

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. Wade R Gauger	8675 Denise Dr	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village <input type="checkbox"/> City	Feb 25 th 2011
2. DAVID T NITZEL	3366 COLUMBUS LK RD EAGLE RIVER WI	<input checked="" type="checkbox"/> Town SUGAR CAMP <input type="checkbox"/> Village <input type="checkbox"/> City	2 25 11
3. Tim A. FELBAB	3354 D. RIFLE RD. RHINEZANDER WI 54501	<input checked="" type="checkbox"/> Town CRESENT <input type="checkbox"/> Village <input type="checkbox"/> City	2/25/11
4. Ted MAZEIKA	5762 Perch LK Rd Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	2/25/11
5. Tom Mellon	4875 City D Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	2/25/11
6. MICHAEL FISH	4325 STELLA LK RD. RHINEZANDER	<input checked="" type="checkbox"/> Town STELLA <input type="checkbox"/> Village <input type="checkbox"/> City	2-25-11
7. Ron Arbogast Jr	6730 Railway Ln Rhine, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	2-25-11
8. Mike Will	1615 Dogwood Dr St. Germain, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	2-25-11
9. DUSTIN CONROY	1645 RIVERVIEW ST MONICO WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONICO	2-25-11
10. Tony PITLIK	402 WOODLAND Hgts RHINEZANDER WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINEZANDER	2/25/11

Certification of Circulator

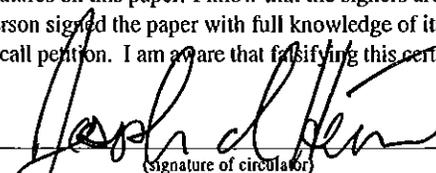
I, Joseph I. Hein, certify:

I reside at 7754 Nixon Rd; MINOCQUA, WI 54540
(circulator's residence - include number, street, and municipality)

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

2/25/11

(date)



(signature of circulator)

RECALL PETITION

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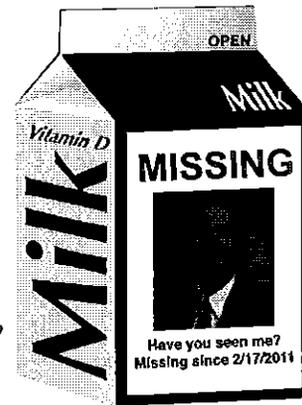
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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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1. <u>Kevin C. Muraski</u>	<u>N126 MILLS RD. Box 17</u> <u>Phlox WI 54464</u>	<input checked="" type="checkbox"/> Town <u>NOKWOOD</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-19-11</u>
2. <u>Chris Muench</u>	<u>N11442 Hwy 45</u> <u>Birnawood WI 54419</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Aniwa</u> <input type="checkbox"/> City	<u>3-19-11</u>
<u>Anton J. Wood</u>	<u>W10104 HWY C</u> <u>DEERBROOK</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NEVA</u>	<u>3-19-11</u>
4. <u>Diane Dratz</u>	<u>5170 FOREST LANE</u> <u>RHINELANDER WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PINE LAKE</u>	<u>3/19/11</u>
5. <u>Douglas Sargha</u>	<u>115 E. 9th Ave</u> <u>Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>3/19/11</u>
6. <u>Chris Kerkstra</u>	<u>Widys Hwy B</u> <u>Antigo Wis.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANTIGO</u>	<u>3/19/11</u>
7. <u>[Signature]</u>	<u>401 Biken St</u> <u>Birnawood WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BIRNAWOOD</u>	<u>3/19/11</u>
8. <u>Green J Wilson</u>	<u>N2290 Kozarek Rd</u> <u>Antigo WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rolling</u>	<u>3/19/11</u>
9. <u>[Signature]</u>	<u>3934 Tre-Fiske Rd.</u> <u>Rhineland, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican</u>	<u>3/19/11</u>
10. <u>Janner Weber</u>	<u>310 Field St</u> <u>Antigo WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/20/11</u>

Certification of Circulator

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

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

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

3-20-11
(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

Page No. 2002

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Mabel Heikkinen</i>	<i>4871 Grosse Ln Phelps, Wis. 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

Certification of Circulator

I, *Mabel Heikkinen*, certify:

(name of circulator)

I reside *4871 Grosse Lane, Phelps, Wis. 54554*

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

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

April 1, 2011
(date)

Mabel Heikkinen
(signature of circulator)

RECALL PETITION

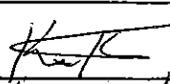
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1. 	4908 Hanson Ln Laona, WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona, WI	3/30/11
2. Kim Kevilus	4908 Hanson Ln Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona WI	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
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, Kim Kevilus, certify:

I reside 4908 Hanson 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.

3/30/11 (date) Kim Kevilus (signature of circulator)

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1. <i>Kusta Junda</i>	3093 Hwy 70 East Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	02/25/11
2. <i>[Signature]</i>	897 Hwy 175 Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	02/25/11
3. <i>Erin Ahlstrom</i>	5920 PITCH LAKE ROAD EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLEVELAND	2/25/11
4. <i>[Signature]</i>	5118 Shoewood Acres Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2/25/11
5. <i>[Signature]</i>	1720 Silver Forest Lane Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2/25/11
6. <i>[Signature]</i>	420 E Division ST. Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2-22-11
7. <i>[Signature]</i>	303 CHRISTOPHER ST. EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EAGLE RIVER	2/25/11
8. <i>[Signature]</i>	904 PARK LN EAGLE RIVER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	2/25/11
9. <i>[Signature]</i>	EAGLE RIVER BOX 1354	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIVER	2/25/11
10. <i>[Signature]</i>	5814 Zeman Rd Eagle River, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	2/25/11

Certification of Circulator

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

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

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

2-25-11
(date)

Craig Klein
(signature of circulator)

RECALL PETITION

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1. <i>Edward E Weise Jr.</i>	<i>7599 CHANNEL ROAD EAGLE RIVER 54521</i>	<input checked="" type="checkbox"/> Town SUGAR CAMP <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3 / 29 / 11</i>
2. <i>Yvonne M. Weiser</i>	<i>7599 CHANNEL ROAD EAGLE RIVER 54521</i>	<input checked="" type="checkbox"/> Town SUGAR CAMP <input type="checkbox"/> Village <input type="checkbox"/> City	<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, EDWARD E WEISE JR, certify:
(name of circulator)

I reside 7599 CHANNEL ROAD 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.

MARCH 29 2011
(date)

Edward E Weise Jr
(signature of circulator)

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1. <i>Arnold A. Benfield</i>	<i>9839 SYLVAN SHORE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3/29/11</i>
2. <i>Harold J. Taylor</i>	<i>10091 WINDGATE PL</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>3/29/11</i>
3. <i>Shawn Spruill</i>	<i>7344 Shady Lane Minocqua WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/29/11</i>
4. <i>Glenn R. Sautag</i>	<i>9335 LT. BEARSKIN CRK MARSHAW WISC.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CASSIAN</i>	<i>3/29/11</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, *GLENN R. SAUTAG*, certify:
(name of circulator)

I reside *AT 9335 LT. BEARSKIN CRK RD MARSHAW WISC, 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.

3/30/11
(date)

Glenn R. Sautag
(signature of circulator)

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(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

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1. <u>John Bugner</u>	<u>1103 Cottage St Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>3-10-11</u>
2. <u>Sharon Bugner</u>	<u>1103 Cottage</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
3. <u>John Johnson</u>	<u>W5338 Row Rd Merrill WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3-10-11</u>
4. <u>Wendy Johnson</u>	<u>W5338 Row Rd Merrill WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3-11-11</u>
5. <u>Kathleen LaBonty</u>	<u>709 Superior St Merrill, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>3/19/11</u>
6. <u>John LaBonty</u>	<u>709 Superior St Merrill, Wisconsin</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/19/11</u>
7. <u>Russ Booth</u>	<u>1104 Cottage St Merrill</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/24/11</u>
8. <u>Stephen J. Blake</u>	<u>11579 Bluebird Ln Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3/25/11</u>
9. <u>Linda A. Blake</u>	<u>NL 579 Bluebird Ln Merrill</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3/25/11</u>
10. <u>Kayla Blake</u>	<u>704 Cottage St Merrill</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/25/11</u>

