 SUNSET BAY LANE TOWNSEND WI 54175.
(circulator's residence - include number, street, and municipality)

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

3/9/11
(date)

(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Caroline Lemberg	6922 Shady Ln.	☒ Town ☐ Village ☐ City Lt. Cloverland	3/26/11
2. Christina Lanning	5988 Peters Rd Conover	☒ Town ☐ Village ☐ City Conover	3/26/11
3. Wanda Pace	904 Park Lane Eagle River, WI 54521	☒ Town ☐ Village ☐ City Washington	3/26/11
4. [illegible]	1298 White Pine Dr. Eagle River WI 54521	☐ Town ☐ Village ☒ City Eagle River	3/26/11
5. [illegible] Mefrack	311 SILVER LK RD EAGLE RIVER, WI 54521	☐ Town ☐ Village ☒ City EAGLE RIVER	3/26/11
6. [illegible]	625 HWY 45 S EAGLE RIVER	☒ Town ☐ Village ☐ City Eagle River	3/26/11
7. [illegible]	3705 MEN LAKE ROAD EAGLE RIVER, WI	☒ Town ☐ Village ☐ City LINCOLN	3/26/11
8. [illegible]	4968 ILLINAI	☐ Town ☐ Village ☐ City LINCOLN	3/26/11
9. [illegible]	4293 Martens Rd E	☐ Town ☐ Village ☐ City Lincoln	3/26/11
10. Carlton Schroeder	4899 Echo Ridge dr Eagle RIVER, WI 54521	☒ Town ☐ Village ☐ City Sugar Camp	3/26/11

Certification of Circulator

I, Harley L. Heystop (name of circulator), certify:

reside at 309 No. 2nd St. Eagle River, WI.
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

[signature]
(signature of circulator)

AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
his form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
08-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1861

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. [illegible]	685 Springview Dr Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	3/26/11
2. [illegible]	5932 ROBIN DRIVE EAGLE RIVER WI 54521	☒ Town ☐ Village ☐ City CLOVERLAND	3/26/11
3. [illegible]	EAGLE RIVER ST	☐ Town ☐ Village ☒ City 527 MINNESOTA EAGLE RIVER	3-25-11
4. [illegible]	1837 Duck Lake Dr Eagle River, WI 54521	☒ Town ☐ Village ☐ City Lincoln	3/26/11
5. [illegible]	2962 Lynx Ln Eagle River, WI	☐ Town ☐ Village ☒ City	3/26/11
6. [illegible]	5948 Barnett Dr E.R. WI 54521	☒ Town ☐ Village ☐ City Cloverland	3-26-11
7. [illegible]	5010 Wilsch Rd. Conover, WI 54521	☒ Town ☐ Village ☒ City Conover	3/26/11
8. [illegible]	1298 ERICKSON ROAD MONICO, WI 54501	☒ Town ☐ Village ☐ City MONICO	3-26-11
9. [illegible]	327 River St E.R.	☐ Town ☐ Village ☒ City Eagle River	3-26-11
10. [illegible]	18036 Hwy 55 ALVIN WI 54454	☐ Town ☒ Village ☐ City ALVIN	3-26-11

Certification of Circulator

I, Hardey L. Heyslop (name of circulator), certify:

reside at 309 No. 2nd St. Eagle River, WI (circulator's residence – include number, street, and municipality)

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

3/26/11 (date)

Hardey L. Heyslop (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	2835 CAMP 12 RD EAGLE RIVER, WI	☒ Town ☐ Village ☐ City CONOVER	4/4/11
2.	2835 CAMP 12 RD EAGLE RIVER, WI	☒ Town ☐ Village ☐ City CONOVER	4/4/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JAMES BAXTER, certify:
(name of circulator)

I reside 2835 CAMP 12 RD, EAGLE RIVER 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.

