

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>[Signature]</i> | 8630 WOODLAND DR | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MINOCQUA</u> | 3/1/11 |
| 2. <i>[Signature]</i> | 5066 Old E Rd. | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u> | 3/1/11 |
| 3. <i>[Signature]</i> | 4601 Bayview Drive | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u> | 3/1/11 |
| 4. <i>[Signature]</i> | 1418 Riverplex Ave | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | 3/1/11 |
| 5. <i>[Signature]</i> | 4243 W. Lake George | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | 3/2/11 |
| 6. <i>[Signature]</i> | 3051 S River Rd | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crescent</u> | 3/2/11 |
| 7. <i>[Signature]</i> | 1507 Eagle St #204 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | 3/2/11 |
| 8. <i>[Signature]</i> | 2823 Aspen Rd Rhineland WI 54501 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | 3/2/11 |
| 9. <i>[Signature]</i> | 2823 Aspen Rd Rhineland WI 54501 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | 3/2/11 |
| 10. Steve Brown | 5407 Troopers Trail | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u> | 3/2/11 |

Certification of Circulator

X I, Kerr Ross (name of circulator) certify:

X I reside at 211 Coolidge Ave Rhineland WI 54501 (circulator's residence - include number, street, and municipality)

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

X 3/12/11 (date) X *[Signature]* (signature of circulator)

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

RECALL PETITION

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|---|--|--|-----------------|
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| 1. <i>Kathy Gruetz</i> | <i>610 Chippewa Street Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>4/6/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

Certification of Circulator

I, *Kathy Gruetz*, certify:
(name of circulator)

I reside *610 Chippewa Street, Merrill WI 54452*.
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)

Kathy Gruetz
(signature of circulator)

RECALL PETITION

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

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| 1. | 5455 LAKE JUVIA RD RHINELANDER WI 54501 | <input checked="" type="checkbox"/> Town PELICAN <input type="checkbox"/> Village <input type="checkbox"/> City | 3/2/11 |
| 2. | 3621 DEERSKIN RD EAGLE RIVER WI 54521 | <input checked="" type="checkbox"/> Town WASHINGTON <input type="checkbox"/> Village <input type="checkbox"/> City | 3/2/11 |
| 3. | 2886 S RIVER RD RHINELANDER WI 54501 | <input type="checkbox"/> Town ONEIDA CITY <input type="checkbox"/> Village CRESCENT <input type="checkbox"/> City | 3/2/11 |
| 4. | 2891 RIVER END RHINELANDER WI 54501 | <input type="checkbox"/> Town PELICAN <input type="checkbox"/> Village <input type="checkbox"/> City | 3/2/11 |
| 5. | 4479 COUNTRY RD C RHINELANDER WI 54501 | <input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City | 3/2/11 |
| 6. | 5622 Silent Drive RHINELANDER, WI 54501 | <input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City | 03/02/2011 |
| 7. | 4481 Country Rd Gleason WI 54335 | <input checked="" type="checkbox"/> Town HARRISON <input type="checkbox"/> Village <input type="checkbox"/> City | 03/04/2011 |
| 8. | 860 BALSAM ST RHINELANDER, WI 54501 | <input type="checkbox"/> Town RHINELANDER <input type="checkbox"/> Village <input type="checkbox"/> City | 2-3-11 |
| 9. | 860 BALSAM ST RHINELANDER, WI 54501 | <input type="checkbox"/> Town RHINELANDER <input type="checkbox"/> Village <input type="checkbox"/> City | 2-3-11 |
| 10. | 21 N Oneida Ave RHINELANDER, WI 54501 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER | 3/7/11 |

Certification of Circulator

X I, Kasini Reeves, certify:

X I reside 211 Coolidge Ave Rhinelander WI 54501
(circulator's residence - include number, street, and municipality)

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

X 3/12/11 X Kasini Reeves
(date) (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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STATEMENT OF REASON FOR RECALL

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Raw Husnick</i> | N1475 Stonewall Rd N1475 Stonewall Rd of | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo of Antigo</i> | 3/28/11 |
| 2. <i>[Signature]</i> | N1475 Stonewall Rd Antigo WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i> | 3/28/11 |
| 3. <i>Raw Husnick</i> | N1475 Stonewall Rd Antigo WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i> | 3/29/11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

Certification of Circulator

I, Raw Husnick, certify:

I reside N1475 Stonewall 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.

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

RECALL PETITION

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

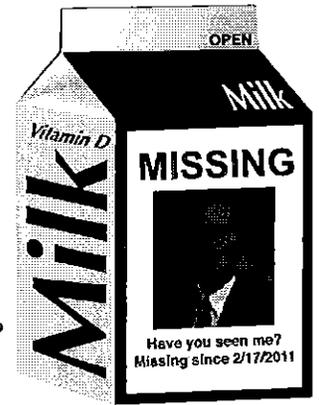
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Josh Rhode</i> | 338 Watson St Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-29-11 |
| 2. <i>Ann Lehto</i> | N4265 Hwy 52 Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-29-11 |
| 3. <i>Zimathy C. Cox</i> | 415 Sunset Dr Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3/29/11 |
| 4. <i>Paula Gray</i> | PO Box 485 Antigo, WI 54409 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Polar | 3-29-11 |
| 5. <i>[Signature]</i> | 1424 SARATOGA ANTIGO WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO | 3-29-11 |
| 6. <i>Laurie Ward</i> | 1133 Linden St. Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-29-11 |
| 7. <i>[Signature]</i> | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. <i>Stacy Buntin</i> | 1424 Saratoga St. Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-29-11 |
| 9. <i>Lynn Katz</i> | 1000 Smith ANTIGO WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 032911 |
| 10. <i>Ruby Dellman</i> | N3164 Parkway Rd Antigo, WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 3-30-11 |

Certification of Circulator

I, Laurie Hottenstein, certify:

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

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

3-30-11
(date)

Laurie Hottenstein
(signature of circulator)

Please mail this form to: Recall Jim

P.O. Box 961 • Eagle River, WI 54521
 www.recalljim.com • admin@recalljim.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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|------------------------|--|---|-----------------|
| 1. <u>[Signature]</u> | <u>14874 Oknewski Rd Munell WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Schley</u> | <u>3-10-11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

Alice J Prieser

(name of circulator)

certify:

reside at N5066 Hwy 17, Gleason, WI. Town of Russell, Lincoln 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 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 opposite his or her name. I know their 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 12, 2011

(date)

[Signature]

(signature of circulator)

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to: Wisconsin Government Accountability Board

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

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(jurisdiction or district of officeholder)

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(name of officeholder to be recalled and office)

from office pursuant

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|----------------------------|---|---|-----------------|
| 1. <u>John J. Kivi</u> | <u>W14232 2nd Ave Gleason WI 54435</u> | <input checked="" type="checkbox"/> Town <u>Summit</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>2-28-11</u> |
| 2. <u>Alice J. Prieser</u> | <u>N5066 Hwy 17 Gleason, WI 54435</u> | <input checked="" type="checkbox"/> Town <u>Russell</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>2-28-11</u> |
| 3. <u>Angie Klinger</u> | <u>N1490 State Hwy 107 Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <u>Corning</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-2-11</u> |
| 4. <u>Mary Lagrstrom</u> | <u>N2477 County Rd 12 Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <u>PINE RIVER</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-3-11</u> |
| 5. <u>Michael Blum</u> | <u>W1923 Town Hall Rd Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <u>Pine River</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3-5-11</u> |
| 6. <u>Bruce DeLoe</u> | <u>W1473 Heineman Rd Gleason, WI 54435</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <u>Shyley</u> <input type="checkbox"/> City | <u>3-6-11</u> |
| 7. <u>Robert Ny</u> | <u>N3824 Town Hall Rd Gleason WI 54435</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Shyley</u> | <u>3-9-11</u> |
| 8. <u>Dave Ny</u> | <u>N3824 TOWN HALL RD Merrill WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Shyley</u> | <u>3-9-11</u> |
| 9. <u>Bob</u> | <u>N7688 Hwy H Gleason WI</u> | <input checked="" type="checkbox"/> Town <u>SUMMIT</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/9/11</u> |
| 10. <u>Sandra B. Bakk</u> | <u>N7688 Hwy H Gleason WI</u> | <input checked="" type="checkbox"/> Town <u>Summit</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/9/11</u> |

Certification of Circulator

Alice J. Prieser Alice J. Prieser, certify:

(name of circulator)

reside at N5066 Hwy 17, Gleason, WI. Town of Russell, Lincoln 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.

March 12, 2011
(date)

Alice J. Prieser
(signature of circulator)

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

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| 1. James H Stanzel | 6966A ORCHARD LANE | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES | 3/2/2011 |
| 2. Sophie Pitreikis | 1396 Hwy 32 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3-2-2011 |
| 3. Mike Mulk | 6375 Sator Rd Three Lakes WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3-4-11 |
| 4. Ryan Miller | 6375 Sator Rd | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City three lakes | 3-4-11 |
| 5. Mike Mulk | 6816 LAKE TERRACE | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3/9/11 |
| 6. Michael Brown | 6178 Sunbri Rd | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3/9/11 |
| 7. Sandra D Bradley | 6943 Fern St | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3/9/11 |
| 8. Jerry's Johnston | 6738 HEMLOCK LANE | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES | 3/10/11 |
| 9. Kory Albertson | 6738 Hemlock Lane | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3/12/11 |
| 10. Wayne Rychnock | 7080 HRX | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES | 3-17-11 |

Certification of Circulator

I, Nancy Olechowski, certify:
(name of circulator)

I reside 605 Hwy 32 THREE LAKES WI 53062 ONEIDA County
(circulator's residence - Include number, street, and municipality)

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

4/1/11
(date)

Nancy Olechowski
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Rudy J. Pederson</i> | <i>1655 Bruce Rd</i> | <input checked="" type="checkbox"/> Town <i>Monico</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/4/11</i> |
| 2. <i>Janette Pederson</i> | <i>1655 Bruce Rd</i> | <input checked="" type="checkbox"/> Town <i>Monico</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/4/11</i> |
| 3. <i>Martie Olechowski</i> | <i>698 Gowsler Rd</i> | <input checked="" type="checkbox"/> Town <i>Three Lakes</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/11/11</i> |
| 4. <i>MARY JO Ryckeb</i> | <i>7080 HYX</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Three Lakes</i> <input type="checkbox"/> City | <i>3-17-11</i> |
| 5. <i>June Feake</i> | <i>1698 Jake Drive</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <i>Three Lakes</i> <input checked="" type="checkbox"/> City | <i>3-30-11</i> |
| 6. <i>[Signature]</i> | <i>1265 PINE ISLE RD</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>THREE LAKES</i> <input type="checkbox"/> City | <i>3-30-11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Nancy Olechowski*, certify:
(name of circulator)

I reside *605 Hwy 32* *Three Lakes WI 54582* *Oreida*
(circulator's residence - include number, street, and municipality) County

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

9/1/11 (date) *Nancy Olechowski* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Fled Madison - Not at work, Not doing his job
Does NOT comply with open records requests.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Jeffrey Jones</u> | <u>5286 S. Pier Lake Rd Tripoli, WI. 54564</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lynne</u> | <u>3/29/11</u> |
| 2. <u>Lisa Gray Jones</u> | <u>5286 S. Pier Lake Rd Tripoli, WI. 54564</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lynne</u> | <u>3/29/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |

Certification of Circulator

I, Jeff Jones, certify:
(name of circulator)

I reside 5286 S. Pier Lake Rd. Tripoli, WI. 54564 Town of Lynne.
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

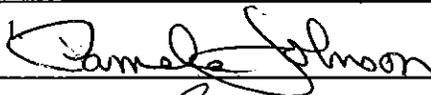
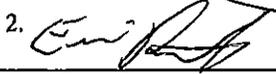
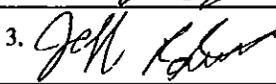
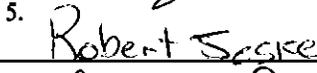
TO: Wisconsin Government Accountability Board

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

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

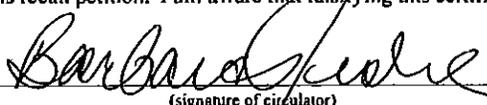
STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | PO Box 36 NILES MN Elcho WI 54428 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 2.  | N9667 Summit Ln Summit Lake WI 54485 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 3.  | N9544 ALGONOST Summit Lake WI 54485 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 4.  | N9678 N. Summit Lane Summit Lake WI 54485 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 5.  | N9678 W. Summit Ln Summit Lake WI 54485 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 6.  | N9678 N. Summit Lane Summit Lake, WI 54485 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

I, BARBARA [unclear] **Certification of Circulator** certify:
(name of circulator)
 I reside N9678 N. Summit Lane Summit Lake WI 54485
(circulator's residence - include number, street, and municipality)