Certification of Circulator

Garth Swanson

(name of circulator)

certify:

reside at 1410 Highland Dr. Merrill, WI 54452

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

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

Garth Swanson

(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>James Campanile</i>	<i>717554 Black Oak Rd Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elphom</i>	<i>3/18/11</i>
2. <i>James Campanile</i>	<i>717554 Black Oak Rd Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elphom</i>	<i>3/18/11</i>
3. <i>Phil Johnson</i>	<i>W10358 BYERS RD DEERBROOK WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>3-26-11</i>
4. <i>Sharon Johnson</i>	<i>W10358 BYERS RD Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>3/26/11</i>
5. <i>Andrew Kashuba</i>	<i>W11185 ENTERPRISE ELCHOWI WI 54428</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>ELCHOWI</i>	<i>3/28/11</i>
6. <i>Roger J Henke</i>	<i>W11133 54th Rd Deerbrook</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Deerbrook</i>	<i>4/2/11</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, JAMES ECAMPANILE, certify:
(name of circulator)

I reside at 717554 Black Oak Rd, Deerbrook WI 54424
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

James E Campanile
(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. <u>Nathaniel Swayze</u>	13 Hickory Drive W10085 Pike Plains Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	3/28/11
2. <u>Maritz Sutrick</u>	W10085 Pike Plains Rd Dunbar, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	3/28/11
3. <u>Reid Olson</u>	W10085 Pike Plains Rd Dunbar, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11
4. <u>Leah Ring</u>	W10085 Pike Plains Rd Dunbar, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11
5. <u>Mama Jangjoo</u>	W10085 Pike Plains Rd Northland - Dunbar	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11
6. <u>Cara Halselaw</u>	W10085 Pike Plains Rd Dunbar	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4-1-11
7. <u>Polly Palkow</u>	W10752 Blueberry Pt Dunbar WI 54119	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11
8. <u>Hillary Rankin</u>	13 Dunbar W10085 Pike Plains Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11
9. <u>Cody Adams</u>	W10085 Pike Plains Rd Dunbar, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11
10. <u>Amanda Eckroth</u>	W10085 Pike Plains Rd Dunbar WI 54111	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	4/1/11

Certification of Circulator

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

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

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

4/4/2011
(date)

David Smail
(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. 2011

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Jerry S. Kronik</i>	<i>7995 Cty Rd DD Pickeral, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nashville</i>	<i>2-25-11</i>
2. <i>Dean W. Benter</i>	<i>W6108 E WALLEYE LN PEARSON WI 59462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>AINSWORTH</i>	<i>2-26-11</i>
3. <i>Robert Freeman</i>	<i>9547 S. Shore Dr Pickeral WI 54465</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nashville</i>	<i>2-2-11</i>
4. <i>James U Tanson</i>	<i>79769 STRD 55 Pearson, WI 54462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i>	<i>2-26-11</i>
5. <i>Stephanie Jackson</i>	<i>N9931 city Tl Deerbrook WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i>	<i>2-26-11</i>
6. <i>Jerry Schuk</i>	<i>8915 Pickeral LY Rd Pickeral 54465</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nashville</i>	<i>2/27/11</i>
7. <i>Jeff Collura</i>	<i>8396 Cty. Rd. DD Pickeral, WI 54465</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Nashville</i>	<i>3/5/11</i>
8. <i>Mr [Signature]</i>	<i>N5503 Church Rd Deerbrook WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>3/7-11</i>
9. <i>Charlene Busbeck</i>	<i>W9914 Cty B Deerbrook WI WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neva</i>	<i>3/7-11</i>
10. <i>Arthur F Seidl</i>	<i>N5677 CHILLIE RD DEERBROOK WI 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>3/8/11</i>

Certification of Circulator
ARTHUR F SEIDL

, certify:

reside at N 5677 CHILLIE RD DEERBROOK WI 54424 NEVA.
(circulator's residence - include number, street, and municipality)

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

3-8-11
(date)

Arthur F Seidl
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(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>Carol Karamik</u>	<u>2116 Boot Ln 124</u> <u>Eagle River WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Ironwood</u>	<u>2/28/11</u>
2. <u>Bob K...</u>	<u>1612 E Bass Ln Rd</u> <u>Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>2/28/11</u>
3. <u>Bob B...</u>	<u>2135 Stony Ln</u> <u>Phelps WI 54551</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>2/28/11</u>
4. <u>...</u>	<u>PO Box 112 - Hwy 70</u> <u>St Germain WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u>	<u>2/28/11</u>
5. <u>...</u>	<u>PO Box 1945</u> <u>Eagle River WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>2/28/11</u>
6. <u>Ronald J Cunningham</u>	<u>4691 Dun Rd</u> <u>Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2/28/11</u>
7. <u>William H. Wood</u>	<u>8234 Hull Rd</u> <u>Eagle River WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>2-28-11</u>
8. <u>...</u>	<u>126 Corey Ln</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Licette</u>	<u>2/28/11</u>
9. <u>Mary Brandner</u>	<u>2448 Columbus</u> <u>Eagle River, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Washington</u>	<u>2/28/11</u>
10. <u>Kevin C Nelson</u>	<u>341 Capch</u> <u>Eagle River</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>2/28/11</u>

Certification of Circulator

I, Harvey L. Nystrom, certify:

(name of circulator)

I reside at 309 No. Seaside St. Eagle River

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

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

2/28/11
(date)

Harvey L. Nystrom
(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>Eugene J. Van Der Zee</i>	<i>W-8797 Moonshine Hill Road Crivitz, Wis 54114</i>	<input checked="" type="checkbox"/> Town <i>Middle Inlet</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
2. <i>Sherron E. VanDerZee</i>	<i>W-8797 Moonshine Hill Road - Crivitz, Wis 54114</i>	<input checked="" type="checkbox"/> Town <i>Middle Inlet</i> <input type="checkbox"/> Village <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, *EUGENE J. VAN DER ZEE*, certify:

I reside *W-8797 Moonshine Hill Road Crivitz, Wisconsin 54114*
(circulator's residence - include number, street, and municipality)

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

4/4/11 (date) *Eugene J. Van Der Zee* (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. Kathleen Wypocki	N19344 County Line Rd. Armstrong Crk, WI 54103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	03-07-2011
2. Thomas Wypocki	8109 County Line Rd. Armstrong Creek, WI 54103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Armstrong Creek	03-08-2011
3. Gary Geol	N 20130 KNDB DR. DR. FENCE WIS 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GOODMAN	03-09-2011
4. Patricia Zahn	N20130 KNDB DR. FENCE, WI 54120-9707	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	03-09-2011
5. Walb Wypocki	N19344 COUNTY LINE RD ARMSTRONG CREEK WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	3-10-2011
6. Christine Wypocki	8109 County Line Rd. Armstrong Creek WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Armstrong Creek	3-11-2011
7. Glen B Meyer	748 Maple Drive Fence, WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fence, WI	3-13-11
8. Kayz Meyer	748 Maple Drive Fence, WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Fence	3-13-11
9. John Nowicki	448 Madison Ave Niagara, WI 54115	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Niagara	3-13-11
10. Margaret Majewski	W15960 S Hilbert DR Fence WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	3-13-11

Certification of Circulator

I, Vicki Koch (name of circulator), certify:

I reside at 5244 Fairway Ct., 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.

March 17, 2011 (date)

Vicki Koch (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>Janet Hornick</i>	<i>8537 Paulson Dr Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <i>Woodbro</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/3/11</i>
2. <i>Janet Hornick</i>	<i>8537 Paulson Dr Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <i>Woodbro</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/3/11</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

X I, *Janet Hornick*, certify:
(name of circulator)

X I reside *8537 Paulson Dr. Tomahawk, WI 54487 Woodbro*.
(circulator's residence - include number, street, and municipality)

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

X *3-31-11* *Janet Hornick*
(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>Richard Rollmann</i>	<i>N11002 Terry Rd Tomahawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>King</i>	<i>4/3/11</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>

I, *Richard Rollmann*, **Certification of Circulator**, certify:
(name of circulator)
 I reside *N11002 Terry Rd Tomahawk WI 54487 Lincoln County*
(circulator's residence - include number, street, and municipality)

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

4/3/11 (date) *Richard Rollmann* (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>Beverly Krensreiter</i>	<i>3349 Lakewood Rd TOMAHAWK WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NOKOMIS</i>	<i>3/29/11</i>
2. <i>Richard Kraemer</i>	<i>2935 Lee Rd TOMAHAWK WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>No Komis</i>	<i>3/30/11</i>
3. <i>Julie M. Kraemer</i>	<i>2935 Lee Rd TOMAHAWK WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>No Komis</i>	<i>3/30/11</i>
4. <i>Gay Dilba</i>	<i>3411 LAKEWOOD RD TOMAHAWK WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NOKOMIS</i>	<i>3/30/11</i>
5. <i>Terry Drake</i>	<i>10362 South Rd TOMAHAWK WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NOKOMIS</i>	<i>3/30/11</i>
6. <i>Chuck Fries</i>	<i>PO Box 14 TriPoli WI 54564</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SOMO</i>	<i>4/1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *George R. Krensreiter*, certify:
(name of circulator)