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

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Kellene A. Simons	5681 County Rd. B	☒ Town ☐ Village ☐ City Land O' Lakes	3/31/11
2. Joseph R Simons	5681 COUNTY RD. B	☒ Town ☐ Village ☐ City LAND-O LAKES	3/31/11
3. Jim Simons	5701 Hwy B	☐ Town ☐ Village ☐ City Land O Lakes Wi 54540	4/5/11
4. Lois Simons	5701 Hwy B	☐ Town ☐ Village ☐ City Land O Lakes WI	4/5/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Kellene A. Simons, certify:
(name of circulator)

I reside 5681 County Rd. B, Land O' Lakes, WI.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Kellene A. Simons
(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.)

Senator Jim Holperin left the state and did not stay to vote to support the people that voted for him.

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Richard Walkowski	7141 State Hwy 70 E St. Germain, WI 54558	☒ Town ☐ Village ☐ City Cloverland	04/01/11
2. Donna Walkowski	7141 State Hwy 70 E St. Germain, WI 54558	☒ Town ☐ Village ☐ City Cloverland	04/01/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 7141 State Hwy 70 E St. Germain WI 54558 CLOVERLAND (circulator's residence - include number, street, and municipality).

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

04-05-11 (date)

Richard Walkowski (signature of circulator)

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

Page No. 1985

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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
Ralph Bonneman	N5467 Pizak Ln	☐ Town ☒ Village ☐ City Peck Deerbrook	3/30/11
Genevieve Bonneman	N5467 Pizak Ln	☐ Town ☒ Village ☐ City Peck Deerbrook	3/30/11
3. Mark Bonneman	N5477 Hetto Rd Deerbrook WI	☒ Town ☐ Village ☐ City Peck	3/30/11
4. Kathleen Bonneman	N5477 Hetto Rd Deerbrook, WI	☒ Town ☐ Village ☐ City Peck	3/30/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

X I, Ralph Bonneman (name of circulator), certify:

X I reside N5467 Pizak Ln Deerbrook WI Peck (circulator's residence - include number, street, and municipality).

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

X 4/4/11 (date) X Ralph Bonneman (signature of circulator)

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

Page No. 1886

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Robert Graupner	N2712 McGee Rd. White Lake, Wisconsin 54491	☒ Town ☐ Village ☐ City Evergreen	2/4/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside N2712 McGEE Rd. WHITE LAKE, WISCONSIN 54491 EVERGREEN.
(circulator's residence - include number, street, and municipality)

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

2 Apr 2011 (date) Robert Graupner (signature of circulator)

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

Page No. 1867

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE (Rural address must also include box or firo no.)	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. [illegible]	243 Sunset [illegible] Eagle River, Wis	☐ Town ☐ Village ☐ City [illegible]	2/26/11
2. Kenneth R. Kurtz	243 Sunset Drive [illegible]	☒ Town ☐ Village ☐ City LINCOLN	2/26/11
3. Lisa Jay	P.O. Box 671 Eagle River	☐ Town ☐ Village ☒ City Eagle River	2/26/11
4. [illegible]	6606 Pelican Road Lake Tomahawk	☒ Town ☐ Village ☐ City Lincoln	2/26/11
5. Ron Sharon	11 Birch Woods St ER	☐ Town ☐ Village ☒ City Eagle River	2/26/11
6. David Leach	276 Wesley Rd Three Lakes 54562	☒ Town ☐ Village ☐ City Three Lakes	2/26/11
7. Louis Moore	714 Hwy 45 S	☐ Town ☐ Village ☐ City Lincoln	2/26/11
8. Jon Walsh	5720 Jeff Ridge	☐ Town ☐ Village ☒ City Eagle River	2/26/11
9. Linda Bauer	3871 Evergreen Rd	☒ Town ☐ Village ☐ City Lincoln	2/26/11
10. William Meisel	1510 McKinley	☒ Town ☐ Village ☐ City Lincoln	2/26/11

Certification of Circulator

I, Robert W. Kozka (name of circulator), certify:

reside at 660 N. Aquila Ct., Eagle River 54521, Vilas County
(circulator's residence - include number, street, and municipality)

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

2 Mar 11 (date)

Robert W. Kozka (signature of circulator)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
his form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
08-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1888