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

3/29/11 (date)  (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Mary Ann Dwyer</i> | 11207 Stake Hwy 70 70704 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tipler | 03/31/11 |
| 2. <i>John F. Moore</i> | 5419 DORTON TRAIL TIPLER, WI 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TIPLER | 3/31/11 |
| 3. <i>Mary Ann Moore</i> | 5419 DORTON TRAIL TIPLER WI 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TIPLER | 3/31/11 |
| 4. <i>Jane Jochem</i> | 10991 Dream Lake Rd Tipler, WI. 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tipler | 3/31/11 |
| 5. <i>Joseph Jochem</i> | 10991 Dream Lake Rd. Tipler, Wisconsin 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tipler | 3/31/11 |
| 6. <i>Sherran Henry</i> | 4975 FAYLAKE RD TIPLER WI 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TIPLER | 3/31/11 |
| 7. <i>John Mertz</i> | 542 Hwy 139 Tipler, WI 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tipler | 3/31/11 |
| 8. <i>Amy Whit</i> | PO Box 76 Long Lake, WI 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Long Lake | 3/31/11 |
| 9. <i>Tom Spier</i> | 11662 Dream Lake Rd TIPLER WI 54542 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TIPLER | 3/31/11 |
| 10. <i>John Mertz</i> | 542 Hwy 139 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TIPLER | 3/31/11 |

Certification of Circulator

I, Jane Jochem, certify:
(name of circulator)
 I reside 10991 Dream Lake Rd, Tipler, WI. 54542.
(circulator's residence - include number, street, and municipality)

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

3-31-2011 (date) Jane Jochem (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Carlene Jones</i> | <i>W6270 Barker Rd.</i> | <input checked="" type="checkbox"/> Town <i>Amberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 2. <i>Margaret Hirte</i> | <i>Beecher N17049 Crowe Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Beecher</i> <input type="checkbox"/> City | <i>3/31/11</i> |
| 3. <i>Mary F. Luczak</i> | <i>W7815 Amburg Wausauke Rd Wausauke</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <i>Wausauke</i> <input type="checkbox"/> City | <i>3/31/11</i> |
| 4. <i>Kenneth Jones</i> | <i>W6270 Barker Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Amberg</i> <input type="checkbox"/> City | <i>3/31/11</i> |
| 5. <i>Calvin M Jones</i> | <i>N16007 Old 38 Rd</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Amberg</i> <input type="checkbox"/> City | <i>3/31/11</i> |
| 6. <i>Pixi Myers</i> | <i>602 E Main St. Wausauke</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Wausauke</i> | <i>4/14/11</i> |
| 7. <i>[Signature]</i> | <i>W7969 [Signature] [Signature] St</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i> | <i>4/3/11</i> |
| 8. <i>Janet Smith</i> | <i>W7969 Wire St Amberg</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <i>Amberg</i> <input type="checkbox"/> City | <i>4/3/11</i> |
| 9. <i>Floyd Taylor</i> | <i>W8003 TERIKO RD W WAUSAUKE</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>WAUSAUKE</i> <input type="checkbox"/> City | <i>4/3/11</i> |
| 10. <i>Keith Anderson</i> | <i>W6366 City Rd K Amberg</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>AMBERG</i> <input type="checkbox"/> City | <i>4/3/11</i> |

Certification of Circulator

I, *Kenneth Jones*, certify:
(name of circulator)

I reside *W6270 Barker Rd., Amberg*.
(circulator's residence - include number, street, and municipality)

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

4/8/2011
(date)

Kenneth D Jones
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Joseph Jensen</u> | <u>6602 PRUNE LK RD RHINELANDER WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CRESCENT</u> | <u>3/30/11</u> |
| 2. <u>Joseph Jensen</u> | <u>6602 PRUNE LK RD RHINELANDER WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CRESCENT</u> | <u>3/30/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |

Certification of Circulator

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

I reside 6602 PRUNE LK RD RHINELANDER WI 54501
(circulator's residence - include number, street, and municipality) CRESCENT

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

3/31/11
(date)

Joseph Jensen
(signature of circulator)

RECALL PETITION

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

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

petition for the recall of Senator Jim Holperin
(name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|-------------------------------|--|--|-----------------|
| 1. <u>Chester L Johnson</u> | <u>4618 Tanglewood DR Rt. Lincoln WI 54521</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Lincoln</u> <input type="checkbox"/> City | <u>4/3/11</u> |
| 2. <u>Kathleen A. Johnson</u> | <u>4618 Tanglewood DR EAGLE RIVER WI 54521</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u> | <u>4/3/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, CHESTER L JOHNSON, certify:
(name of circulator)

I reside at 4618 TANGLE WOOD DR EAGLE RIVER WI LINCOLN
(circulator's residence - include number, street, and municipality)

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

4/3/11 (date) Chester L Johnson (signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Gerald Jakubowski</i> | <i>7401 HWY 17 N RHINELANDER, WI.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>4-1-11</i> |
| 2. <i>Martina J. Jakubowski</i> | <i>7401 HWY 17 N Rhinelander, WI 5450</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>4-1-11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, GERALD JAKUBOWSKI, certify:
(name of circulator)

I reside at 7401 N HWY 17 Rhinelander TOWN OR 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.

4-1-11
(date)

Gerald Jakubowski
(signature of circulator)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Robert Koth</i> | <i>W 5060 Duganski Rd Merrill WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill, WI</i> | <i>3/31/11</i> |
| 2. <i>Evelyn R. Koth</i> | <i>W 5060 Duganski Rd. Merrill, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill, WI</i> | <i>3/31/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, *Evelyn R Koth*, certify:
(name of circulator)

I reside *W 5060 Duganski Rd, Merrill, WI*
(circulator's residence include number, street, and municipality)

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

3/31/2011
(date)

Evelyn R. Koth
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 2. <i>Irving Klemm</i> | <i>5252 Willow Rd</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Tripoli, WI 54564</i> | <i>3/30/11</i> |
| 3. <i>Lillian Klemm</i> | <i>5252 Willow Rd</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>WI Tripoli, 54564</i> | <i>3/30/11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

I, *IRVING KLEMM* **Certification of Circulator**, certify:
(name of circulator)
 I reside *5252 WILLOW RD TRIPOLI, WI 54564*
(circulator's residence - include number, street, and municipality)

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

Irving Klemm
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Stephen P. Kominowski</i> | <i>N 10681 W. ISLE OF PINES</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ELCHO 54428</i> | <i>3/29/11</i> |
| 2. <i>Dorothy M. Kominowski</i> | <i>N 10681 W. ISLE OF PINES</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ELCHO 54428</i> | <i>3/29/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, *STEPHEN P. KOMINOWSKI*, certify:
(name of circulator)

I reside *N 10681 W. ISLE OF PINES DR. ELCHO, WI 54428*.
(circulator's residence - include number, street, and municipality)

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

3/29/11
(date)

Stephen P. Kominowski
(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.)

I work to live
Holperin lives to work (or NOT)

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|---|---|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Richard Kozarek</i> | W10535 Elmwood | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rolling | 3/30/11 |
| 2. <i>John Gabel</i> | W9379 County K | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ainsworth | 3/30/11 |
| 3. <i>Gunda Puller</i> | PO Box 84 Summit | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City UPham | 3/30/11 |
| 4. <i>Daryl Schelkun</i> | N10070 Airhole LK Summit LK WI 54485 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho | 3/30/11 |
| 5. <i>Howard Kalkofen</i> | PO Box 71 Summit LK WI 54485 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UPham | 3/30/11 |
| 6. <i>Clara Bell Kalkofen</i> | PO Box 71 Summit LK WI 54485 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UPham | 3/30/11 |
| 7. <i>Loretta Summers</i> | N10031 Airhole Lk Pa. Summit Lake, WI 54485 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO | 3/30/11 |
| 8. <i>[Signature]</i> | W10683 Enterprise Lk Rd Elcho WI 54428 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho | 3/30/11 |
| 9. <i>Patrick Duggan</i> | W10255 BLUEBELL RD DEERBROOK WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/30/11 |
| 10. <i>Elaine Duggan</i> | W10255 BLUEBELL RD DEERBROOK WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 3/30/11 |

Certification of Circulator

I, Richard Kozarek certify.

I reside W10535 Elmwood 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.

3/30/2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

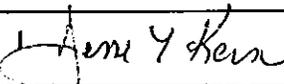
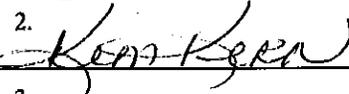
TO: Wisconsin Government Accountability Board

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

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

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| 1.  | 3988 CTY RD W CRANDON, WI. 54520 | <input checked="" type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 2.  | 3988 CTY RD W CRANDON WI. 54520 | <input checked="" type="checkbox"/> Town LINCOLN <input type="checkbox"/> Village <input type="checkbox"/> City | 3/29/11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

Certification of Circulator

I, Jesse T Kern, certify:

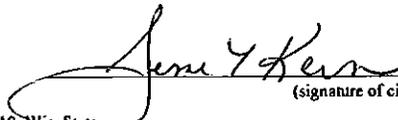
(name of circulator)

I reside 3988 CTY RD W CRANDON, WI 54520 LINCOLN

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

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

3/29/2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Darlene J. Krueger</i> | <i>1180 TYSON RD Eagle River, WI 54521</i> | <input checked="" type="checkbox"/> Town <i>Lincoln</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/2/11</i> |
| 2. <i>Richard N. Krueger</i> | <i>1180 TYSON RD. EAGLE RIVER, WI. 54521</i> | <input checked="" type="checkbox"/> Town <i>LINCOLN</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/2/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

Certification of Circulator

I, RICHARD N. KRUEGER, certify:
(name of circulator)

I reside 1180 TYSON ROAD EAGLE RIVER, WI. 54521 LINCOLN.
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)

Richard N. Krueger
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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|---|--|---|-----------------|
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| 1. <i>April Johnson</i> | <i>W10066 Barnes Lake Rd Dunbar</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 2. <i>Wes Murdock</i> | <i>W10066 Barnes Lake Rd Dunbar</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 3. <i>Andrew Shaulis</i> | <i>W10066 Barnes Lake Rd Dunbar</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 4. <i>Nathan Jones</i> | <i>W10085 Pike Plains Rd Dunbar WI 54119</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 5. <i>Rachel Schoonover</i> | <i>W10085 Pike Plains Rd. Dunbar, WI 54119</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 6. <i>Jonathan Bailie Bailie</i> | <i>N1700P Lily Lake Road Dunbar, WI 54119</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 7. <i>Paul Reese</i> | <i>W10085 Pike Plains Rd Dunbar, WI 54119</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 8. <i>Cameron Adams</i> | <i>W10085 W10085 Pike Plains Rd. Dunbar, WI</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 9. <i>Nate Egerdahl</i> | <i>W10085 Pike Plains Rd Dunbar, WI</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 10. <i>Timothy Legg</i> | <i>Dunbar, WI W10085 Pike Plains Rd</i> | <input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |

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

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

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

4/4/2011 *David Smail*
(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

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

RECALL PETITION

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

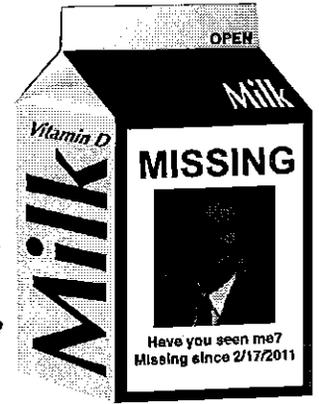
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Glenda Schave</u> | <u>129 Wilson Str Antigo WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-18-11</u> |
| 2. <u>[Signature]</u> | <u>Antigo WI 1018 7th Ave 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-18-11</u> |
| 3. <u>Dail Wagner</u> | <u>N7724 Tyner Lake Rd Kempster WI 54424</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kempster</u> | <u>3-18-11</u> |
| 4. <u>Wayne Wagner</u> | <u>N7724 Tyner Lake Rd Kempster WI - 54424</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kempster</u> | <u>3-18-11</u> |
| 5. <u>[Signature]</u> | <u>N490 Hill Rd Antigo, WI 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u> | <u>3-18-11</u> |
| 6. <u>[Signature]</u> | <u>N490 Hill Rd Antigo WI 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u> | <u>3-18-11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

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

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

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

3-20-11
(date)

Laurie Hottensstein
(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. 1924

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | 449 Hillside Rd h | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3/30/11 |
| 2.  | 449 Hillside Rd | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3/30/11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
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| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

I, Michael Bushko **Certification of Circulator**, certify:
(name of circulator)

I reside 449 Hillside Rd Rhineland, WI 54001
(circulator's residence - include number, street, and municipality)

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

3/30/2011 (date)  (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.)

For not staying to vote Rand Like, & Coward

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Glenn L Belanger</u> | <u>601 Krentzer St Athens WI 54411</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Athens</u> | <u>3/30/11</u> |
| 2. <u>Carolyn Belanger</u> | <u>601 Krentzer St Athens WI</u> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Athens</u> | <u>3/30/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
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| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |

Certification of Circulator

I, Glenn Lyle Belanger, certify:
(name of circulator)

I reside 601 Krentzer St Athens WI 54411.
(circulator's residence - include number, street, and municipality)

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

3-30-11
(date)

Glenn Belanger
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | 1644 W. Davenport St #2 Rhinelander | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhldr | 3/9/11 |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
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| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Jerome Nelson, certify:

I reside 851 Woodland Drive Rhinelander, WI. 54501
(name of circulator) (circulator's residence - include number, street, and municipality)

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

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/9/11
(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.)