I reside *3349 Lakewood Rd, Tomahawk Town - Nokomis - Tomahawk WI 54487*.
(circulator's residence - include number, street, and municipality)

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

4-1-11
(date)

George R. Krensreiter
(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. Linda Taylor	403 N. Scott St. Merrill, Wisc.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill Wisc. 54452	4/1/11
2. Shirley Anderson	810 N State St. 810 N. State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill, Wisc.	4/1/11
3. Donald W. Anderson	810 N. State St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill, Wis	4/1/11
4. 	2900 W Main	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill WI	4/1/11
5. 	1211 Cottles Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill, WI	4/1/11
6. Bruce Anderson	N1310 Center Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill, WI	4/1/11
7. Brittany Anderson	N1310 Center Rd.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill WI	4/1/11
8. Brad Anderson	N1310 Center Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill WI	4/1/11
9. Debi Fehr	509 E. 4th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/6/11
10. Debi Fehr	509 E. 4th St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/6/11

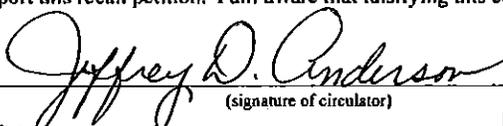
Certification of Circulator

I, JEFFREY D. ANDERSON, certify:
(name of circulator)

I reside W2708 STH 64, MERRILL, WI 54452
(circulator's residence - include number, street, and municipality)

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

April 6, 2011
(date)


(signature of circulator)

RECALL PETITION

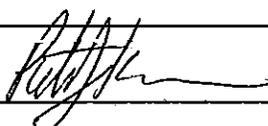
TO: Wisconsin Government Accountability Board

(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. 	9471 Country Club Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/2/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ /11

Certification of Circulator

I, Lough Ashe, certify:
(name of circulator)

I reside 9471 Country Club Rd Minocqua, WI 54548.
(circulator's residence - include number, street, and municipality)

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

3/3/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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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 Rigney</i>	107 E Prospect Ave Tomahawk, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3/30/11
2. <i>Steve Rigney</i>	N 10688 HWY CC TOMAHAWK WI, 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wilson	3/30/11
3. <i>Ruth Rigney</i>	N 10688 HWY CC Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wilson	3/30/11
4. <i>[Signature]</i>	10453 SCHOETTLER RD TOMAHAWK WI, 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wokomis	3/31/11
5. <i>[Signature]</i>	4962 County Road Y Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Rice	3/31/11
6. <i>Mike Anderson</i>	4962 County Road Y Hazelhurst, WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Rice	3/31/11
<i>Robert S. Anderson</i>	11235 Burkwood St Rd TOMAHAWK, WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City LITTLE RICE	3/31/11
8. <i>Jann Rigney</i>	2862 Prairie Ln Rd Tomahawk Wis 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wokomis	3/31/11
9. <i>[Signature]</i>	2862 Prairie Ln Rd Tomahawk, Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wokomis	3/31/11
10. <i>Paul Koffler</i>	11004 Koffler Dr. Hazelhurst	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Rice	4/2/11

Certification of Circulator

I, Vicki Anderson, certify:

I reside 4962 County Rd Y Hazelhurst WI 54531
(circulator's residence - include number, street, and municipality)

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

4-2-11
(date)

[Signature]
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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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>Kevin Ambrosius</i>	5103 Hwy 8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	4/4/11
2. <i>Jim Ambrosius</i>	5103 Hwy 8	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAONA	4/4/11
3. <i>Patty Ambrosius</i>	5103 Hwy 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAONA	4/4/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

I, Jim Ambrosius JR, certify: **Certification of Circulator**
(name of circulator)
 I reside 5103 Hwy 8/32 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.

4/4/11 (date) *Jim Ambrosius* (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

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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>Josh Scheppele</u>	<u>6961 E SCHOOL ST</u> <u>THREE LAKES</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/1/11</u>
2. <u>Sinda George</u>	<u>8055 VAN BISSUM RD.</u> <u>Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	<u>3/1/11</u>
3. <u>Scott Soder</u>	<u>1251 LAKE DR</u> <u>THREE LAKES, WI 54522</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/1/11</u>
4. <u>TIM RUTZEN</u>	<u>P.O. BOX 277</u> <u>THREE LAKES</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/1/11</u>
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

Tim Smae

(name of circulator)

certify:

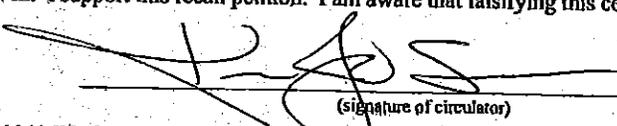
reside at 3860 Kula Vista Dr. Eagle River, WI Lincoln

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

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

3-3-11

(date)



(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

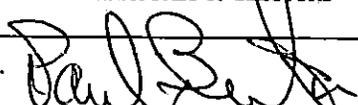
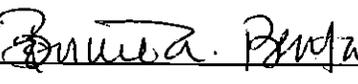
(official with whom nomination papers or declaration of candidacy for the office is filed)

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left the district without representation

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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. 	1574 RANGELINE EAGLE RIVER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	4/2/11
2. 	1574 Rangeline Rd Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	4/2/11
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

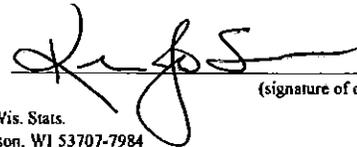
Certification of Circulator

I, Kim Simac (name of circulator), certify:

I reside 3860 Kula Vista Dr. Eagle River, WI 54521
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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>Jim Cery</u>	<u>W 5708 Tug Lake Ave</u>	<input checked="" type="checkbox"/> Town <u>Rock Falls</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/9/11</u>
2. <u>Donna Caylor</u>	<u>W 5708 Tug Lake Ave</u>	<input checked="" type="checkbox"/> Town <u>Rock Falls</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/9/11</u>
3. <u>Patricia Steger</u>	<u>1709 Water St Apt B</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/9/11</u>
4. <u>Margaret Gestreich</u>	<u>2701 Glen Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/9/11</u>
5. <u>Myron Gestreich</u>	<u>2701 Glen Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/9-11</u>
6. <u>Mary Leopold</u>	<u>W 6943 Von Besser Dr</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Harding</u>	<u>3/9/11</u>
7. <u>Bill Klades</u>	<u>W 3105 City Rd G</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/9/11</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

Kim Simec

(name of circulator)

certify:

reside at 3860 Kula Vista Dr, Eagle River, WI 54521 Lincoln

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

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

3-10-11

(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>Key M. Dwyer</i>	<u>N1008 Range Line Rd.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>03/10/2011</u>
2. <i>John Dwyer</i>	<u>N1008 Range Line Rd.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine River</u>	<u>3/10/11</u>
3. <i>Joan H. Haas</i>	<u>1603-E. 12th St Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
4. <i>Dean H. Haas</i>	<u>1603 E 12th St Merrill</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/10-11</u>
5. <i>Ed Dahn</i>	<u>701A W Riverside</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
6. <i>Elaine Dahn</i>	<u>701A W Riverside</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
7. <i>Chris Bogdan</i>	<u>W1233 Roselea Ct</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>3/10/11</u>
8. <i>Bonnie Kloth</i>	<u>N554 Elm Grove Rd Merrill</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3/10/11</u>
9. <i>Ken Kloth</i>	<u>N554 Elm Grove Rd Merrill WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Corning</u>	<u>3/10/11</u>
10. <i>Tommy Brown</i>	<u>N1896 Sunset Dr Merrill WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/10/11</u>

Certification of Circulator

Kim Simac

(name of circulator)

certify:

reside at 3860 Kula Vista Dr, Eagle River, WI, 54521 Lincoln

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

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3-10-11

(date)

[Signature]