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Diana Sell	16805 Hahn Rd Eagle River, WI	☐ Town ☐ Village ☒ City Eagle River	2/26/11
2. David Bauer	4617 Section 9 Rd	☐ Town ☐ Village ☐ City	2/26/11
3. [illegible]	17099 Matthews Rd Merrill, WI 54452	☐ Town ☐ Village ☒ City Merrill	2-26-11
4. BRETT JANSSEN	P.O. Box #594	☐ Town ☐ Village ☒ City EAGLE RIVER VILAS	2-26-11
5. Roy BAGWELL	PO. 1064	☐ Town ☐ Village ☒ City EAGLE RIVER	2-26-11
6. Brenda Meysling	4456 Chain O Lks Rd E.R. WI	☐ Town ☐ Village ☒ City Eagle River	2/26/11
7. Barbara Henderson	1126 Hallerstedt Rd	☒ Town ☐ Village ☐ City St. Germain	2/26/11
8. [illegible] Henderson	1126 Hallerstedt Rd St. Germain, WI	☒ Town ☐ Village ☐ City St Germain	2/26/11
9. [illegible]	2655 Star Lake Rd Eagle River WI	☒ Town ☐ Village ☐ City Lincoln	2/26/11
10. [illegible]	Box 124 E.R.	☐ Town ☐ Village ☐ City Washington	2/26/11

Certification of Circulator

I, ROBERT W. ROZGA (name of circulator), certify:

reside at 866 N. Aquila Ct, EAGLE RIVER 54521, VILAS County
(circulator's residence - include number, street, and municipality)

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

2 Mar 11 (date)

Robert W. Rozga (signature of circulator)

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08-266-8005, http://gab.wi.gov email: gab@wi.gov

Page No. 1889

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official 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. Cindy Holmgren	P.O. Box 1418 Eagle River, 54521	☐ Town ☐ Village ☒ City Eagle River	2/26/11
2. Everett Dimitroff	PO Box 1650 ER 54521	☐ Town ☐ Village ☒ City Eagle River	2/26/11
3. Daniel W Kruger	8272 Fuller Leap Eagle River, WI	☒ Town ☐ Village ☐ City Sugar Camp	2/26/11
4. [illegible]	8272 Fuller Leap Ln Eagle River, WI	☒ Town ☐ Village ☐ City Sugar Camp	2/26/11
5. Judith A Kruger	8272 Fuller Leap La. Eagle River	☒ Town ☐ Village ☐ City Sugar Camp	2/26/11
6. Susan J Bak	1031 Tyson Rd Eagle River	☒ Town ☐ Village ☐ City Lincoln	2/26/11
7. E Borowski	PO Box 1141 E River, WI	☐ Town ☐ Village ☒ City E/R	02/26/11
8. [illegible]	PO Box 1467 E. River	☒ Town ☐ Village ☐ City Cloverland	2-26-11
9. [illegible]	316 Christopher	☐ Town ☐ Village ☒ City Eagle River	2-26-11
10. [illegible]	16805 Hazen R	☐ Town ☐ Village ☒ City Eagle Riv.	2-26-11

Certification of Circulator

I, ROBERT W. ROZGA (name of circulator), certify:

I reside at 66 N. AQUILA CT., EAGLE RIVER 54521, Vilas County
(circulator's residence - include number, street, and municipality)

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

2 Mar 11
(date)

(signature of circulator)

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Page No. 1890

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. ROGER C. EKLUND	1972 RIVER ST NIAGARA WIS	☐ Town ☐ Village ☒ City NIAGARA	4/5/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Roger C. Eklund (name of circulator), certify:

I reside 1972 River STREET NIAGARA (circulator's residence - include number, street, and municipality).

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

Roger C. Eklund (signature of circulator)

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Page No. 4891

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Don Vanscoy	2284 SWITZER PT. RD. WABENO, WI. 54566	☑ Town ☐ Village ☐ City FREEDOM	3/31/11
2. Renee Yaeger	4813 Birch St Laona, WI 54541	☑ Town ☐ Village ☐ City Laona	4/1/11
3. Darwin Hurtt	5885 Rangeline Rd WABENO, WI. 54566	☑ Town ☐ Village ☐ City FREEDOM	4/2/11
4. Helen Hurtt	5885 Rangeline Rd Wabeno, WI. 54566	☑ Town ☐ Village ☐ City Freedom	4/2/11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Helen Hurtt, certify:
(name of circulator)