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Rita Hupkanych</i> | <i>W9021 Appleview Ln Pembine WI 54156</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/5/11</i> |
| 2. <i>Pauline Nelson</i> | <i>N18129 Monson LK Rd Pembine, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/5/11</i> |
| 3. <i>Paul Nelson</i> | <i>N18129 Monson LK Rd Pembine, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>4/5/11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, *Pauline Nelson*, certify:
(name of circulator)

I reside *N18129 Monson LK Rd, Pembine, WI 54156*
(circulator's residence - include number, street, and municipality)

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

4/5/11
(date)

Pauline E. Nelson
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|--|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Susan Bruggink</i> | <i>14740 HWY 70 W Lac du Flambeau</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lac du Flambeau</i> | <i>3/29/11</i> |
| 2. <i>Paul Bruggink</i> | <i>14740 HWY 70 W SAME AS ABOVE</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAC du Flambeau</i> | <i>3/29/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
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| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

I, *Susan L Bruggink*, **Certification of Circulator**, certify:
(name of circulator)
 I reside *14740 HWY 70 W Lac du Flambeau*.
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>KURT CALLOW</u> | <u>6180 MUSKELLUNGE LK RD RHINELANDER, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NEWBOLD</u> | <u>3/29/11</u> |
| 2. <u>LORI CALLOW</u> | <u>6180 MUSKELLUNGE LK RD. RHINELANDER, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NEWBOLD</u> | <u>3/29/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |

Certification of Circulator

I, LORI CALLOW, certify:
(name of circulator)

I reside 6180 MUSKELLUNGE LK RD RHINELANDER, WI 54501 NEWBOLD.
(circulator's residence - include number, street, and municipality)

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

3/29/2011 (date) Lori Callow (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Ronald J. Rathke</i> | <i>6561 High Lake Rd. Land O'Lakes, WI 54540</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/30/11</i> |
| 2. <i>Judith S. Rathke</i> | <i>6561 High Lake Rd Land O'Lakes, WI 54540</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/30/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
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| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, Judith S. Rathke, certify:

I reside 6561 High Lake Rd. Land O'Lakes, WI 54540

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

Judith S. Rathke
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Veryl Spencer</i> | <i>7455 Rustic Lane Eagle River WI 54521</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>3/31/11</i> |
| 2. <i>William D. Balthus</i> | <i>12 Randall Ave. Rhineland WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>3/31/11</i> |
| 3. <i>Michael Stueben</i> | <i>7548 RUSTIC LN EAGLE RIVER WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>3/31/11</i> |
| 4. <i>Bonnie Stueben</i> | <i>7548 RUSTIC EAGLE RIVER WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>3/31/11</i> |
| 5. <i>Russell Spencer</i> | <i>7455 RUSTIC LAKE EAGLE RIVER</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>3/31/11</i> |
| 6. <i>Christene Nitzel</i> | <i>3366 Eagle River Columbus Lake Rd</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>SUGAR CAMP</i> | <i>3/31/11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1/11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1/11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1/11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1/11</i> |

Certification of Circulator

I, *Veryl Spencer*, certify:
(name of circulator)

I reside *7455 Rustic Lane Eagle River WI 54521 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.

3/31/11
(date)

Veryl Spencer
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Jim & the other DEM. Reps. went to Ill & buried their heads in the sand for 3 wks instead of doing the Job they were Elected to do. They were PAID for the time they were not doing their Jobs, that type of action in the REAL world or Private Sector would get anyone else FIRED!! Taxpayer Abuse - NO WORK NO PAY

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>James E. O'Connell</u> | <u>PO Box 38</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CRANDON</u> | <u>4/11/11</u> |
| 2. <u>Lee Djupstrom</u> | <u>402 W. Lincoln St</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>CRANDON</u> | <u>4/13/11</u> |
| 3. <u>Carol Djupstrom</u> | <u>402 W Lincoln St</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>CRANDON</u> | <u>4/14/11</u> |
| 4. <u>Shirley Quinlan</u> | <u>1007 N. Lake Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>CRANDON</u> | <u>4/14/11</u> |
| 5. <u>Bruce Hill</u> | <u>6255 Peace Lane</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Argonne</u> | <u>4/14/11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u> / / 11</u> |

Certification of Circulator

I, H. Lee Djupstrom, certify:
(name of circulator)

I reside 402 West Lincoln St. CRANDON WI 54520.
(circulator's residence - include number, street, and municipality)

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

April 4 - 2011
(date)

H. L. Djupstrom
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Ronald Noffke</u> | <u>4867 State Hwy 52</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wabeno</u> | <u>3/31/11</u> |
| 2. <u>Judy Noffke</u> | <u>4867 St. Hwy 52</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wabeno</u> | <u>3/31/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |

Certification of Circulator

I, RONALD NOFFKE, certify:

(name of circulator)

I reside 4867 STATE HWY 52 WABENO WIS 54566.

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

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

4/5/11

(date)

Ronald Noffke

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>David Walters</i> | <i>4580 Golf Lane</i> | <input checked="" type="checkbox"/> Town <i>Cassian</i> <input checked="" type="checkbox"/> Village <i>Harshaw, Wis</i> <input type="checkbox"/> City | <i>4/4/11</i> |
| 2. <i>Joan Walters</i> | <i>7580 Hwy Lane</i> | <input checked="" type="checkbox"/> Town <i>Cassian</i> <input checked="" type="checkbox"/> Village <i>Harshaw, Wis</i> <input type="checkbox"/> City | <i>4/4/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, DAVID WALTERS, certify:
(name of circulator)

I reside 4580 GOLF LANE, HARSHAW, WI 54529 CASSIAN.
(circulator's residence - include number, street, and municipality)

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

4/4/11
(date)

David Walters
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Roger D. Cardinal</i> | <i>2355 Birch St. Arbor Vitae, WI 54568</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARBOR VITAE</i> | <i>4/7/11</i> |
| 2. <i>Stephanie Cardinal</i> | <i>5759 County Rd. M Boulder Jct. WI 54512</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct.</i> | <i>4/7/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ /11</i> |

Certification of Circulator

I, *Roger D. Cardinal*, certify:
(name of circulator)

I reside *2355 Birch St., 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.

April 7, 2011
(date)

Roger D. Cardinal
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Norma Carson</u> | <u>9804 Duck Lake Rd Box 130 Summit Lake</u> | <input checked="" type="checkbox"/> Town <u>Eschus</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>3/29/11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |

Certification of Circulator

X I, Norma Carson, certify:
(name of circulator)

X I reside 9804 Duck Lake Rd, Summit Lake WI 54485.
(circulator's residence - include number, street, and municipality)

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

RECALL PETITION

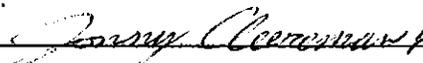
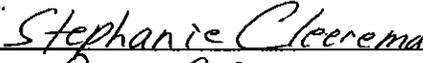
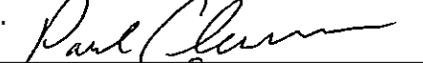
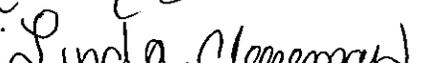
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

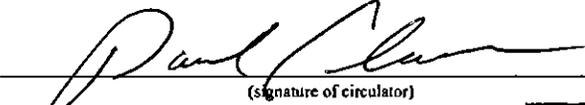
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | 9991 Cypress St Newald WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ROSS | 3/29/11 |
| 2.  | 9991 Cypress St Newald WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ross | 3/29/11 |
| 3.  | 7901 Hwy. 139 CAVOUR WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASWELL | 4/2/11 |
| 4.  | FREEDOM CORNERS RD. WABENO 54564 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WABENO | 4/2/11 |
| 5.  | FREEDOM CORNERS RD. WABENO 54564 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WABENO | 4/2/11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

I, PAUL CLEEREMAN **Certification of Circulator**, certify:
(name of circulator)

I reside 7901 Hwy 139 CAVOUR WI 54511
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Edward J. Conley</i> | <i>4995 AIRPORT LANE</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAONA 54541</i> | <i>3/30/11</i> |
| 2. <i>Eunice M. Conley</i> | <i>4995 Airport Lane</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona 54541</i> | <i>3/30/11</i> |
| 3. <i>Cynthia B. Reavill</i> | <i>5342 Beech St</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona 54541</i> | <i>4/17/11</i> |
| 4. <i>Peter H. Beaird</i> | <i>5342 Beech St</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Laona 54541</i> | <i>4/17/11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i> / / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i> / / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i> / / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i> / / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i> / / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i> / / 11</i> |

Certification of Circulator

I, *EDWARD T. CONLEY*, certify:
(name of circulator)

I reside *4995 AIRPORT LANE LAONA WI 54541*.
(circulator's residence - include number, street, and municipality)

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

4/4/2011
(date)

Ed Conley
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Judy Bradley</i> | <i>P.O. Box 488 601 West Glen St. #12 Crandon WI, 54520</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>4/11/11</i> |
| 2. <i>Mary Lynn Champion</i> | <i>402 N. Prospect Ave.</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i> | <i>4/11/11</i> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, *Mary Lynn Champion*, certify:
(name of circulator)

I reside *402 N. Prospect Ave. 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.

4-4-11
(date)

Mary Lynn Champion
(signature of circulator)

RECALL PETITION

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

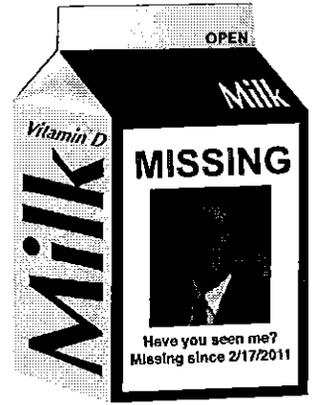
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Jany A. Williams</u> | <u>712 Prospect St. Merrill Wis</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>3/21/11</u> |
| 2. <u>Chad A. Kozak</u> | <u>W2864 Joe Snow Rd Merrill, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u> | <u>3/21/11</u> |
| 3. <u>Ryan K. Kottke</u> | <u>W7864 Joe Snow Rd Merrill, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u> | <u>3/21/11</u> |
| 4. <u>Marsha Echerec</u> | <u>N4708 Alexander Lake Rd. Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harding</u> | <u>3/22/11</u> |
| 5. <u>[Signature]</u> | <u>W4337 Eagle Ridge Ln Pineville, WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pineville</u> | <u>3/22/11</u> |
| 6. <u>William Schuler</u> | <u>W2545 Dairy Lane Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine mver</u> | <u>3-22-11</u> |
| 7. <u>Carl Bernick</u> | <u>W7740 Joe Snow Road Merrill, WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u> | <u>3-23-11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Robert H Rajek, certify:
(name of circulator)

I reside at W2220 River Rd Merrill, Wisc 54452
(circulator's residence - include number, street, and municipality)

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

4/18/11
(date)

Robert H Rajek
(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. 1941

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Caral Heiger</i> | <i>920 Virginia St Antigo Wis 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo wis</i> | <i>4/1/11</i> |
| 2. <i>Caral Heiger</i> | <i>980 Virginia St Antigo, Wis 54409</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo, Wis</i> | <i>4/1/11</i> |
| 3. <i>Bob Jones</i> | <i>912 Center St Antigo WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i> | <i>4/1/11</i> |
| 4. <i>Neil Smith</i> | <i>916 VIRGINIA ST ANTIGO, WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i> | <i>4/5/11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, *Caral Heiger*, certify:
(name of circulator)

I reside *980 Virginia St, Antigo Wis 54409*.
(circulator's residence - include number, street, and municipality)

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

4/5/2011
(date)

Caral Heiger
(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Eric Elro</i> | 420 ELM ELM ST. Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-19-11 |
| 2. <i>M.J. Baubrecht</i> | Antigo WI 210 Sischeled St. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 3-19-11 |
| 3. <i>Jane A. Welch</i> | 512 Dorr St. Antigo | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-19-11 |
| 4. <i>Thomas G. Welch</i> | 512 Dorr St. Antigo | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-19-11 |
| 5. <i>John W. Foth</i> | W 2995 Hwy 64 POLAR, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POLAR | 3-19-11 |
| 6. <i>Joan Foth</i> | 11 11 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City POLAR | 3-19-11 |
| 7. <i>Paul J. Sullivan</i> | Antigo WI W 9120 Cherry Road | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 3-19-11 |
| 8. <i>S. G. L...</i> | 209 PARK ST. ANTIGO, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO | 3/19/11 |
| 9. <i>Margaret C Dahms</i> | 209 PARK St. Antigo WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-19-11 |
| 10. <i>Michel J. Muecke</i> | N726 Mill Street Phlox, WI 54464 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood | 3-19-11 |

Certification of Circulator

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

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

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

(date) 3-18-11
(signature of circulator) Laurie Hottenstein

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

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Marlene D Kuhnert</u> | <u>W5029 Hwy A</u> | <input checked="" type="checkbox"/> Town <u>Bradley</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u> | <u>3-26-11</u> |
| 2. <u>Ernie Winkler</u> | <u>N 10280 Bay Mill</u> | <input checked="" type="checkbox"/> Town <u>Bradley</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>Donohout</u> | <u>3-26-11</u> |
| 3. <u>Joel W Kuhnert</u> | <u>W5029 Hwy A</u> | <input checked="" type="checkbox"/> Town <u>Bradley</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>Tomahawk</u> | <u>3-26-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, JOEL W KUHNERT, certify:
(name of circulator)
 I reside at W5029 HWY A TOMAHAWK WI 54487 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.