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Preston Miller <i>Preston Miller</i>	504 Menomonee St Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	March 26, 2011
2. <i>Paul Zajack</i>	Minocqua 4806 Blue Lake road	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Minocqua	March 26, 2011
3. <i>Came Kowalchuk</i>	8989 Mid Lake Rd. Woodruff, WI 54982	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	March 26, 2011
4. <i>Daniel Mack</i>	5879 County Rd Y Hazelhurst WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	March 26, 2011
5. <i>Henry Warren</i>	11250 BAY BRIDGE RD MINOCQUA	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/26/11
6. <i>Eric L Men</i>	3140 Kikoni Point Lac du Flambeau, WI 54533	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/26/11
7. <i>George Ngan</i>	2490 Old Indian Village Rd 4000 E. Evergreen	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/26/11
8. <i>Raine Gannon</i>	5800 S. 1st St Lac du Flambeau	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3-26-11
9. <i>E. Gannon</i>	30007 Cemetery Rd Lac du Flambeau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/26/11
10. <i>Honey Antoine</i>	6511 Old Village Rd Lac du Flambeau WI 54540	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3/26/11

Certification of Circulator

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

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

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURE OF ELECTOR	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>Paula Kramer</i>	312 VOSS Rd. NW, WI 54545	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11
2. <i>Amande Eerts</i>	12547 Owen Dr Presque Isle WI 54557	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Presque Isle <input type="checkbox"/> City	3/27/11
3. <i>Stephanie Polin</i>	10301 COUNTY RD W WIDCHESTER	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WIDCHESTER <input type="checkbox"/> City	3/27/11
4. <i>[Signature]</i>	Manitowish 6756 Brunswick Rd	<input checked="" type="checkbox"/> Town Manitowish Waters <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11
5. <i>[Signature]</i>	1200 S CRAB PRESQUE ISLE	<input type="checkbox"/> Town <input type="checkbox"/> Village Presque Isle <input type="checkbox"/> City	3/27/11
6. <i>[Signature]</i>	6767 E Kaubasline PO Box 470 Hazelhurst WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Hazelhurst <input type="checkbox"/> City	3/27/11
7. <i>[Signature]</i>	3501 Penn Lake Dr. SAYNER, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Penn Lake <input type="checkbox"/> City	3/27/11
8. <i>[Signature]</i>	1729 Apache Trail St Germain WI 54556	<input type="checkbox"/> Town <input type="checkbox"/> Village St Germain <input type="checkbox"/> City	3-27-11
9. <i>[Signature]</i>	6950 Partridge Lk Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Lake Tomahawk <input type="checkbox"/> City	3-24-11
10. <i>Carol Humbert</i>	6950 Partridge Lk. Tomahawk	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Lake Tomahawk <input type="checkbox"/> City	3-28-11

Certification of Circulator

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

I reside 4621 S. Tenth St. Tulsa OK 74145.
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Ruby A Sam</i>	<i>486 RIDER LICK Mang Tough Water</i>	<input checked="" type="checkbox"/> Town Manitowish <input type="checkbox"/> Village <input type="checkbox"/> City <i>Town Manitowish</i>	<i>3/27/11</i>
2. <i>Steve Bell</i>	<i>1160 ACE CRT MANITOWISH WATER</i>	<input checked="" type="checkbox"/> Town Manitowish <input type="checkbox"/> Village <input type="checkbox"/> City <i>Water</i>	<i>3/27/11</i>
3. <i>Asia Hopli</i>	<i>Hwy K - K-38 Manitowish Waters</i>	<input checked="" type="checkbox"/> Town Manitowish <input type="checkbox"/> Village <input type="checkbox"/> City <i>WATERS</i>	<i>3-27-11</i>
4. <i>RUTH Miller</i>	<i>163 Hwy W Manitowish Waters</i>	<input checked="" type="checkbox"/> Town Manitowish <input type="checkbox"/> Village <input type="checkbox"/> City <i>WATERS</i>	<i>3-27-11</i>
5. <i>Mary Keast</i>	<i>Hwy 3 - 11630 P.O. Box 1</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pesque Isle</i>	<i>3-27-11</i>
6. <i>Donna Kuehl</i>	<i>5513 City Rd Y Hazelhurst</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>3-27-11</i>
7. <i>Carol D. Cebulak-Koneel</i>	<i>10943 Pinewood Dr Minocqua</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3-27-11</i>
8. <i>Sally Kluffoth</i>	<i>5422 Hwy M Boulder Junction</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>3-27-11</i>
9. <i>Josh Bjork</i>	<i>9900 Blue Heron Lane Boulder Junction</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Boulder Jct</i>	<i>3-27-11</i>
10. <i>Josh Jackson</i>	<i>Four North of Olive</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dickson town</i>	<i>3-27-11</i>

Certification of Circulator

I, LARRY W. SCHUMACHER, certify:

I reside 4624 S 2nd E Pl, Tulsa, OK 74145

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 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

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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>Wayne Wilkenberg</u> <u>Wayne Dillenberg</u>	<u>13735 ST HWY 32/64</u> <u>MOUNTAIN WI 54149</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
2. <u>Pete Ellis</u>	<u>54149</u> <u>Mountain Wis</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
3. <u>Mary LINTNER</u> <small>mary linter</small>	<u>16075 Ch W Crivitz</u>	<input checked="" type="checkbox"/> Town <u>Riverview</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
4. <u>Michael LINTNER</u> <u>Michael LINTNER</u>	<u>16075 Ch W Crivitz</u>	<input type="checkbox"/> Town <u>Riverview</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
5. <u>Dennis Gerndt</u> <u>Dennis Gerndt</u>	<u>15598 Old T Lane</u> <u>Mountain WI 54149</u>	<input checked="" type="checkbox"/> Town <u>Doty</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
6. <u>Jeanette Gerndt</u> <u>Jeanette Gerndt</u>	<u>15598 Old T Ln</u> <u>Mountain WI 54149</u>	<input checked="" type="checkbox"/> Town <u>Doty</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
7. <u>Daniel Heister</u> <u>Dan Heister</u>	<u>N2616 Log Cabin Dr</u> <u>White Lake 54491</u>	<input checked="" type="checkbox"/> Town <u>Wolf River</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
8. <u>Alvin Heister</u>	<u>W3684 City Rd White Lake</u>	<input checked="" type="checkbox"/> Town <u>Evergreen</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
9. <u>WILLIAM H. BALLERING</u> <u>William H. Ballering</u>	<u>14270 SPRING CREEK RD</u> <u>MOUNTAIN, WI 54149</u>	<input checked="" type="checkbox"/> Town <u>Mountain</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>
10. <u>DENNIS VERRIER</u> <u>Dennis Verrier</u>	<u>12735 E. SHORE DR</u> <u>MOUNTAIN WI 54149</u>	<input checked="" type="checkbox"/> Town <u>MOUNTAIN</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-4-11</u>

Certification of Circulator

I, PAUL J SOCHA, certify:

I reside at 13735 AIA POINT RD POUND WI 54161

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

TOWN OF MOUNTAIN

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

3-4-11

(date)

Paul Socha

(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Mary Annson</i>	8800 Brown Rd <i>Minocqua</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	3-26-11
2. <i>Joseph Chapman</i>	8771 Arbutus Dr Woodruff WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	3-26-11
3. XXXXXXXXXX	XXXXXXXXXX	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City XXXXXXXXXX	XXXXXX
4. <i>Zach Tompa</i>	19597 Circle Pine Lane Wausau WI 54982	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausau</i>	3-26-11
5. <i>XXXXXXXXXX</i>	3863 Lt Trout Rd Lac du Flambeau WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lac du Flambeau</i>	3-26-11
6. <i>Cheryl Ringel</i> <i>C. Ringel</i>	Box 553 9090 Woodruff Woodruff, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	3-26-11
7. <i>XXXXXXXXXX</i>	<i>East River</i> 5171 Eagles Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>East River</i>	3-26-11
8. <i>Krista Blesch</i>	P.O. Box 1183 3600 <i>Lac du Flambeau, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>LDF WI</i> 54538	3-26-11
9. <i>Alissa Martin</i>	P.O. Box 224 <i>Lac du Flambeau</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LDF WI</i> 54538	3/26/11
10. <i>Milo Granley</i> <i>Mike Granley</i>	P.O. Box 924 <i>Lac du Flambeau, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua, WI</i> 54548	3/26/11

504 Menominee St. #4 Minocqua
Certification of Circulator

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

I reside 4621 S. 22nd E Pl, Tulsa, OK 74145
(circulator's residence - include number, street, and municipality)

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

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

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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 Meyer</i>	813 N Hazel Dell Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	2/25/11
2. <i>Joseph Meyer</i>	4775 Airport Rd CRANDON, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	2-25-11
3. <i>George Sampson</i>	600 S Lincoln Street Crandon, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-1-11
4. <i>Sam Buetter</i>	4725 County Rd T Laona, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Black Wolf	2-1-11
5. <i>Tom Anderson</i>	1108 Tracy Rd CRANDON WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3/1-11
6. <i>J. Gibson</i>	8778 Van Zile ARGONNE, WI 54511	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE	3-1-11
<i>Madison Foll</i>	8765 Mary St ARGONNE WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARGONNE	3-1-11
8. <i>Wm Quastberg</i>	5186 Tanager Ln CRANDON WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRANDON	3/14/11
9. <i>Janet Hayer</i>	4775 Airport Rd CRANDON WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nashville	3/14/11
10. <i>Gusan Hill</i>	204 N. Central Ave. Crandon, WI 54520	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/14/11

Certification of Circulator

I, George W (Bill) Kon, certify:

(name of circulator)

I reside at 203 So Wildwood Av 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.