I reside 5885 Rangeline Rd. Wabeno, WI 54566 Town of Freedom.
(circulator's residence - include number, street, and municipality)

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

Helen Hurtt
(signature of circulator)

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RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. David J Pompo	N 8968 S. Park Dr. Porterfield, WI 54159	☒ Town ☐ Village ☐ City Wagner	3/31/11
2. Joni J Pompo	N 8968 S. Park Dr Porterfield WI 54159	☒ Town ☐ Village ☐ City WAGNER	3/31/11
3. Hal D. Locke	N15140 CLEVELAND ST. AMBERG, WI 54102	☒ Town ☐ Village ☐ City AMBERG	3/31/11
4. Janice M. Locke	N15140 Cleveland St. Amberg, Wi 54102	☒ Town ☐ Village ☐ City Amberg	3/31/11
5. Eric C. Eh[illegible]	N18418 LILY LK. RD. DUNBAR, WI 54119	☐ Town ☒ Village ☐ City DUNBAR	3/31/11
6. Bob Bar[illegible]	W 6899 Island Park Rd Wausaukee, Wi 54177	☒ Town ☐ Village ☐ City Wausaukee	3/31/11
7. Kirst Konell	N 8882 S. PARK DR PORTERFIELD WI 54159	☒ Town ☐ Village ☐ City WAGNER	4/1/11
8. Marie J. Konell	N 8882 S Park Dr. Porterfield Wi 54159	☐ Town ☐ Village ☐ City Wagner	4/1/11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, David J. Pompo, certify:
(name of circulator)

I reside at N8968 S. Park Drive; Porterfield, WI 54159 WAGNER.
(circulator's residence - include number, street, and municipality)

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

David J Pompo (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. John R. Young	7201 LONG LAKE Rd	☐ Town ☐ Village ☐ City RHINELANDER CRESCENT	3/30/11
2. Beverly A. Young	7201 LONG LK Rd	☒ Town ☐ Village ☐ City CRESCENT	3/30/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, JOHN R. YOUNG (name of circulator) certify:

I reside 7201 LONG LAKE Rd RHINELANDER WI 54501 CRESCENT.
(circulator's residence - include number, street, and municipality)

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

3/30/11 (date)

John R. Young (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Tonie Janusiak	120 Platt Junct Rd. Elcho WI 54428	☒ Town ☐ Village ☐ City Schoepke	4/1/11
2. [illegible]	120 PLATT JUNC RD ELCHO WI 54428	☐ Town ☐ Village ☐ City SCHOEPKE	4/1/11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Tonie Janusiak, certify:
(name of circulator)

I reside 120 Platt Junct. Road Elcho WI 54428 SCHOEPKE.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

Tonie Janusiak
(signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Scott Timmerman	8998 Mid Lake Rd Woodruff, WI 54568	☒ Town ☐ Village ☐ City Woodruff	3/30/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

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

I reside 8998 Mid Lake Rd, Woodruff, WI 54568 (circulator's residence - include number, street, and municipality).

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

3-30-11 (date)

Scott Timmerman (signature of circulator)

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Page No. 1896

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. Gay R Frisinger	6783 Maple Rd. Rhinelander, WI	☒ Town ☐ Village ☐ City Sugar Camp	4/1/11
2. Carol J. Frisinger	6783 Maple Rd. Rhinelander, WI	☒ Town ☐ Village ☐ City Sugar Camp	4/1/11
3. Barb Antonuk	3300 Boyce Dr Rhinelander, WI	☒ Town ☐ Village ☐ City Crescent	4/1/11
4. Jack Antonuk	3300 Boyce Dr. Rhinelander, WI.	☒ Town ☐ Village ☐ City Crescent	4/1/11
5. Mark F. Frisinger	W7 Woodlands Hts Rhinelander, WI	☐ Town ☐ Village ☒ City Rhinelander	4/2/11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, GAY FRISINGER, certify:
(name of circulator)

I reside 6783 MAPLE RD., RHINELANDER, WI 54501 - TOWN OF 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.