3-26-11
(date)

Joel W Kuhnert
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

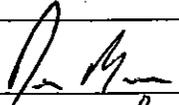
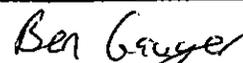
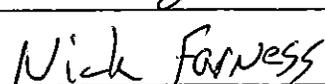
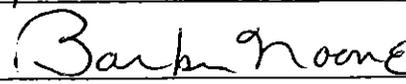
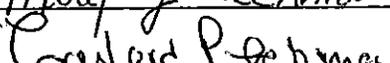
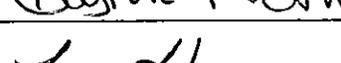
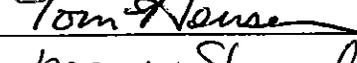
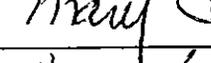
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

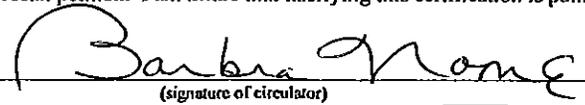
(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county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

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|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | 8642 Ranchwood Rd Minocqua WI 54549 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-9-11 |
| 2.  | 2024 Narrow Way Arbor Vitae WI 54568 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3-9-11 |
| 3.  | 2539 Colston Rd Arbor Vitae, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3-9-11 |
| 4.  | 230 Wallace Rd Arbor Vitae, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3-9-11 |
| 5.  | 9835 N Yawkey LKR Hazelhurst WI 54531 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst | 3-9-11 |
| 6.  | 1835 Buck Ct Arbor Vitae, WI 54568 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae, WI | 3-10-11 |
| 7.  | 1830 Buck Ct Arbor Vitae WI 54568 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3-10-11 |
| 8.  | 2114 Leonard Lane St. Germaine, WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germaine | 3-10-11 |
| 9.  | A 1486 Belminski Rd Arbor Vitae | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3-10-11 |
| 10.  | 9448 Country Club Rd Minocqua WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-10-11 |

Certification of Circulator

I, Barbra Noone, certify:
(name of circulator)
 I reside at 9835 N. Yawkey Lake Rd Hazelhurst WI
(circulator's residence—include number, street, and municipality) 54531

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

March 11, 2011 
(date) (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Alexandro Powers</i> | <i>W 1742 Fern Rd. Keshena, WI 54135</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Menomonee</i> | <i>4-1-11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Elaine M Noel*, certify:

I reside *11307 Kewhide Rd. Keshena, WI 54135*
(circulator's residence - include number, street, and municipality)

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

Elaine M. Noel

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 13

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|----------------------------|--|--|-----------------|
| 1. <u>Mike Campbell</u> | <u>1574 MCKINLEY</u> | <input checked="" type="checkbox"/> Town <u>LINCOLN</u> <input type="checkbox"/> Village <input type="checkbox"/> City | <u>2-26-11</u> |
| 2. <u>Wallace Hilliard</u> | <u>9029 Herdner Rd Eagle River, Wis</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u> | <u>2-26-11</u> |
| 3. <u>Chris Rudawski</u> | <u>4575 Church Rd Conover WI 54579</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u> | <u>2-26-11</u> |
| 4. <u>John A. Matus</u> | <u>912 E. WALL ST. FAHLE RIVER, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u> | <u>2-26-11</u> |
| 5. <u>Caroline Dreize</u> | <u>912 E Wall St Eagle River, WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u> | <u>2-26-11</u> |
| 6. <u>Jay Bongquist</u> | <u>4780 Silent Shores Dr Rhinelander</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>2-26-11</u> |
| 7. <u>Erika Bednarek</u> | <u>4771 Silent Shores Dr Rhinelander</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>2-26-11</u> |
| 8. <u>Jim Barber</u> | <u>1410 Capich Dr Eagle River</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u> | <u>2-27-11</u> |
| 9. <u>Barbara Lynett</u> | <u>3150 W. Hunter Lake Rd Conover</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u> | <u>2-27-11</u> |
| 10. <u>Steve Bergen</u> | <u>3160 W. Hunter Lake Rd Conover</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Conover</u> | <u>2/27/11</u> |

ROBERT W. ROZGA Certification of Circulator

(name of circulator)

certify:

reside at 86 N. Aquila Ct., Eagle River 54571 - 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 March 11
(date)

Robert W. Rozga
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|----------------------------------|--|--|-----------------|
| 1. <i>[Signature]</i> | 4669 Lake Hills Lodge | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover | 2/24/11 |
| 2. <i>Lucille M. Campbell</i> | 4669 Lake Hills Lodge | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover | 2/24/11 |
| 3. <i>Lawrence J. McParthlan</i> | 141 N. Aquila Ct Ea | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2-25-11 |
| 4. <i>Kelley M. McParthlan</i> | 141 N. Aquila Ct. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2-25-11 |
| 5. <i>[Signature]</i> | 127 No. Aquila Ct Eagle River, WI. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2-25-11 |
| 6. <i>Dorothy A. Gygis</i> | 127 No. Aquila Ct Eagle River, WI. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2-25-11 |
| 7. <i>Tenneth H. Lynch</i> | 102 N. AQUILA CT. Eagle River, WI 54521 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2/25/11 |
| 8. <i>Lois Rehkamp</i> | 100 N. Aquila Eagle River | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2/25/11 |
| 9. <i>R.D. Mattison</i> | 1843 Scallanille Eagle River, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2/25/11 |
| 10. <i>[Signature]</i> | 3930 Shangri La Rd Eagle River | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington | 2/26/11 |

I, Robert W. Rozza **Certification of Circulator**

(name of circulator)

certify:

I reside at 66 N. Aquila Ct., Eagle River 54531, 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]

(signature of circulator)

RECALL PETITION

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|------------------------------|--|---|-----------------|
| 1. <u>Joanne Blahnik</u> | <u>W11030 Bear Lake Rd. Antigo WI 54409</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rolling</u> | <u>3-31-11</u> |
| 2. <u>Bryan A. Hall</u> | <u>314 Field St Antigo Wis.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-31-11</u> |
| 3. <u>Charles Hall</u> | <u>314 Field St. Antigo Wis</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-31-11</u> |
| 4. <u>Wayne LaPage</u> | <u>224 S Park STR Antigo, Wis</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>3-31-11</u> |
| 5. <u>Peppy Chadiwian</u> | <u>333 Elm ST. Antigo</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-31-11</u> |
| 6. <u>Kathy Groff</u> | <u>333 Elm St Antigo</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-31-11</u> |
| 7. <u>Robert Jensen</u> | <u>111620 Red Pine Lane Elcho WI 54428</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elcho</u> | <u>3-31-11</u> |
| 8. <u>Rosanna Montano</u> | <u>339 Lincoln St. Antigo, WI 54409</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-31-11</u> |
| 9. <u>Elphuca M. Zaluski</u> | <u>N4035 Hwy S Bryant, WI 54418</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u> | <u>3-31-11</u> |
| 10. <u>Randy Polowinski</u> | <u>N 4035 City Rd S Bryant WI 54418</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Polar</u> | <u>3-31-11</u> |

Certification of Circulator

Laurie Hottenstein
(name of circulator)

certify:

reside at N3383 Meadow Rd Antigo

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

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

3-31-11

(date)

Laurie Hottenstein

(signature of circulator)

RECALL PETITION

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

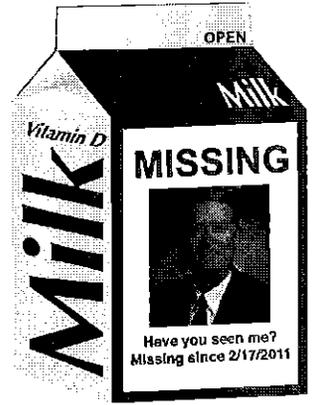
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>[Signature]</i> | 2540 S RIVER RD | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3.26.11 |
| 2. <i>[Signature]</i> | 1479 GINTY HCRD | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3/26/11 |
| 3. <i>[Signature]</i> | 3816 Woodhaven Ln | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pine Lake | 3/26/11 |
| 4. <i>[Signature]</i> | 5180 Wilmauch | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pelican | 3/26/11 |
| 5. <i>[Signature]</i> | 312 Hobart St | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3.26.11 |
| 6. <i>[Signature]</i> | 7177 Kell Dr | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk | 3.26.11 |
| 7. <i>[Signature]</i> | 609 S Tanager | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3/26/11 |
| 8. <i>[Signature]</i> | 5635 Riverside Rhineland | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pine Lake | 3/26/11 |
| 9. <i>[Signature]</i> | 26 Box 1934 Rhineland | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3/26/11 |
| 10. <i>[Signature]</i> | 2726 Pelican Marsh Rd | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland | 3/26/11 |

I, CRAIG ROSAND ^{Rhiland} **Certification of Circulator**, certify:
(name of circulator)

I reside at 1701 WYOMING AVE, SUPERIOR, WI 54880
(circulator's residence - include number, street, and municipality)

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

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Douglas P. Ceranske</u> | <u>4177 ISLANDVIEW RD.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PELICAN</u> | <u>3/29/11</u> |
| 2. <u>Whaley Ceranske</u> | <u>4177 Islandview Rd</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u> | <u>3/29/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ /11</u> |

Certification of Circulator

I, DOUGLAS P. CERANSKE, certify:
(name of circulator)

I reside 4177 ISLANDVIEW 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.

March 30, 2011
(date)

Douglas P. Ceranske
(signature of circulator)

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

We, the undersigned qualified electors of the Wisconsin's 12th Senate District

(jurisdiction or district of officeholder)

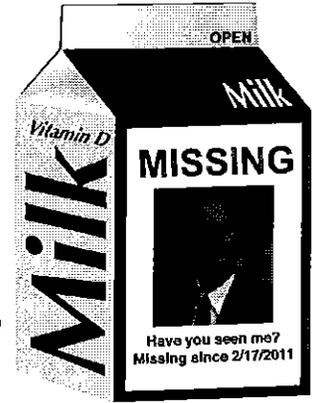
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District

(name of officeholder to be recalled and office)

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. William R NEUBURG | 641 Roman St P.O. Box 404 Florence WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 2. William T Pestor | 617 Roman St P.O. Box 252 Florence | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 3. Barb. Podmar | Florence 633 Roman | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 4. Sue Houglund | Florence 640 Roman | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 5. Millie Conn | 809 Roman St Florence | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4/7/11 |
| 6. Sharon Leffler | PO Box 376/832 Quinnesec St. Florence WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4/7/11 |
| 7. Lee Fisher | 640 Negaunee St Florence | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 8. Fred Shedlock | 924 QUINNESEC ST FLORENCE WIS. | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Town Florence | 4-7-11 |
| 9. Blair Slocum | 540 Negaunee St Florence WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |
| 10. EVAN KENNEDY | 540 Negaunee St Florence WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence | 4-7-11 |

Certification of Circulator

I, David Small, certify:

(name of circulator)

I reside at 209 Mill St Goodman WI 54125

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

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

4/8/2011
(date)

David Small
(signature of circulator)

Please mail this form to:

Recall Jim

P.O. Box 961 • Eagle River, WI 54521

www.recalljim.com • admin@recalljim.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Divian Burbey</i> | <i>1415 Lincoln bl. Eagle River, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i> | <i>2-26-11</i> |
| 2. <i>Howard B Wenzel</i> | <i>1405 Lincoln Dr Eagle River WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i> | <i>2-26-11</i> |
| 3. <i>Patricia J Wenzel</i> | <i>1405 Lincoln Dr Eagle River, WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i> | <i>2-26-11</i> |
| 4. <i>Silvan Eukeris</i> | <i>1413 Lincoln Dr. Eagle River WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i> | <i>2-26-11</i> |
| 5. <i>Boyer Archie</i> | <i>334 N. 2nd St. Eagle River, Wis</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Eagle River, WI</i> | <i>2-26-11</i> |
| 6. <i>Ken Kanara</i> | <i>1232 MCKINELY EAGLE RIVER WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i> | <i>2-26-11</i> |
| 7. <i>Audrey Kanara</i> | <i>1732 McKenley Eagle River, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i> | <i>2/26/11</i> |
| 8. <i>Kenneth P. Medich</i> | <i>PO BOX 682 BLAKES, WI 54662</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BLAKES</i> | <i>2-26-11</i> |
| 9. <i>Susan Medich</i> | <i>PO BOX 683 Three Lakes - 54562</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Three Lakes</i> | <i>2/26/11</i> |
| 10. <i>Nent Curtin</i> | <i>3863 Meta Blvd. Eagle River WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Eagle River</i> | <i>2-26-11</i> |

Certification of Circulator

I, Cade Halada, certify:

I reside 319 Silver Lake Rd., Eagle River, WI 54521
(circulator's residence - include number, street, and municipality)

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

2-26-11
(date)

Cade Halada
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Rosetta Clapsaddle</i> | <i>5516 ST. Hwy. 139 TIPICR, WI. 54542</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TIPICR</i> | <i>2-26-11</i> |
| 2. <i>Eugene H. Clapsaddle</i> | <i>5516 ST. HWY 139 TIPICR, WI. 54542</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TIPICR</i> | <i>2-26-11</i> |
| 3. <i>Raelien Wersch</i> | <i>5925 Broadway St Newald, Wis 54511</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ROSS</i> | <i>2-26-11</i> |
| 4. <i>Natanne Brewer</i> | <i>3400 Hwy 8 CANDON, WI 54511</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Caswell</i> | <i>2-26-11</i> |
| 5. <i>Patrick Brewer</i> | <i>3400 Hwy 8 CANDON WI 54511</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Caswell</i> | <i>2-26-11</i> |
| 6. <i>[Signature]</i> | <i>7014 MARY WAY THREE LAKES WI 54582</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>THREE LAKES</i> | <i>3-1-11</i> |
| 7. <i>Karen S. Sifer</i> | <i>3654 Metalk RD. Eagle River WI 54521</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i> | <i>3-1-11</i> |
| 8. <i>[Signature]</i> | <i>601 High View Dr. Crandon WI 54520</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i> | <i>3-5-11</i> |
| 9. <i>[Signature]</i> | <i>9498 GIBSON LA ARGONNE 54511</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARGONNE</i> | <i>3-5-11</i> |
| 10. <i>Ellen Childers</i> | <i>203 N. Hazeldell Crandon, WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i> | <i>3-5-11</i> |

Certification of Circulator

I, *Cade Halady*, certify:

I reside *319 Silver Lake Rd, Eagle River, 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.