03-14-11

(date)

George W (Bill) Kon
(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>Devy Cinto</u>	<u>83782 LK Thompson Rd</u> <u>Rhineland</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Rhineland</u>	<u>3-29-11</u>
2. <u>Michael Maleen</u>	<u>603 S. Keenan St</u> <u>APT A Rhineland</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-29-11</u>
3. <u>Aislinn Thomsen</u>	<u>3825 Country Drive</u> <u>Rhineland, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3-29-11</u>
4. <u>Wally Shepherd</u>	<u>323 Alton St</u> <u>Rhineland, WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-29-11</u>
5. <u>[Signature]</u>	<u>4024 River Rd</u> <u>Rhineland</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>3-29-11</u>
6. <u>Paula T. Dana</u>	<u>615 S. EASTERN AVE</u> <u>Rhineland</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-29-11</u>
7. <u>David Lintereus</u>	<u>7515 Glacier Park Ct.</u> <u>Rhineland WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-29-11</u>
8. <u>Collin Schmidt</u>	<u>7039 West Hudson St</u> <u>Rhineland WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhineland</u>	<u>3-29-11</u>
9. <u>Ruth M. Stone</u>	<u>634 Much 54521</u> <u>Eagle River, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>3-30-11</u>
10. <u>Rodney Olson</u>	<u>631 Wisconsin St</u> <u>Eagle River WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Eagle River</u>	<u>3-30-11</u>

Certification of Circulator

I, Larry W. Schumacher, certify:

I reside 4621 S. 7th 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.

3-31-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>	480 High Street Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
2. <i>[Signature]</i>	204 N Forest Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/29/11
3. <i>[Signature]</i>	615 N. Brown St. Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
4. <i>[Signature]</i>	1435 Apple & Walnut Ave Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
5. <i>[Signature]</i>	1644 W Davenport St Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-29-11
6. <i>[Signature]</i>	308 WOODLAND HITS 1 TERRACE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
7. <i>[Signature]</i>	6060 CITY HILL K Rhinelander, WI 54301	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/29/11
8. <i>[Signature]</i>	6000 HILL K Rhinelander, WI 54301	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ouisant	3/29/11
9. <i>[Signature]</i>	6000 RIVER RD Eagle River, WI 54821	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	3/29/11
10. <i>[Signature]</i>	7332 Hwy 8 West Apt 203 Rhinelander, WI 54301	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11

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.

3-31-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Marvill Burmeester</i>	1792 Helenk Rd Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
2. <i>Violet Kreck</i>	1628 Bonard Loop Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
3. <i>Elizabeth Thold</i>	Three Lakes 6735 Interlance Ed	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
4. <i>Renee Boye</i>	575 Purple Rd. Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
5. <i>Willie</i>	7032 Nela Street Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
6. <i>[Signature]</i>	5516 Cloverland Cloverland	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cloverland <input type="checkbox"/> City	3-30-11
7. <i>Sam'l Ewin</i>	600 Mine South Eagle River	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Eagle River <input type="checkbox"/> City	3-30-11
8. <i>Mitchel Muhl</i>	413 Minnesota St. Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3-30-11
9. <i>Shannon Anderson</i>	443 Wisconsin St. Eagle River, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Eagle River <input type="checkbox"/> City	3-30-11
10. <i>[Signature]</i>	519 B Wisconsin St. Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3-30-11

I, LARRY W. SCHUMACHER, certify:
(name of circulator)
 I reside 4621 S. 7th 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.

3-31-11 (date) *Larry W. Schumacher* (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Melinda Bernerick</i>	1792 Helen Rd Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
2. <i>WR Bowers</i>	1762 Erie St. PO Box 517 Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
3. <i>Amanda Kroll</i>	6941 E School St. Three Lakes	<input checked="" type="checkbox"/> Town Three Lake <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
4. <i>Lisa Vandette</i>	6963 Connors Rd Three Lakes	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
5. <i>Mr. Chung</i>	Three Lakes 2157 6th Hwy	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3.30.11
6. <i>[Signature]</i>	1351 Wildwood Dr. Eagle River, WI	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
7. <i>Deborah McHaul</i>	PO Box 1194 Eagle River, WI 54521	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	3-30-11
8. <i>Dawn Wenz</i>	308 ILLINOIS ST. Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/30/11
9. <i>[Signature]</i>	400 Eagle River Michigan St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/30/11
10. <i>Christa Troian</i>	1163 W. 1st Ave Dr EAGLE RIVER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	30 3/30/11

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

I reside 4621 S. Town E. Dr. 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.

3-31-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

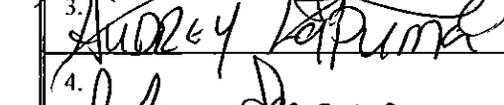
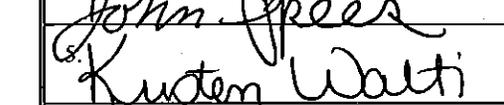
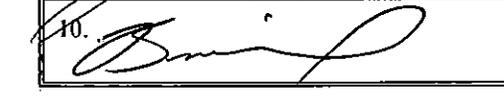
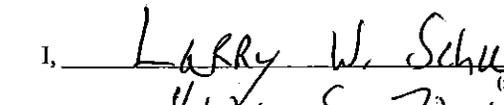
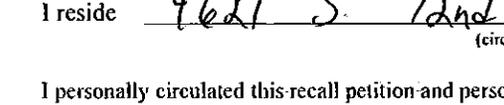
TO: Wisconsin Government Accountability Board

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

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

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1. 	6844 Hilltop Rd. Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
2. 	7339 Hwy 8 West Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
3. 	656 Alban St Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
4. 	Rhinelander Rhin 7502 Hwy	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	3/30/11
5. 	2970 Crescent Rd Rhinelander WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/30/11
6. 	4177 depot rd. Stella WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Starks	3/30/11
7. 	9845 Eastbit Trl Hazelhurst WI 54531	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/30/11
8. 	6970 Virgin Timber Dr. Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/30/11
9. 	4600 Birchwood DR Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
10. 	918 Bruner St. Apt. 13 Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11

Certification of Circulator

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

I reside 4621 S 7th E. Pl, Tulsa, OK
(circulator's residence - include number, street, and municipality)

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3-31-11 (date) Larry W. Schumacher (signature of circulator)

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

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1. <i>Mary Beck</i>	<i>3520 Shergu La Rd Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <i>WASHINGTON</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/28/11</i>
2. <i>David Hoja</i>	<i>Eagle River 522 Wisconsin Street</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Washington</i> <input type="checkbox"/> City	<i>3/28/11</i>
3. <i>Brian Haberman</i>	<i>4315A Spruce Ln Eagle River</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Washington</i> <input type="checkbox"/> City	<i>3/28/11</i>
4. <i>Mary Ann Nelson</i>	<i>5179 Kerry Lane Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Pelican</i> <input type="checkbox"/> City	<i>3/28/11</i>
5. <i>Dennis Kelly</i>	<i>4673 Oyer Rd Eagle River WI 54521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Eagle River</i> <input type="checkbox"/> City	<i>3/28/11</i>
6. <i>Wendy</i>	<i>740 Sun Prairie Rd Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Pine Lake</i> <input type="checkbox"/> City	<i>3/28/11</i>
7. <i>Chalcy Heone</i>	<i>6091 a evergreen Ct Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>3/28/11</i>
8. <i>Andrew Webb</i>	<i>19 West King St Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input type="checkbox"/> City	<i>3/28/11</i>
9. <i>Stephane Miller</i>	<i>4047a Pelican Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>3/28/11</i>
10. <i>Jim Kirsch</i>	<i>3752 Country View Drive Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>3-29-11</i>

I, LARRY W. SCHEMACHER, 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.