4/2/11
(date)

Gay R Frisinger
(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.)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Shirin J Elson	8065 Winkle Rd. St Germain, WI 54558	☒ Town ☐ Village ☐ City St. Germain	4/5/11
2. Sharon Seegert	8112 Little Mamie Ln St. Germain 54558	☒ Town ☐ Village ☐ City St. Germain	4/5/11
3. Paul Schafer	St Germain 630 Pinetree Ln	☒ Town ☐ Village ☐ City St Germain	4/5/11
4. Ronald Demaree	7976 Forest Dr	☒ Town ☐ Village ☐ City St. Germain	4/5/11
5. [illegible]	8640 Hwy 70 W.	☒ Town ☐ Village ☐ City St Germain	4/5/11
6. Jim Olson	2438 Leonard LN.	☒ Town ☐ Village ☐ City St. Germain	4-5-11
7. Jean Olson	2438 Leonard Ln	☒ Town ☐ Village ☐ City St. Germain	4-5-11
8. Steve D. [illegible]	8259 LULLABY LN.(W)	☒ Town ☐ Village ☐ City ST. GERMAIN	04-05-11
9. Lucille Hueler	St Germain 7885 N. Pike Lake Dr.	☐ Town ☐ Village ☐ City St. Germain	04-05-11
10. Frank J Caiosella	St Germain 27335 PRIMROSE LN	☒ Town ☐ Village ☐ City St. Germain	04-05-11

Certification of Circulator

I, Douglas Aunlbutt, certify:
(name of circulator)

I reside at N10593 Hwy 17S, Gleason, WI 54435 RUSSELL.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Douglas Aunlbutt
(signature of circulator)

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

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

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

Failure to perform his duties as an elected state Senator & leaving the State of Wisconsin while the Senate was in session

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. Philip Edw Albert	7961 Owens Rd Minocqua WI 54548	☒ Town ☐ Village ☐ City	4/3/11
2.		☐ Town ☐ Village ☐ City	/ /11
3.		☐ Town ☐ Village ☐ City	/ /11
4.		☐ Town ☐ Village ☐ City	/ /11
5.		☐ Town ☐ Village ☐ City	/ /11
6.		☐ Town ☐ Village ☐ City	/ /11
7.		☐ Town ☐ Village ☐ City	/ /11
8.		☐ Town ☐ Village ☐ City	/ /11
9.		☐ Town ☐ Village ☐ City	/ /11
10.		☐ Town ☐ Village ☐ City	/ /11

Certification of Circulator

I, Philip Edw. Albert (name of circulator), certify:

I reside 7961 Owens Road, Minocqua, WI 54548 (circulator's residence - include number, street, and municipality).

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

April 3, 2011 (date)

Philip Edw Albert (signature of circulator)

RECALL PETITION

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

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

STATEMENT OF REASON FOR RECALL

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Paul J Blount	W7719 Oilhoff Rd. Merrill WI 54452	☒ Town ☐ Village ☐ City Harding	3-1-11
2. David L. Black	N2521 Barnes Cek Ave Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3-1-11
3. Kim Folte	W478 Hwy G Merrill Wis	☒ Town ☐ Village ☐ City Merrill	3/3/11
4. Grant Peterson	W7249 Rose-Len Ct MERRILL, WI 54452	☒ Town ☐ Village ☐ City Merrill	3/3/11
5. Max Peterson	W4495 Cty Rd G MERRILL WIS. 54452	☒ Town ☐ Village ☐ City Pine River	3/3/11
6. Justin Peterson	W4495 Cty Rd G Merrill, WI 54452	☒ Town ☐ Village ☐ City Pine River	3/3/11
7. Janet Black	N2521 Barnes Creek Ave Merrill, WI 54452	☒ Town ☐ Village ☐ City Merrill	3/3/11
8.		☐ Town ☐ Village ☐ City	
9.		☐ Town ☐ Village ☐ City	
10.		☐ Town ☐ Village ☐ City	

Certification of Circulator

I, David L. Black (name of circulator), certify:

I reside N2521 Barnes Crk. Ave. 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.

~~28~~ 3- MAR. ~~Feb~~ - 2011 (date)

David L. Black (signature of circulator)

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