3-5-11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Mary Ellen Zinecker</u> | <u>4453 Pioneer Road Conover, WI 54519</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u> | <u>4-1-11</u> |
| 2. <u>Daniel A. Helber</u> | <u>4403 Church Rd</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u> | <u>4-1-11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Mike Zinecker, certify:
(name of circulator)

I reside at 4453 Pioneer Rd Conover WI 54519
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

Mike Zinecker Mike Zinecker 4453 Pioneer Rd
Conover WI 54519
(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.
1955

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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

Leaving the state during a session of the senate.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Jason Blisch</i> | <i>11821 Trillium Ln Merrill, WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pink River</i> | <i>3-29-11</i> |
| 2. <i>Ken M...</i> | <i>507 1/2 Wisconsin St. Merrill, WI 54452</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i> | <i>3-29-11</i> |
| 3. <i>Lore Stevenson</i> | <i>6196 Lone Pine Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i> | <i>3-29-11</i> |
| 4. <i>Josh Beyrhn</i> | <i>11091 Snow Hill Rd Merrill WI 54452</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i> | <i>4-4-11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Alan Zimmerman **Certification of Circulator**, certify:

I reside at 43310 Hillview Rd Merrill, WI 54452
(circulator's residence - include number, street, and municipality) *Town Pine River*

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

4-8-11
(date)

Alan Zimmerman
(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | N 11463 Proff Rd Elcho, WI 54428 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho | 3-18-11 |
| 2. | 308 East Main St Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 3-18-11 |
| 3. | W 9872 Ch. Rd. A. Elcho WI 54428 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho | 3-18-11 |
| 4. | W 1815 Schapp LN Merrill WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 3-18-11 |
| 5. | W 10684 Cole St. Elcho, WI 54428 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho | 3-18-11 |
| 6. | 942 Elm St Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-18-11 |
| 7. | 906 Elm St Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-18-11 |
| 8. | 7750 LAURISA LANE ANTIGO, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO | 3-18-11 |
| 9. | 775 Laurisa Lane Antigo, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-18-11 |
| 10. | 1015 McMillan Ave ANTIGO WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 3-18-11 |

Certification of Circulator

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

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

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

3-18-11
(date)

(signature of circulator)

Please mail this form to: Recall Jim

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City or Village | Date of Signing |
|-------------------------|---|---|-----------------|
| <i>Robert Blalock</i> | 4531 Hwy 47 Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 3/2/11 |
| <i>Beau Hefewald</i> | 3870 Sheep Ranch Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 3/2/11 |
| <i>Katherine Kuciel</i> | 6180 Wilderness Trail McNaughton, WI 54543 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 4-5-11 |
| <i>Myra</i> | 6180 Wilderness Trail McNaughton, WI 54543 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 4-5-11 |
| <i>Marcia C. Larso</i> | 4514 Fatke Lake Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 4-5-11 |
| <i>Gary Bauer</i> | 6678 River Rd Laketown, WI 54539 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 4-5-11 |
| <i>Brent Sandis</i> | 4082 Forest Lane Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 4-5-11 |
| <i>Tom</i> | 4541 Hwy 47 N RHi | <input checked="" type="checkbox"/> Town NEWBOLD <input type="checkbox"/> Village <input type="checkbox"/> City | 4-5-11 |
| <i>Jack Knott</i> | 4061 BUCKTAIL LN RHINELANDER WI. | <input checked="" type="checkbox"/> Town NEWBOLD <input type="checkbox"/> Village <input type="checkbox"/> City | 4/5/11 |
| <i>Wesley Knott</i> | 4061 Bucktail Ln 54501 Rhinelander | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 4/5/11 |

CERTIFICATION OF CIRCULATOR

I, Bradley K Hillestad, certify that I reside at 9393 Fernwood Rd Hershaw
ANN NEWBOLD 54529

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

4/5/11
(date)

Bradley K Hillestad
(Signature of Circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Cynthia Zorn</i> | 5746 Black Lake Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4.5 |
| 2. <i>Daryl Bunch</i> | 6447 Spider Lake Rd Rhinelander, WI 54501 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4-5 |
| 3. <i>Mark Rostach</i> | 4545 Blindung RHINELANDER | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEWBOLD | 4.5 |
| 4. <i>Ewert Hehl</i> | 4464 Ursula Rhinelander, Wis | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |
| 5. <i>Milt Peterson</i> <small>9MEP</small> | 1996 Larsen Dr Rhider | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |
| 6. <i>Karen W. Halp</i> | 1248 Mildred Parkway Rhinelander | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |
| 7. <i>Eric A. Kasper</i> | 3719 Velvet Ln Rhinelander, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |
| 8. <i>Yvonne S. Kuey</i> | 3719 Velvet Ln Rhinelander WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |
| 9. <i>Patricia Lind</i> | 6022 Kessel Ln Rhinelander WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |
| 10. <i>Bree Klamowitz</i> | 3280 Country Dr Rhinelander | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold | 4/5 |

Certification of Circulator

I, Bradley K Hillestad, certify:

I reside at 9393 Fernwood Rd, Harshaw WI 54529 TOWN NEWBOLD
(circulator's residence - include number, street, and municipality)

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

4/5/11
(date)

Bradley K Hillestad
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Jenny Henkel</u> | <u>4018 Co. Rd. H Laona, WI 54541</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blackwell</u> | <u>2/27/11</u> |
| 2. <u>Coff Krauel</u> | <u>4881 pine st Laona WI 54541</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>2/27/11</u> |
| 3. <u>Jessie Krause</u> | <u>4671 Elm ST</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3/2/11</u> |
| 4. <u>John E. Nawrocki</u> | <u>6724 99 Hwy B Rd Laona, WI 54541</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3/2/11</u> |
| 5. <u>Doug Korte</u> | <u>3994 Hwy 32 Laona WI 54541</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Blackwell</u> | <u>3-2-11</u> |
| 6. <u>Alex Szymanski</u> | <u>5294 W Silver Lake Rd Laona WI 54541</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3-2-11</u> |
| 7. <u>John A. Kress</u> | <u>5752 S. Silver Lake Rd Laona WI 54541</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3/2/11</u> |
| 8. <u>Thomas B. Durant</u> | <u>4811 Airport Ln.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3/2/2011</u> |
| 9. <u>Jim S Connor</u> | <u>4784 Section Line Rd Laona</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3/6/11</u> |
| 10. <u>Mike A. Hoff</u> | <u>5527 Hwy 8+32 Laona, WI 54541</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laona</u> | <u>3/6/11</u> |

Certification of Circulator

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

I reside 4018 Co. Rd. H Blackwell, WI 54541
(circulator's residence - include number, street, and municipality)

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

March 6, 2011
(date)

Ronald E. Henkel
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Bruce Clachitta</i> | <i>12555 5TH LANE HAMBURG WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAMBURG</i> | <i>3/2/11</i> |
| 2. <i>Clay Boeger</i> | <i>400 ELM ST. Athens, WISC.</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i> | <i>3-2-11</i> |
| 3. <i>[Signature]</i> | <i>601 Washington St. Athens, WI 54411</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i> | <i>3/2/11</i> |
| 4. <i>Carmen Woiaak</i> | <i>601 Washington St. Athens, WI 54411</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i> | <i>3/2/11</i> |
| 5. <i>Sharon Boeger</i> | <i>400 ELM ST Athens, WI 54411</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i> | <i>3/2/11</i> |
| 6. <i>Bruce Wassmann</i> | <i>6187 KUFAL RD ATHENS, WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HALSEY</i> | <i>3/5/11</i> |
| 7. <i>Craig Spiller</i> | <i>417 Alfred ST ATHENS WI</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i> | <i>3/5/11</i> |
| 8. <i>Kimberly Hüller</i> | <i>417 Alfred ST Athens, WI</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i> | <i>3/5/11</i> |
| 9. <i>Renell Wassmann</i> | <i>6189 Kufahl Rd Athens, WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halsey</i> | <i>3/10/11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Andy Woiaak*, certify:
(name of circulator)
 I reside *601 Washington St. Athens WI 54411*
(circulator's residence - include number, street, and municipality)

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

3/30/2011
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Verden H. Morrison</i> | <i>10019 Ridgewood DR MINOCQUA WI 54548</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>03/28/2011</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

X I, *Verden H. Morrison*, certify:
(name of circulator)

X I reside *10019 Ridgewood DR Minocqua WI 54548*
(circulator's residence - include number, street, and municipality)

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

X *03/28/2011* (date) *X* *[Signature]* (signature of circulator)

RECALL PETITION

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

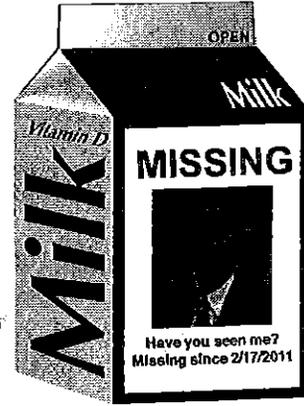
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village.</small> | DATE OF SIGNING |
|--------------------------------|--|---|-----------------|
| 1. <i>Karen A Krzejewski</i> | <i>8268 Blencoe Dr. Lake Tomahawk, WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 2. <i>Francis J Krzejewski</i> | <i>8268 Blencoe Dr. Lake Tomahawk, WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/29/11</i> |
| 3. <i>Traci Bell</i> | <i>1204 W Phillip St Rhinelander, WI 54501</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>3/29/11</i> |
| 4. <i>Alther Lenka</i> | <i>1212 W Phillip St. Rhinelander, WI 54501</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>3/29/11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Francis J Krzejewski*, certify:
(name of circulator)

I reside at *8268 BLENCOE DR / LAKE TOMAHAWK WI 54539*
(circulator's residence - include number, street, and municipality)

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

Francis J Krzejewski
(signature of circulator)

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

RECALL PETITION

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

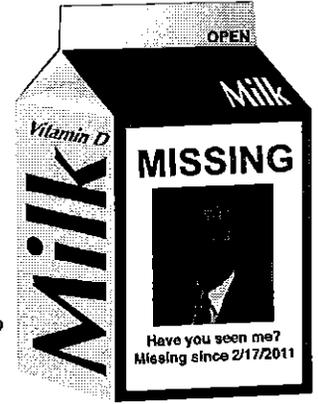
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|------------------------|--|---|-----------------|
| <i>Janice Rohrbach</i> | W8110 KAIKO RD | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausaukee | 3/16/11 |
| <i>[Signature]</i> | W8110 KAIKO RD | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE | 3/16/11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, JANICE ROHRBACH, certify:
(name of circulator)
 I reside at W8110 KAIKO RD WAUSAUKEE
(circulator's residence - include number, street, and municipality)

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

3/16/11 (date) Janice Rohrbach (signature of circulator)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| <u>Donald Lewis</u> | <u>4827 S.P. H.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Laurens Wis</u> | <u>3-10-11</u> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

X OTTO THOMASCHESKY, certify:

(name of circulator)

X reside at 8102-STATE-HWY-55 ARGONNE, WIS. 54511

(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.