3-31-11 (date) Larry W. Schemacher (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>Lynn Sechen</i>	156.3 Daisy Dr St. Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
2. <i>Melanie Brando</i>	2250 Wisconsin St. Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
3. <i>Carole Ann</i>	8040 Found Lake Rd St. Germain, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
4. <i>Carol DeWitt</i>	7189 Schultz Rd St Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	3-28-11
5. <i>Melanie Elwell</i>	1469 White Tail Ave St. Germain, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
6. <i>Ken Ann</i>	Rhinelander, WI 54586 4338 White Pine Rd. SW	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-28-11
7. <i>Jay Hokeny</i>	1736 Pine wood Dr St. Germain WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	3-28-11
8. <i>Robert Gaud</i> 41457	5869 Rwn Rd Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dowland	3/28/11
9. <i>Justine Pinnow</i>	5358 Maple Leaf Road Land O'Lakes, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Land O'Lakes	3/28/11
10. <i>Tiffany Krueger</i>	P.O. Box 1321 436 Shadown Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/28/11

Certification of Circulator

I, LARRY W. SCHUMACHER, certify:

I reside 4601 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.

3-31-11
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

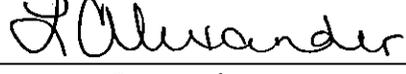
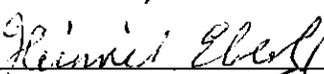
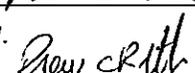
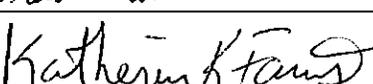
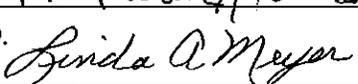
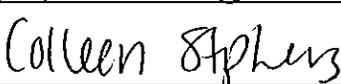
TO: Wisconsin Government Accountability Board

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

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1. 	9425 Cty Rd J Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	3/28/11
2. 	1348 Riverview Dr. St. Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	3/28/11
3. 	8146 Cottage Dr. E St. Germain, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	3/28/11
4. 	1409 White Tail Acres St. Germain, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	3/28/11
5. 	6693 Black Lake Rd Lake Tomahawk, WI 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Northwood</u>	3/28/11
6. 	8269 GREENBASS CIRCLE, E. R. WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	3/28/11
7. 	5672 Buzzy Ave Rd Rhinelander WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	3/28/11
8. 	5869 River Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Eagle River</u>	3/28/11
9. 	4320 Twin View Trail Phelps, WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	3/28/11
10. 	7483 Wheeler Is. Rd. Three Lakes, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Three Lakes</u>	3/28/11

Certification of Circulator

I, Larry W. Schumacher, certify:

(name of circulator)

I reside 4621 S. 72nd E St, 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.

3-31-11

(date)



(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Chris Nicholson</i>	4358 Hwy G EAGLE RIVER	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Washington	3/28/2011
<i>Cecily Neuenkampff</i>	1493 Woodland St. Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/28/11
3. <i>Tammie Bernstein</i>	8096 Hemlock Lane St. Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
4. <i>See Belcher</i>	2163 East Deer Lane St. Germain Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/28/11
5. <i>Jon Blease</i>	8067 Chippewa St. Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3/28/11
6. <i>Vic Pace</i>	4251 Spruce Ln Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	3/28/11
7. <i>Jenny Taylor</i>	128 E Luccaby Ln St Germain WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	3/28/11
8. <i>Ann</i>	3020 Forest Lake Rd Keshena 54801	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Keshena	3/29/11
9. <i>Dave Samuel</i>	7617 Hwy X Three Lakes, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/28/11
10. <i>Dave Samuel</i>	7617 Hwy X Three Lakes WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/28/11

Certification of Circulator

I, Larry W. Schumacher, certify:

(name of circulator)

I reside 4621 S. Tand E Pl, TUSA, 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.

3-31-11
(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>Kim Burt</i>	420 Hwy 70 ST GERMAIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
2. <i>D. Worden</i>	1877 Kenner Rd apt 105 St Germain WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
3. <i>[Signature]</i>	8188 Treasury Dr 81 Gornish Jct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	3-28-11
4. <i>R. DeBartter</i>	7189 SKULTZ ST GERMAIN WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	3-28-11
5. <i>[Signature]</i>	1750 ST. GERMAIN WI 1750 Highway L	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St. Germain	3-28-11
6. <i>[Signature]</i>	4771 Silent Sales D Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3-28-11
7. <i>Steve Fisher</i>	5999 Redpine Ct - Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3-28-11
8. <i>Brandee Neckula</i>	4488 Chain Oakes Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	3-28-11
9. <i>Bett Nutter</i>	3889 Bay Landing Trl. Thorp WI 54554	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phelps	3/28/12
10. <i>Andrea Hanson</i>	503 Minnesota St. Eagle River WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	3/28/11

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

I reside 462 S. 72nd & 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.

3-31-11 (date) Larry W. Schumacher (signature of circulator)

RECALL PETITION

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1. <i>Sheryl Mitchell</i>	10085 Airport Rd Crescent WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neshkell	3/25/11
2. <i>Amanda Harper</i>	640 Dorr Ave Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/25/11
3. <i>[Signature]</i>	911 E KING RD Tongueville WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/25/11
4. <i>Amanda Bloom</i>	1284 E Timber Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/25/11
5. <i>Jan Cherkeda</i>	822 Thayer St Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/25/11
6. <i>[Signature]</i>	3890 Foster Ln Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/25/11
7. <i>[Signature]</i>	13304 County Hwy C Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-25-11
8. <i>Megan Counts</i>	5361 Spider Lake Rd Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3-25-11
9. <i>Gene Geizer</i>	8870 Tice Lane Woodruff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	3-26-11
10. <i>Belan Tyler</i>	5614 Lakeview Dr. Manaogun	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Manaogun	3-26-11

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

I reside 462 S. Tand E Pl. Tully, 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.

3-31-11 (date) *Larry W. Schumacher* (signature of circulator)

RECALL PETITION

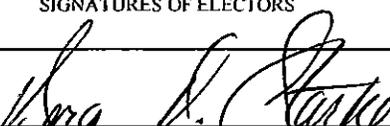
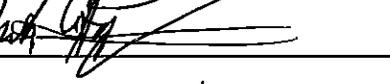
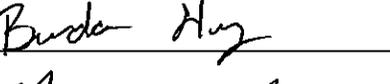
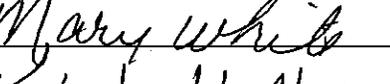
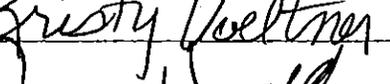
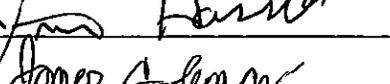
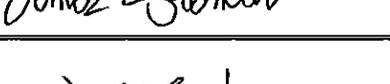
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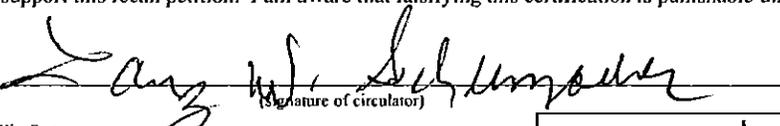
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1. 	11072 SUPERIOR ST. THREE LAKES, WI 53462	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/30/11
2. 	6644 WHITEFISH LK RD THREE LAKES	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/30/11
3. 	THREE LAKES 1240 LK. TR. DR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3-LAKES, WI	3/30/11
4. 	1261 Pine Island RD Three Lakes	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	3/30/11
5. 	PO BOX 5041 KENTWOOD CROSS PLAINS Valley Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CROSS PLAINS	3/30/11
6. 	1351 Wildwood Dr Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	3/30/11
7. 	210 Ohio St Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City E. River WI	3/30/11
8. 	411 Minnesota St Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ER, WI	3/30/11
	208 ILLINOIS ST Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ER, WI	3/30/11
10. 	201 Ohio St. Eagle River WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City E. River	3/30/11

I, James Larry W. Schumacher, certify:
(name of circulator)
 I reside 4621 S. 2nd E. Pl, Tulsa OK 74145
(circulator's residence - include number, street, and municipality)

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

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

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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>Marion M. Malow</i>	<i>1002 Heritage Ct</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/27/11</i>
2. <i>Robert Hornsby</i>	<i>W2660 R.O.W Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3/30/11</i>
3. <i>Jeanne Kienow</i>	<i>N5041 Pier St. Irma, WI 54442</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Irma</i>	<i>3/3/11</i>
4. <i>Jan K. Malow</i>	<i>1002 Heritage Ct Merrill, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>merrill</i>	<i>3/3/11</i>
5. <i>Anthony A. Malow</i>	<i>405 Hendricks St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>merrill</i>	<i>4/5/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1 / 11</i>

Certification of Circulator

I, *Jan K. Malow*, certify:
(name of circulator)

I reside *1002 Heritage Ct, Merrill*.
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Jan K Malow
(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>Wynona J. Connors</i>	5710 Richardson Lake Rd Wabeno, WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM	4/3/11
2. <i>Bruce A. Kottben</i>	1424 S. SHORE DR. WABENO WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM	4/3/11
3. <i>Colleen J. Connors</i>	5710 Richardson Lake Rd Wabeno WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM	4/3/11
4. <i>[Signature]</i>	5710 Richardson Lake Rd Wabeno WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM	4/4/11
5. <i>Kay Yocum</i>	5710 Richardson LK Wabeno, WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM	4/4/11
6. <i>[Signature]</i>	5710 Richardson LK Rd Wabeno, WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FREEDOM	4/5/11
7. <i>Richard J. Connors</i>	5263 FAIRWAY CT LAONA WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAONA	4/5/11
8. <i>Kay Connors</i>	5263 FAIRWAY CT Laona WI 54541	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	4/5/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11

Certification of Circulator

I, WYNONA J. CONNORS, certify:
(name of circulator)

I reside 5710 Richardson Lake Road, Wabeno, WI 54566 Town of FREEDOM.
(circulator's residence - include number, street, and municipality)

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

April 5 2011
(date)

Wynona J. Connors
(signature of circulator)

RECALL PETITION

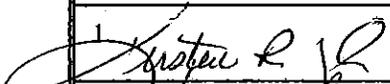
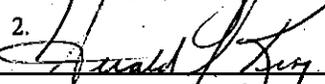
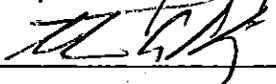
TO: Wisconsin Government Accountability Board

(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. 	W5497 Lincoln Drive Merrill, WI 54452	<input checked="" type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
2. 	N4743 DEWERSHAWERS Rd Glenora WI 54435	<input checked="" type="checkbox"/> Town Russell <input type="checkbox"/> Village <input type="checkbox"/> City	4/11/11
3. 	W5497 Lincoln Dr Merrill WI 54452	<input checked="" type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
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, Thomas A. King, certify:

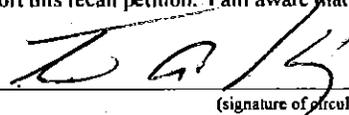
(name of circulator)

I reside W5497 Lincoln Dr. Merrill WI 54452

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

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

4-3-11
(date)


(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.)

We are recalling Senator, Jim Holperin, who fled Wisconsin for weeks leaving our district without representation.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Eileen Hass</u>	<u>N1958 County Road E</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4/15/11</u>
2. <u>John Hass</u>	<u>N1958 County Road E</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4/15/11</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, Eileen Hass, certify:

I reside N1958 County Road E Merrill WI
(circulator's residence - include number, street, and municipality)

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

4-5-11
(date)

Eileen Hass
(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>Harlan Tripp</i>	<i>N-10533 Maple Rd BIRNAMWOOD WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3/25/11</i>
2. <i>Denise M. Tripp</i>	<i>N-10533 Maple Rd. BIRNAMWOOD, WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3/25/11</i>
3. <i>Kurt A Olson</i>	<i>W 16205 City Rd. Q w/Henberg, Wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Almon</i>	<i>3/26/11</i>
4. <i>Kurt A Olson Jr.</i>	<i>N9124 Butternut Rd BIRNAMWOOD WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Birnamwood</i>	<i>3/26/11</i>
5. <i>Adam P Tripp</i>	<i>9575 State highway 49. APT B, WITTENBERG WI 54499</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>3/26/11</i>
6. <i>Daniel Tripp</i>	<i>P1320 Willow Ave BIRNAMWOOD, WI 54414</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Plover</i>	<i>3-26-11</i>
7. <i>Cindy Olson</i>	<i>N9124 BUTTERNUT RD BIRNAMWOOD, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BIRNAMWOOD</i>	<i>3-27-11</i>
8. <i>Denise Homes</i>	<i>W 16658 Hwy 12 BIRNAMWOOD, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3/28/11</i>
9. <i>Denise Homes</i>	<i>W16682 HWY 2 BIRNAMWOOD, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HUTCHINS</i>	<i>3/28/11</i>
10. <i>Peggy On Homes</i>	<i>W16682 HWY 2 BIRNAMWOOD, WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HUTCHINS</i>	<i>3/28/11</i>

Certification of Circulator

I, *Harlan Tripp* (name of circulator), certify:

I reside *N-10533 Maple Rd Birnamwood WI 54414* (circulator's residence - include number, street, and municipality)

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

3/28/11 (date)

Harlan Tripp (signature of circulator)

RECALL PETITION

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

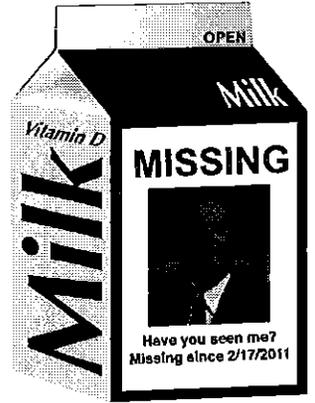
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>M. Hoff</i>	<i>N11536 Post Ln Elcho</i>	<input checked="" type="checkbox"/> Town Elcho <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
2. <i>[Signature]</i>	<i>N5610 STAR NEVA RD Deerbrook</i>	<input type="checkbox"/> Town NEVA <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
3. <i>[Signature]</i>	<i>N5632 Pure Neva Rd Deerbrook</i>	<input checked="" type="checkbox"/> Town Neva <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
4. <i>Ronald E Krueger Jr</i>	<i>N6282 CTH V Deerbrook</i>	<input checked="" type="checkbox"/> Town Neva <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
5. <i>George Lehrer</i>	<i>W11693 Blue Bell Rd Deerbrook WI</i>	<input checked="" type="checkbox"/> Town Peck <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
6. <i>[Signature]</i>	<i>245 FRED ST ANTIGO WI</i>	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-25-11</i>
7. <i>Russell J. Sullivan</i>	<i>W8826 Hwy B Bryant, WI 54418</i>	<input type="checkbox"/> Town Neva <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
8. <i>Lynne Zelinski</i>	<i>549 N. BOND ST EAGLE RIVER WI</i>	<input type="checkbox"/> Town EAGLE RIVER <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4-8-11</i>
9. <i>Mary Jane Zelinski</i>	<i>548 N BOND St Eagle River WI</i>	<input type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/8/11</i>
10. <i>Darlene Schreiber</i>	<i>W11684 Hwy 64 Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town Ackley <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/8/11</i>

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.

4/8/11
(date)

Laurie Hottenstein
(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>Leo R. Petrick</i>	<i>2334 Hwy 17 Phelps WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/15/11</i>
2. <i>Gary J. Petrick</i>	<i>2334 Hwy 17 Phelps, WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/15/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, *Leo R. Petrick*, certify:

I reside *2334 Hwy 17 Phelps, WI 54554*
(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.

4-5-11
(date)

Leo R. Petrick
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kevin Kucal</i>	10080 Hwy 70 E Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3-26-11
2. <i>Justin Kunschke</i>	3161 Potegama Lake Trail LDF WI 54538	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	3-26-11
3. <i>Melissa Savoy</i>	Lake Tom 7650 Trout Rd 54539	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKE TOMAHAWK	3-26-11
4. <i>Arthur J. M...</i>	9888 Morgan Oaks Drive Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-26-11
5. <i>Douglas Koeshall</i>	9894 Morgan Oaks Dr #3 Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-26-11
6. <i>Bob ...</i>	PO Box 104 Boulder Junction Wis	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	03/26/11
7. <i>P. Lund</i>	8007 N ALVA RD HARSHAN WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASSIANS	3/26/11
8. <i>Kathryn Rizzo</i>	7575 Trailwood Dr Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/26/11
9. <i>DAVE KOPKINSKI</i>	392 US Hwy 51 MAINTOWISH WATERC	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MAINTOWISH	3/26/11
10. <i>[Signature]</i>	2577 SUTHERLAND ARBORE VITAE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ARBORE VITAE	3/26/11

Certification of Circulator

I, Larry W. Schumacher, certify:

(name of circulator)

I reside 4621 S. TANK E. PL. TULSA OK 74145

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

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

March 28 2011
(date)

Larry W. Schumacher
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Michael Apfelbeck</i>	<i>370 Timber Hts Dr. Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>4/1/11</i>
2. <i>Jean Martinson</i>	<i>367 Timber Hts Dr. Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4/1/11</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, *Jean Martinson*, certify:
(name of circulator)

I reside *367 Timber Heights Dr. - Rhinelander, WI.*
(circulator's residence - include number, street, and municipality)

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

4-2-11

(date)

Jean N. Martinson

(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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leaving state and not doing his job.