X 3-21-11
(date)

X Otto Thomachefsky
(signature of circulator)

RECALL PETITION

X

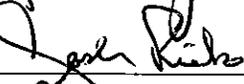
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | N10043 US Hwy 45 Brimwood WI | <input checked="" type="checkbox"/> Town Aurora <input type="checkbox"/> Village <input type="checkbox"/> City | 4-2-11 |
| 2. Doug Casper | 8313 Driftwood Pl- | <input checked="" type="checkbox"/> Town MINOLGA <input type="checkbox"/> Village <input type="checkbox"/> City | 4-2-11 |
| 3.  | W2684 DAK DR. MARINETTE WI 54143 | <input type="checkbox"/> Town PORTAFORD <input type="checkbox"/> Village <input type="checkbox"/> City | 4-2-11 |
| 4. HAROLD SIMON | W9278 RURAL LAKE ROAD WATERLOO, WI 53117 | <input checked="" type="checkbox"/> Town WAUSAEE <input type="checkbox"/> Village <input type="checkbox"/> City | 4-2-11 |
| 5. Sandra J. Skannan | 311 W. Riverside Avenue Merrill, Wis. 54452 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4-2-11 |
| 6. Kenneth J Mangold | 17156 Wilson St. Lakewood, WI 54138 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood | 4-2-11 |
| 7.  | 15750 E. Chain Lake Rd Lakewood WI 54138 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood | 4-2-11 |
| 8. Roger J. Mikelson | W10684 City Rd Y Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 4-2-11 |
| 9. Mark Carlson | W16270 Fairmoor TIGERTON WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Morris | 4/2/11 |
| 10. Ronald Ness | N3785 De Hart Rd | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City White Lake Wis | 4/2/11 |

I, Jennifer L. Nery, certify:

I reside 9830 Hwy 32 Hiles, WI 54571
(circulator's residence - include number, street, and municipality)

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

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-2-11
(date)


(signature of circulator)

RECALL PETITION

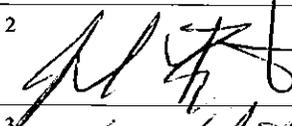
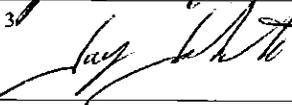
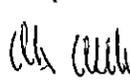
TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City or Village | Date of Signing |
|---|---|---|-----------------|
| 1  | 5071 Thurber TR Eagle River WI 54521 | Town Village <input checked="" type="checkbox"/> City | 2/23/11 |
| 2  | 112 ILLINOIS ST. Eagle River WI 54521 | Town Village <input checked="" type="checkbox"/> City | 2/23/11 |
| 3  | 112 ILLINOIS ST. EAGLE RIVER WI 54521 | Town Village <input checked="" type="checkbox"/> City | 2/23/11 |
| 4  | 4655 Rummels Rd Conover, WI 54599 | <input checked="" type="checkbox"/> Town Village City | 2/27/11 |
| 5  | 4655 Rummels Rd. Conover WI 54599 | <input checked="" type="checkbox"/> Town Village City | 2/27/11 |
| 6  | 4655 Rummels Rd Conover WI 54599 | <input checked="" type="checkbox"/> Town Village City Conover | 3/9/11 |
| 7  | 130 Spruce St Eagle River, WI 54521 | Town Village <input checked="" type="checkbox"/> City Eagle River | 3/9/11 |
| 8 | | Town Village City | |
| 9 | | Town Village City | |
| 10 | | Town Village City | |

CERTIFICATION OF CIRCULATOR

I, Darrell R. Fliflet, certify that I reside at 130 Spruce St, Eagle River, WI 54521

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

3/11/2011
(date)

Darrell Feyjer
(Signature of Circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Gregory J. Alkban</i> | <i>6044 E. Buckatawonga</i> | <input checked="" type="checkbox"/> Town <i>Univ. WI</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>54519</i> | <i>2/25/2011</i> |
| 2. <i>Marcia A. Martinson</i> | <i>221 N. Main st. Eagle River, WI</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City | <i>2-25-11</i> |
| 3. <i>Sori J. Muschem</i> | <i>1959 Pinewood Eagle River, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i> | <i>2-25-11</i> |
| 4. <i>Lisa J. Dunsmuir</i> | <i>7815 County Rd. H Eagle River, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i> | <i>2-25-11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Darrell R. Fliflet*, certify:
(name of circulator)

I reside at *130 Spruce St, Eagle River, WI 54521*
(circulator's residence include number, street, and municipality)

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

3/11/2011
(date)

Darrell R. Fliflet
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Don Casady</i> | <i>7607 Hdon Rd Minocqua WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/2/2011</i> |
| 2. <i>Bob Lachs</i> | <i>372 LAVIGNE ROAD MANITOWISH WATERS</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MAN-WATERS</i> | <i>3/2/11</i> |
| 3. <i>Kathy Almekinder</i> | <i>8215 W. Bakely Ct. Minocqua WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/2/11</i> |
| 4. <i>Brian Swartz</i> | <i>6940 Stonefield Rd Hazelhurst WI 54531</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i> | <i>3-2-11</i> |
| 5. <i>Andree Albin</i> | <i>816 Cedar Street Minocqua WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3-2-11</i> |
| 6. <i>[Signature]</i> | <i>1900 STRAWBERRY PT MINOCQUA WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i> | <i>3-2-11</i> |
| 7. <i>Dan M. Shueppel</i> | <i>8938 W. Minch Dr. Minocqua, WI 54548</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/2/11</i> |
| 8. <i>Trina Nedbal</i> | <i>1458 HIDEAWAY DR ARBOR VITAE WI 54549</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i> | <i>3/2/11</i> |
| 9. <i>Kim Wacker</i> | <i>9194 Stonegate Pl Minocqua WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/2/11</i> |
| 10. <i>M Verthuisen</i> | <i>8170 Panzers Dr Minocqua</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i> | <i>3/2/11</i> |

Certification of Circulator

I, *Ronald A. Poye Sr*, certify:

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

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

3-2-2011
(date)

Ronald A. Poye Sr
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | 2101 Plum Lake Drive Stoughton, WI 54482 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plum Lake | 3-2-2011 |
| 2. | N3737 COUNTY/LIN RD OLEASON, WI 54435 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley | 3-2-2011 |
| 3. | 9359 Thoroughfare Rd Minocqua WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 3-2-2011 |
| 4. | 8511 Stone GATE CT Minocqua, WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-2011 |
| 5. | 7412 GOLFWAY CT. MINOCQUA, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 3-2-2011 |
| 6. | 13379 Camp Wipigaki Lac Du Flambeau, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau | 3-2-11 |
| 7. | 7723 Hacker Dr Minocqua, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-11 |
| 8. | 1451 Silver Beach Lac Du Flambeau, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac Du Flambeau | 3-2-11 |
| 9. | 7828 Parkside Ct Minocqua WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-11 |
| 10. | 6298 INTERLOCKEN RD HAZELHURST WISC. 54531 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST | 3/2/11 |

Certification of Circulator

I, Rudolph A. Fuchs Jr (name of circulator) certify:
I reside at 5349 ISLAND LAKE ROAD Boulder Junction (circulator's residence - include number, street, and municipality)

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

3-2-2011 (date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|---|--|--|-----------------|
| 1. <u>Patty Fehlberg</u> | <u>W6676 Stone Pine Rd Merrill WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u> | <u>4-8-11</u> |
| 2. Eric Williams <u>Eric Williams</u> | <u>W5006 Hillside Dr. Merrill WI 54452</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u> | <u>4-8-11</u> |
| 3. <u>Ronald Huffer</u> | <u>603 Frances Dr #103 Merrill</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u> | <u>4-8-11</u> |
| 4. <u>Jamie A Buck</u> | <u>W3827 State Hwy 64 Merrill WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u> | <u>4/8/11</u> |
| 5. <u>Roy Nichols</u> | <u>N4761 GAIKIN RD GLEASON WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Gleason</u> | <u>4-8-11</u> |
| 6. <u>B. Huffer</u> | <u>500 N Mill Merrill WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>4-8-11</u> |
| 7. <u>Stacey Kipt</u> | <u>N975 Hwy W Merrill WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u> | <u>4/8/11</u> |
| 8. <u>Stephen Lunn</u> | <u>213 1/2 E 2nd St Merrill WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>4/8/11</u> |
| 9. <u>Sandra Siepi</u> | <u>1301 Cedar St. Merrill</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u> | <u>4/8/11</u> |
| 10. <u>Rebecca A Kleinschmidt</u> | <u>W3940 Co. J IRMA, Wisc 54442</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Birch</u> | <u>4/8/11</u> |

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

I reside 4621 S. 2nd E Pl, Tulsa, OK
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Kathleen Daley</i> | 111 W. Polk St Merrill | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill | 4-8-2011 |
| 2. <i>Anna Kasur</i> | 9916 S. Ridgewood Dr Minocegan | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocegan | 4-8-11 |
| 3. <i>Christina Kapinski</i> | 207 Cleveland St Merrill | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-8-11 |
| 4. <i>Paul Sibbe</i> | 3332 County Rd B Merrill | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4/8/11 |
| 5. <i>Alyssa Thibault</i> | 1100a Shady Lane Ave Merrill | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River | 4/8/2011 |
| 6. <i>Christa Beck</i> | 800 1/2 E. 1st St. Merrill | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4/8/2011 |
| 7. <i>Karl Foggy</i> | N311 South End Rd. Merrill | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-8-2011 |
| 8. <i>Sally</i> | N2183 City Rd K Merrill | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-8-2011 |
| 9. <i>Debra Bette</i> | N1056 Hefford Rd TOMAHAWK WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bradley | 4-8-2011 |
| 10. <i>Taylor Puhut</i> | 1306 N Center Ave Merrill WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4-8-11 |

Certification of Circulator

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

I reside 4621 S. 2nd E. Pl, Tulsa OK.
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. Paul Smedden | 3869 Cloverland Dr | <input checked="" type="checkbox"/> Town Sugar Camp <input type="checkbox"/> Village <input type="checkbox"/> City | 2/28/11 |
| 2. Douglas Linsky | 436 Illinois St | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 2/28/11 |
| 3. Jim Smedden | 780 Hwy 45 South | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN 280 | 3-09-11 |
| 4. [Signature] | 7324 YANCIUS RD | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES | 3-18-11 |
| 5. Mary Ann McRoby | 7324 Yarehus Rd | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes | 3-18-11 |
| 6. Donald Hernandez | 1726 West Bay Lk | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington | 3-26-11 |
| 7. Robert Schels | 489 Sunrise Lane | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City St. Germain | 3-26-11 |
| 8. Mary T. Remick | 416 W. Mill # 3 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 3-26-11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Donna Hyslop, certify:
(name of circulator)
 I reside 323 Silver Lake Rd, Eagle River, WI 54521.
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

Donna Hyslop
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>[Signature]</i> | 614 LINCOLN ST. Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-26-11 |
| 2. <i>[Signature]</i> | 1207 5th AVE. Antigo WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-26-11 |
| 3. <i>[Signature]</i> | W-10778 CTR Antigo, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-26-11 |
| 4. <i>[Signature]</i> | 18185 Hill Side Antigo, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo | 2-28-11 |
| 5. <i>[Signature]</i> | W10092 Pennick Ln Antigo WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo | 2-27-11 |
| 6. <i>[Signature]</i> | NS178 Rainbow Dr. Deerbrook WI 54424 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NEVA | 2-27-11 |
| 7. <i>[Signature]</i> | W100 Fox Canyon Rd Antigo | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rolling | 2/27/11 |
| 8. <i>[Signature]</i> | W1932 Hwy 45 Antigo cell | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rolling | 2-27-11 |
| 9. <i>[Signature]</i> | 6976 N Rollingwood Rd Antigo, WI 54409 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rolling | 2-27-11 |
| 10. <i>[Signature]</i> | W2164 Koszorek Antigo WI 54409 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling | 2-27-11 |

Certification of Circulator

I, JAMES A. NOVAK, certify:

I reside at 619 Gowen 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.

2-28-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

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|---|--|---|------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Binder...</i> | <u>615 First Avenue</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3-14-11</u> |
| 2. <i>Donna...</i> | <u>113091 STONEY RD.</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Antigo</u> | <u>3/16/2011</u> |
| 3. <u>Paul K. Sharon</u> | <u>616 Sunset Dr.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3/17/11</u> |
| 4. <i>...</i> | <u>615 First Avenue</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3/23/11</u> |
| 5. <i>...</i> | <u>615 First Ave</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u> | <u>3/23/11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

Tracey Novak

(name of circulator)

certify:

reside at 123 Fairland St. Antigo, WI 54409

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

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

3-23-11
(date)

Tracey Novak
(signature of circulator)

RECALL PETITION

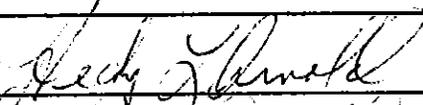
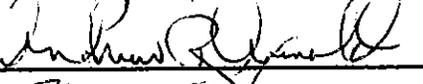
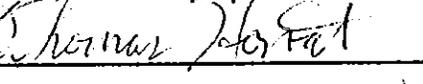
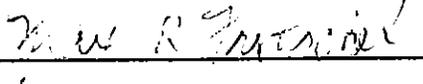
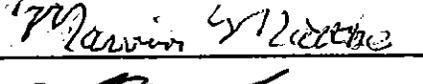
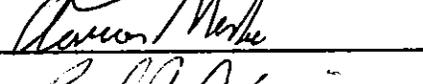
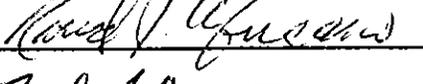
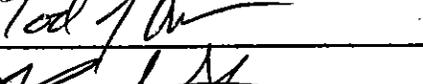
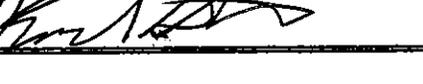
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | 3162 DRIFTWOOD PL MINOCQUA WI 54548 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Minocqua | 3-2-11 |
| 2.  | 3162 DRIFTWOOD PL MINOCQUA WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-11 |
| 3.  | 11076 Bellwood Ln MINOCQUA WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-11 |
| 4.  | 9026 W. MARY HILL MINOCQUA WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-11 |
| 5.  | 1092 OLD HWY 51 S ARBORE VILLAGE | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBORE VILLAGE | 3-2-11 |
| 6.  | 9023 Manitow Park Dr MINOCQUA WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA | 3-2-2011 |
| 7.  | 552 Chicago Av. Minocqua WI 54549 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-2011 |
| 8.  | 808 CEDAR STREET MINOCQUA VT 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua | 3-2-2011 |
| 9.  | 5810 US HWY 51 HAZELHURST WI 54531 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST | 3-2-11 |
| 10.  | 6809 Berrend Rd Hazelhurst WI 54531 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst | 3-2-11 |

Certification of Circulator

I, Ronald J. Fuchs Sr, certify:

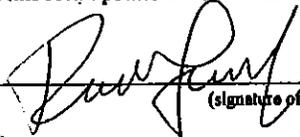
(name of circulator)

I reside at 5349 ISLAND LAKE ROAD, Boulder Junction

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

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

3-2-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Elizabeth Shucha</i> | <u>2681 PLUM CREEK AVE SAYNER WI 54560</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST GERMAIN</u> | <u>3/04/11</u> |
| 2. <i>Robert Shucha</i> | <u>2681 Plum Creek Ave Sayner WI 54560</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u> | <u>3/30/11</u> |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

I, Robert Shucha **Certification of Circulator**

(name of circulator)

, certify:

I reside at 2681 Plum Creek Ave ST Germain WI 54558

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

Mailing Address 2681 Plum Creek Ave PO Box 89 Sayner WI 54560
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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)

Robert Shucha

(signature of circulator)

RECALL PETITION

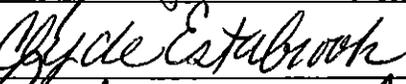
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | 4696 TIA LENO RD | <input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City | 3/15/11 |
| 2.  | 4355 Moon Valley Rd. Rhinelander WI | <input checked="" type="checkbox"/> Town Pine Lake <input type="checkbox"/> Village <input type="checkbox"/> City | 3/15/11 |
| 3.  | 4355 MOON VALLEY RD. | <input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City | 3/15/11 |
| 4.  | 6160 Velvet Lake Rd. Rhinelander WI 54501 | <input checked="" type="checkbox"/> Town Newbold <input type="checkbox"/> Village <input type="checkbox"/> City | 3/16/11 |
| 5.  | 5870 LITTLE PONTAGALL LAND O' LAKE WI 54550 | <input checked="" type="checkbox"/> Town LAND O' LAKE <input type="checkbox"/> Village <input type="checkbox"/> City | 3/17/11 |
| 6.  | 4296 SHEPARD CT. RHINELANDER WI 54501 | <input checked="" type="checkbox"/> Town PINE LAKE <input type="checkbox"/> Village <input type="checkbox"/> City | 3/18/11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, MARK STURM, certify:
(name of circulator)
 I reside 4355 MOON VALLEY RD RHINELANDER WI PINE LAKE
(circulator's residence - include number, street, and municipality)

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

3/28/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Shirley A. Slesicki</i> | <i>7265 Bay Rd Rhinelander, WI 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Woodson</i> | <i>03/25/11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | / / 11 |

Certification of Circulator

X I, SHIRLEY A. SLESICKI, certify:

(name of circulator)

X I reside 7265 BAY ROAD RHINELANDER, WI 54501 WOODSON

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 03-25-11
(date)

X Shirley A. Slesicki
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
|-------------------------|--|---|-----------------|
| 1. <u>Charles Toney</u> | <u>N2695 CTY RD RA ANTIGO, WI.</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>3/31/11</u> |
| 2. <u>Berold Smith</u> | <u>W8325 CTY RD AA W8325 CTY RD AA</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>4/1/11</u> |
| 3. <u>Judith Smith</u> | <u>W8325 CTY RD AA</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u> | <u>4/1/11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>/ / 11</u> |

Certification of Circulator

I, JUDITH SMITH, certify:

(name of circulator)

I reside W8325 CTY RD AA, ANTIGO, WI 54409

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

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

3/31/11
(date)

Judith Smith
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|--|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Jan Taylor</i> | <i>4533 Buck Ln Hudson WI 54529</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>(Assiaw)</i> | <i>4-13-11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

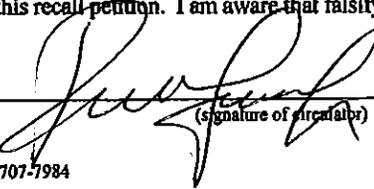
Certification of Circulator

I, *Roberta Fays*, (name of circulator) certify:

I reside at *5349 Island Lake RD, Boulder Junction*
(circulator's residence / include number, street, and municipality)

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

4-14-2011
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Sandra Metzger</i> | 14208 State Hwy 70W Lac du Flambeau, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau | 3/11/11 |
| 2. <i>Ram Murray</i> | 9914 Ridgeway Minoqua, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minoqua | 3/11/11 |
| 3. <i>Barbara Schreiner</i> | 4879 E. Skirrell Lake Hawshaw, WI 54529 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARSHAW | 3/11/11 |
| 4. <i>Kim Thomas</i> | 2467 Schuman Road Arbor Vitae, WI 54568 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3/11/11 |
| 5. <i>Jennifer Deiner</i> | 304 Oneida Minoqua WI P.O. Box 1852, Woodruff | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minoqua | 3/11/11 |
| 6. <i>Barbara J. J. J. J.</i> | 11203 Musky Bay Lane Minoqua, WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minoqua | 3/11/11 |
| 7. <i>Steve Klenda</i> | 11203 Musky Bay Ln Minoqua WI 54548 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minoqua | 3/11/11 |
| 8. <i>John J. J. J.</i> | 9416 So. 4th Minoqua WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOQUA | 3/11/11 |
| 9. <i>W. J. J. J.</i> | 304 Oneida St Minoqua WI P.O. Box 607 Woodruff WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae | 3/11/11 |
| 10. <i>Elynn Dahmke</i> | 7779 June Rd St. Germain, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain | 3/11/11 |

Certification of Circulator

I, Rudolph A. Fuys Jr, certify:

(name of circulator)

I reside at 5399 Island Lake Rd, Bessemer Junction WI

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

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

3/11/11
(date)

Rudolph A. Fuys Jr
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Larry Engebos</i> | <i>N7953 Kemp Lane Crivitz WI 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i> | <i>3-13-11</i> |
| 2. <i>Carol Engebos</i> | <i>N2953 Kemp Ln CRIVITZ, WI 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i> | <i>3/13/11</i> |
| 3. <i>Daniel Anderson</i> | <i>N7837 S. SHORE DR. CRIVITZ, WI. 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i> | <i>3/13/11</i> |
| 4. <i>Larry Vandell Van</i> | <i>W11810 CHESAPEAKE RUN CRIVITZ WI. 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i> | <i>3/15/11</i> |
| 5. <i>Suzanne VanderVelden</i> | <i>W11810 Chesapeake Run Crivitz WI 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i> | <i>3/15/11</i> |
| 6. <i>William Ricker</i> | <i>N7864 Thunder Ln Crivitz WI 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i> | <i>3/15/11</i> |
| 7. <i>Mary Ricker</i> | <i>N7864 Thunder Ln Crivitz WI 54114</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i> | <i>3/15/11</i> |
| 8. <i>Roger Pauls</i> | <i>N7923 Kemp Lane Crivitz WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i> | <i>3-19-11</i> |
| 9. <i>June Pauls</i> | <i>N7925 Kemp Lane Crivitz, WISC.</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i> | <i>3/19/11</i> |
| 10. <i>Jim Zetlow</i> | <i>12468 GRINDLE CRIVITZ</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ZIVKOVIC</i> | <i>3/20/11</i> |

Certification of Circulator

I, Larry Engebos, certify:

I reside N7953 Kemp Lane Stephenson, WI

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

3-20-2011
(date)

Larry Engebos
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>[Signature]</i> | W 3104 Schiller Dr Merrill WI 54450 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley | 4/8/11 |
| 2. <i>Laurie Cottrell</i> | W3104 Schiller Dr. Merrill, WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley | 4-8-11 |
| 3. <i>[Signature]</i> | W 3544 Schiller Dr Merrill WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill | 4/8/11 |
| 4. <i>[Signature]</i> | 1776 Cecil Ave Wabeno WI 5309 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wabeno | 4/9-11 |
| 5. <i>Dorine Alloway</i> | P.O. Box 263 ⁵³⁰⁶ Crandon, WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 4/9/11 |
| 6. <i>Chad Bander</i> | 200 N. Lake Ave Crandon WI 54520 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon | 4/9/11 |
| 7. <i>Dina Green</i> | 704 N. Central Ave Crandon WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 4/9/11 |
| 8. <i>[Signature]</i> | 9641 Ancepsa Dr. Armstrong WI 54003 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Armstrong CREEK | 4/9/11 |
| 9. <i>[Signature]</i> | P.O. Box 71 54541 525 Spruce St. Laona | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona | 4/9/11 |
| 10. <i>[Signature]</i> | 4825 County Road Laona WI 54551 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona | 4/9/11 |

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

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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| 1. <i>[Signature]</i> | W3104 Schiller Dr. Merrill WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley | 4/8/11 |
| 2. <i>[Signature]</i> | W73541 Joe Snow Rd. Merrill WI 54452 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cornuda | 4/8/11 |
| 3. <i>[Signature]</i> | 1468 S. Shore Dr Wabeno, WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Freedom | 4/9/11 |
| 4. <i>[Signature]</i> | 9053 Timberlane Rd. Woodruff, WI 54068 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff | 4-9-11 |
| 5. <i>[Signature]</i> | 207 N. Central Ave Crandon, WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 4-9-11 |
| 6. <i>[Signature]</i> | 8194 N. Lone Argonne WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 4-9-11 |
| 7. <i>[Signature]</i> | 609 South Park Crandon WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 4-9-11 |
| 8. <i>[Signature]</i> | 4788 County Rd H Laona, WI 54541 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona | 4/8/11 |
| 9. <i>[Signature]</i> | 5264 Beech St Laona, WI 54541 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona | 4-9-11 |
| 10. <i>[Signature]</i> | 5746 West Shore Ln Laona WI 54541 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona | 4-9-11 |

I, Larry W. Schumacher, certify:
(name of circulator)
 I reside 4621 S. 72nd E. Pl, Tulsa, OK
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: The Wisconsin Government Accountability Board.

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

STATEMENT OF REASON FOR RECALL

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

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

| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City or Village | Date of Signing |
|--------------------------|---|--|-----------------|
| Richard Haker | 114 Gilbert St | Town Village City | |
| Richard Haker | 14 Gilbert Prime | <input checked="" type="checkbox"/> Town RHWLANDEN | 3/8/11 |
| Dawnie Mueller | 6515 State Highway 17 N Rhineland, WI 54881 | <input checked="" type="checkbox"/> Town Sugar <input checked="" type="checkbox"/> Village Camp City | 3/8/11 |
| Robert Vlahakis | 4872 Kambel Ln Rhinelander, WI 54801 | <input checked="" type="checkbox"/> Town Village City Rhineland | 3/14/11 |
| 4 | | <input checked="" type="checkbox"/> 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, Del Eaton, certify that I reside at 4 A S. Brown St Apt 2 Rhineland

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

14 Mar 11
(date)

Del Eaton
(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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Jim Holperin neglected his duty as an elected official by leaving the state to avoid a vote.

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|---|--|---|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Scott Pellard</i> | <i>N11334 FLOWER LAKE</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ECHO</i> | <i>3/30/11</i> |
| 2. <i>Penny Fitzgerald</i> | <i>808 Menominee River Rd Florence, WI 54121</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i> | <i>3/30/11</i> |
| 3. <i>Robert J. Fitzgerald</i> | <i>808 Menominee River Rd Florence WI 54121</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i> | <i>3/30/11</i> |
| 4. <i>Suzanne Suberville</i> | <i>5175 Hwy 70 Florence WI 54121</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/30/11</i> |
| 5. <i>Jana White</i> | <i>Box 346 Florence, WI 54121</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>3/30/11</i> |
| 6. <i>Mark Beulman</i> | <i>1483 Northlake Rd Florence, WI 54121</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1/11</i> |
| 7. <i>Teressa Fleming</i> | <i>1480 Section Line Mogana WI 54151</i> | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Aurora</i> <input type="checkbox"/> City | <i>4/1/11</i> |
| 8. <i>David Sedgat</i> | <i>993 Jackson Lane Florence WI 54121</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i> | <i>4/1/11</i> |
| 9. <i>Shannon Whaley</i> | <i>5216 Madeline Blvd. Fern, WI Florence Co.</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence</i> | <i>4/2/11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>1/11</i> |

Certification of Circulator

I, *Penny Fitzgerald*, certify:
(name of circulator)
 I reside *808 Menominee River Rd Florence, WI 54121 Florence Co*
(circulator's residence - include number, street, and municipality)

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

4-30-11
(date)

Penny J. Fitzgerald
(signature of circulator)

Page No. *1988*

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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|--|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Steven R. Melka</i> | <i>7294 River Rd Lake Tomahawk, WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>2-26-11</i> |
| 2. <i>Meredith A Melka</i> | <i>7909 W. Big Buck Cr Woodruff, WI 54568</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i> | <i>2-27-11</i> |
| 3. <i>Sheri Swinger</i> | <i>8554 Woodland Ct Woodruff WI 54568</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i> | <i>2-28-11</i> |
| 4. <i>Angela M. Coffen</i> | <i>7260 Maple Rd. Lake Tomahawk 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>3/3/11</i> |
| 5. <i>Edmond J Coffen</i> | <i>7260 Maple Rd Lake Tomahawk, WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>3/1/11</i> |
| 6. <i>Harold Melka</i> | <i>7294 River Rd. Lake Tomahawk, WI 54539</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i> | <i>4-1-11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Roy J. MELKA, certify:
(name of circulator)

I reside at 7909 W. Big Buck Circle 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.

April 2, 2011
(date)

Roy J. Melka
(signature of circulator)

RECALL PETITION

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

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|-----------------------------|--|--|-----------------|
| 1. <i>Margaret A. Chnkr</i> | <i>6022 N. Flowage Rd Conover, WI 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/9/11</i> |
| 2. <i>Robert A. Chnkr</i> | <i>6022 N. Flowage Rd Conover, WI 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/19/11</i> |
| 3. <i>Mike Diller</i> | <i>3910 Sandlake Ln Phelps WI 54554</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i> | <i>3/19/11</i> |
| 4. <i>Jane Krutner</i> | <i>6185 Marshall Rd Conover WI 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/25/11</i> |
| 5. <i>Roy Austin</i> | <i>6185 Marshall Rd Conover, WI 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/25/11</i> |
| 6. <i>Susan Zieve</i> | <i>4779 E. FLOWAGE RD CONOVER, WI 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/26/11</i> |
| 7. <i>Jowell B. Zieve</i> | <i>4779 E. FLOWAGE RD. CONOVER, WI. 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/26/11</i> |
| 8. <i>Sarah Nallock</i> | <i>4955 County Road S Conover, WI 54519</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/26/11</i> |
| 9. <i>Eric Wallock</i> | <i>4955 County Road S Conover, WI 54519</i> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CONOVER</i> | <i>3/26/11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, MARGARET B. CHNKR, certify:

(name of circulator)

I reside at 6022 N. FLOWAGE RD., CONOVER, WI 54519

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

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

3-26-11
(date)

Margaret A. Chnkr
(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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|---|--|---|-----------------|
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| 1. <i>Josset Carlson</i> | <i>6124 Sawmill Ln Conover, WI 54519</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i> | <i>3-17-11</i> |
| 2. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 3. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Kenneth J. MITCHELL*, certify:
(name of circulator)

I reside *5297 County Road S, Conover, WI 54519*
(circulator's residence - include number, street, and municipality)

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

3-25-2011
(date)

Kenneth J. Mitchell
(signature of circulator)

RECALL PETITION

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

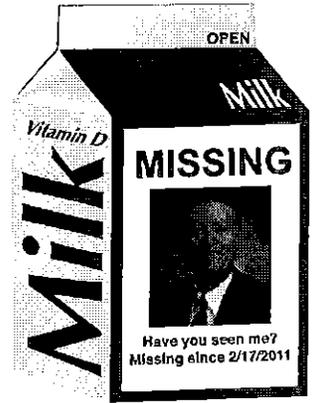
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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

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

STATEMENT OF REASON FOR RECALL

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



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>William R. Kocher</u> | <u>1009 Bruning St Niagara WI 54157</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u> | <u>3-26-11</u> |
| 2. <u>Ang Kullander</u> | <u>1008 Bruning " " "</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u> | <u>3-26-11</u> |
| 3. <u>Cathy Pelland</u> | <u>599 Skyline Dr Niagara WI 54157</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u> | <u>3-26-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, Douglas Humbutt, certify:
(name of circulator)
 I reside at Douglas Humbutt N10593 Hwy 17 S Cleason, WI 54485
(circulator's residence - include number, street, and municipality)

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|-------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Johanna Schmidt</i> | <i>312 Rainbow DR Athens, WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAMBURG</i> | <i>03/02/2011</i> |
| 2. <i>D. W. Schmidt</i> | <i>14120 3rd Lane Athens WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAMBURG</i> | <i>3-11-11</i> |
| 3. <i>Alan D. Schmidt</i> | <i>14120 3rd Lane Athens, WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAMBURG</i> | <i>3-11-11</i> |
| 4. <i>Brian Schmidt</i> | <i>14120 3rd Lane Athens, WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAMBURG</i> | <i>3-11-11</i> |
| 5. <i>D. W. Schmidt</i> | <i>14070 3rd Lane Athens, WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HAMBURG</i> | <i>3-11-11</i> |
| 6. <i>James V. Felger</i> | <i>236 - C.H.F. Athens WI 54411</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hamburg</i> | <i>3-11-11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, *Lillian Seeger*, certify:
(name of circulator)
 I reside *236 Cuyler Athens WI 54411 Hamburg township*
(circulator's residence - include number, street, and municipality)

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

3-13-11 (date) *Lillian Seeger* (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 <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | 2354 Hwy K Conover, WI 54519 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover | 3/19/11 |
| 2. Lauren Hughes | 1948 McKinley Blvd. Eagle River, WI 54521 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln | 3-19-11 |
| 3. Mary Sawyer | 2571 E. Newton Lake Eagle River WI 54521 | <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cloverland | 3-19-11 |
| 4. | 310 Tamarack St Eagle River, WI 54521 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 3-19-11 |
| 5. | 310 Tamarack St Eagle River, WI 54521 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River | 3-19-11 |
| 6. | 4183 Hwy 12 Conover, WI 54519 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover | 3-20-11 |
| 7. | 5532 County K Conover | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover | 3-26-11 |
| 8. | 4770 Hwy K Conover | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover | 3-26-11 |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, DONNA F. GOEDDAEUS, certify:

I reside at 3757 Probst Road Conover, WI 54519
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. | 9846 DEER CREEK ARGONNE WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRANDON | 3-7-2011 |
| 2. | 5207 E. LAKEVIEW ST CRANDON | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 3-7/11 |
| 3. | 113 E LAKEVIEW | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRANDON | 3/7/11 |
| 4. | 500 COUNTY RD 5 CRANDON, WI 54520 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRANDON | 3/7/11 |
| 5. | 400 E. WILLOWOOD CRANDON WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 3/7/11 |
| 6. | 756 N WILLOWOOD AV CRANDON, WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 3/7/11 |
| 7. | 4548 W. Shore Dr CRANDON, WI 54520 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln | 3/7/11 |
| 8. | 9017 Argonne Rd Argonne WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 3/7/11 |
| 9. | 7401 MAIN ST Argonne WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne | 3/7/11 |
| 10. | 7459 MAIN ST Argonne, WI 54511 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Argonne | 3/7/11 |

Certification of Circulator

I, Bonnie Evans, certify:
(name of circulator)
 I reside at 204 W Madison St, Crandon WI 54520
(circulator's residence - include number, street, and municipality)

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

3/11/11
(date)

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. <u>Ray Ehlinger</u> | <u>2454 County Rd C Wabeno, WI, 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/6/11</u> |
| 2. <u>Ellen Ehlsiger</u> | <u>2454 County Rd C Wabeno, WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3-6-11</u> |
| 3. <u>Tom Ehlinger</u> | <u>2454 COUNTY RD, C Wabeno, WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/6/11</u> |
| 4. <u>Due Ehlinger</u> | <u>2454 County Road C Wabeno, WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/6/11</u> |
| 5. <u>Frank P. Reimann</u> | <u>4601 Trump Lake Rd Wabeno WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/8/11</u> |
| 6. <u>Kathryn Reimann</u> | <u>4603 Trump Lake Rd Wabeno WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/8/11</u> |
| 7. <u>Peter Jensen</u> | <u>4264 RIVER ST WABENO, WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WABENO</u> | <u>3/8/11</u> |
| 8. <u>Mary Jensen</u> | <u>4264 River St Wabeno WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/9/11</u> |
| 9. <u>Danuel Beebecht</u> | <u>2668 Co. Rd. C Wabeno WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/9/11</u> |
| 10. <u>Dan Beebecht</u> | <u>2668 Co. Rd. C Wabeno WI 54566</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wabeno</u> | <u>3/9/11</u> |

Certification of Circulator

Ray Ehlinger

(name of circulator)

certify:

reside at 2454 County Rd. C Wabeno, WI. 54566

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

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

3/9/11

(date)

Ray Ehlinger

(signature of circulator)

RECALL PETITION

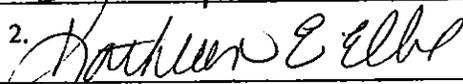
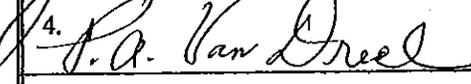
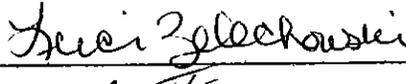
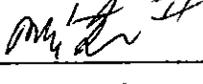
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1.  | 8802 Keith Siding Rd Crandon, WI 54520 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln | 2/26/11 |
| 2.  | 8802 Keith Siding Rd Mandon WI 54520 | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln | 2/26/11 |
|  | 4971 E LAKEVIEW CRANDON WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 2/26/11 |
| 4.  | 4971 E LAKEVIEW CRANDON, WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 2/26/11 |
| 5.  | 4968 E LAKEVIEW SFR Crandon WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 2/26/11 |
| 6.  | 203 E Glen St Crandon WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 2/26/11 |
| 7.  | PO BOX 113 Rhinelander WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander | 2/26/11 |
| 8.  | 3880 Goring Ln Crandon WI | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln | 2/26/11 |
| 9.  | 207 N HAZELDELL AV CRANDON WI 54520 | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON | 2/27/11 |
| 10.  | 601 E. ROSSVELD BLK Crandon, WI | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon | 2/27/2011 |

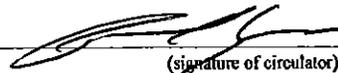
Certification of Circulator

I, Paul Elbe, certify:

I reside at 8802 Keith Siding Rd. Crandon WI 54520
(circulator's residence - include number, street, and municipality)

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

3/11/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|---|------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Charles A Vine</u> | <u>110341 Forest Road</u> <u>Wausaukee, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middle Inlet</u> | <u>12 Apr 11</u> |
| 2. <u>Barb Barton</u> | <u>103198 Hwy 180</u> <u>Wausaukee WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wagner</u> | <u>4-13-11</u> |
| 3. <u>Pembroke vine</u> | <u>110341 Forest Road</u> <u>Wausaukee, WI</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Middle Inlet</u> | <u>4-13-11</u> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | |

Certification of Circulator

I, John C. Zore, certify:

(name of circulator)

I reside 110533 Forest Road, Wausaukee, WI 54177

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

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

13 Apr 11
(date)

John C. Zore
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <i>Randy D Mang</i> | <i>2495 Hwy 175. Rhinelander WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent.</i> | <i>3/30/11</i> |
| 2. <i>Jaime Rappley</i> | <i>4184 Forest Ln Rhinelander WI</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i> | <i>3/30/11</i> |
| 3. <i>Josh Rappley</i> | <i>4206 Forest Lane Rhinelander, WI, 54501</i> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i> | <i>4/6/11</i> |
| 4. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 5. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 6. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <i>/ / 11</i> |

Certification of Circulator

I, *Jim Rappley*, certify:
(name of circulator)

I reside *6059 NORTHWESTERN DR. RHINELANDER, WIS. / NEWBOLD*
(circulator's residence - include number, street, and municipality)

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

4-14-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

Left his job, unexcused, for three weeks.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
|---|--|--|-----------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small> | MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small> | DATE OF SIGNING |
| 1. <u>Seth Mathews</u> | <u>7579 Hwy 8 W Rhinelander WI</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>03/21/11</u> |
| 2. <u>Joyelle M Novak</u> | <u>4503 Poplar Dr Rhinelander WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u> | <u>4/1/11</u> |
| 3. <u>Greg Novak</u> | <u>4503 Poplar Dr Rhinelander WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u> | <u>4/2/11</u> |
| 4. <u>Ken White Jr.</u> | <u>518 N Brown St. Rhinelander, WI 54501</u> | <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u> | <u>4/4/11</u> |
| 5. <u>Paul Tallman</u> | <u>5361 Newman Dr Rhinelander, WI 54501</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pescadore</u> | <u>4/5/11</u> |
| 6. <u>Mike Milazzo</u> | <u>11183 Old 8 TOMAHAWK, WI. 54987</u> | <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LITTLE RICE</u> | <u>4/5/11</u> |
| 7. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1/11</u> |
| 8. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1/11</u> |
| 9. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1/11</u> |
| 10. | | <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City | <u>1/11</u> |

Certification of Circulator

I, Kelly Mathews, certify:

I reside 7579 Hwy 8 W Rhinelander WI Oneida County
(circulator's residence - include number, street, and municipality)

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

4-13-11
(date)

Kelly W Mathews
(signature of circulator)