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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>William Meek</u>	<u>9971 Ridgewood Dr Menomonie</u>	<input checked="" type="checkbox"/> Town <u>Hazelhurst</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/4/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ /11</u>

Certification of Circulator

I, William Meek, certify:

(name of circulator)

I reside 9971 Ridgewood Dr Menomonie WI 54854

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

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

William Meek

(signature of circulator)

RECALL PETITION

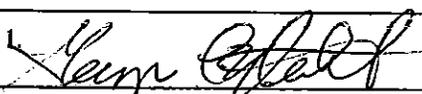
TO: Wisconsin Government Accountability Board

(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. 	7035 N. BLUEBIRD LAKE TOMAHAWK, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3/30/11
2. 	7035 N. BLUEBIRD LAKE TOMAHAWK WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3/30/11
3. 	7035 N. BLUEBIRD LAKE TOMAHAWK WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	3/30/11
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, KAREN METRICK, certify:
(name of circulator)

X I reside 7035 BLUEBIRD RD. 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.

X 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>Coral Messer</i>	<i>1126 North Ave</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Wausaukee</i> <input type="checkbox"/> City	<i>4/5/11</i>
2. <i>Michael P. Messer</i>	<i>1126 NORTH AVE</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>WAUSAUKEE</i> <input type="checkbox"/> City	<i>4/5/11</i>
3. <i>Vanni Schue</i>	<i>111910 Hwy 141</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Wausaukee</i> <input type="checkbox"/> City	<i>4/6/11</i>
4. <i>[Signature]</i>	<i>W6705 Judy St. Wausaukee</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Wausaukee</i> <input type="checkbox"/> City	<i>4/6/11</i>
5. <i>Julie Sjogvist</i>	<i>P.O. 230 Wausaukee, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Wausaukee</i> <input type="checkbox"/> City	<i>4/6/11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/11</i>

Certification of Circulator

I, MICHAEL P. MESSER, certify:
(name of circulator)

I reside 1126 NORTH AVE, 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.

APRIL 6, 2011
(date)

Michael P. Messer
(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>James R. Miller</i>	<i>6265 Muskellunge Hds Lake Tomahawk WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/30/11</i>
2. <i>Sharon R Miller</i>	<i>6265 Muskellunge Hds Lake Tomahawk Wis</i>	<input 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	
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, *James R. Miller* **Certification of Circulator** *JAMES R. MILLER*, certify:
(name of circulator)
 I reside *6265 Muskellunge Hds Ln Lake Tomahawk Newbold 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.

4/6/11 (date) *James R. Miller* (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>Duncan McRae</i>	<i>4115 FOREST LANE RHINELANDER</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINELAKE</i>	<i>4/1/11</i>
2. <i>Clara McRae</i>	<i>4115 FOREST LANE RHINELANDER</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINELAKE</i>	<i>4/1/11</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, DUNCAN A MCRAE, certify:
(name of circulator)

I reside 4115 FOREST LANE RHINELANDER WI PINELAKE
(circulator's residence - include number, street, and municipality)

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

Duncan McRae

(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>Beverly M. McFadden</i>	<i>2511 COUNTY ROAD A THREE LAKES, WI 54562</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/09/11</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, *BEVERLY M. MCFADDEN*, certify:
(name of circulator)

I reside *2511 COUNTY ROAD A THREE LAKES WI. 54562*.
(circulator's residence - include number, street, and municipality)

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

APRIL 04 2011
(date)

Beverly M. McFadden
(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. 	W5931 Maplecrest Rd Crittitz, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
2. Shirley Race	806 Funk St Crittitz, WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
3. Harold Race	806 Funk St. Crittitz, WI 54114	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
4. Cheryl Mortinson	W5931 Maplecrest Rd Crittitz, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
5. John A Berg	W3614 County Rd G Porterfield, WI 54159	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/3/11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/11

Certification of Circulator

I, John A. Berg, certify:

(name of circulator)

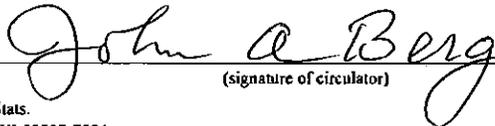
I reside W3614 County Road G, Porterfield, WI 54159

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

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

4-3-11

(date)



(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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STATEMENT OF REASON FOR RECALL

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Dean Schmelt</i>	<i>3841 E Church RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Conover</i>	<i>3/30/11</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, *R. Hettner*, certify:

(name of circulator)

I reside *3434 ARBOUR COURT CONOVER*

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

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

3/31/11

(date)

Ronald Hettner

(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 po.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>[Signature]</u>	<u>W7791 Hwy 86 Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TOMAHAWK</u>	<u>4-6-11</u>
2. <u>[Signature]</u>	<u>W7791 Hwy 86 TOMAHAWK, WI 54487</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>TOMAHAWK</u>	<u>4/6/11</u>
3. <u>[Signature]</u>	<u>4349 Quade Lane Crandon WI 54520</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Crandon</u>	<u>4/6/11</u>
4. <u>[Signature]</u>	<u>W15245 HARVEY LN ATHELSTONE WI 54104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ATHELSTONE</u>	<u>4/6/11</u>
5. <u>[Signature]</u>	<u>4839 Hwy 52 Waters WI 5466</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Waters</u>	<u>4/6/11</u>
6. <u>[Signature]</u>	<u>W6006 Judy St. Wausauke WI 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wausauke</u>	<u>4/6/11</u>
7. <u>[Signature]</u>	<u>N15570 OLD 38RD Amberg WI 54102</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Amberg</u>	<u>4-6-11</u>
8. <u>[Signature]</u>	<u>7049 N S WOLF P.O. Box Lake Umbagog</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>4/6/11</u>
9. <u>[Signature]</u>	<u>W7097 CTH C Tomahawk WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>4-6-11</u>
10. <u>[Signature]</u>	<u>W6176 Horton Rd Tomahawk WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Tomahawk</u>	<u>4-6-11</u>

TIM Novitski

Certification of Circulator

I, _____, certify:

reside at W5896 Cty Rd A Tomahawk WI 54487 Town of Bradley

(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.

April 19th 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

(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>Gracey Kaiser</u>	<u>9200 Hwy K Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <u>Cassian</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-6-11</u>
2. <u>Mike Stehfam</u>	<u>9200 Hwy K Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <u>Cassian</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-6-11</u>
3. <u>Todd Schan</u>	<u>1976 Sunset Dr. Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <u>Wokoni's</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-15-11</u>
4. <u>Paul Ruppinger</u>	<u>17281 Loop Rd Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>4/15/11</u>
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	

Jim Novitski (TIM Novitski) **Certification of Circulator** certify:
(name of circulator)
 reside at W5896 City Rd A Tomahawk WI 54487 Town of Bradley
(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.

April 19th 2011
(date)

Jim Novitski
(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>Eduardo O. Ferrer</i>	917 Hudson St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	03/15/2011
2. <i>Tony Konz</i>	W10242 Cty. C Deerbrook WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NCVA	3-18-2011
3. <i>Rodger Zupson</i>	310 CENTER ST ANTIGO, WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ANTIGO	3-18-11
4. <i>W. J. Baur</i>	17412 KRONKOPF RD DEARBROOK WI 54402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City DEARBROOK	3-18-11
5. <i>John Smith</i>	618 Pine St. Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-18-11
6. <i>Ney Cole</i>	19332 N. Deer Rd. Summit Lake WI 54485	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SUMMIT LAKE	3-18-11
7. <i>AM Behr</i>	11511 WHITE LN Crandon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City of Crandon	3-18-11
8. <i>Supreme Behr</i>	11511 White Ln Crandon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3-18-11
9. <i>Theodore C. Fox III</i>	N2405 Hillside Road Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3-18-11
10. <i>Lucette Lodholz</i>	N8540 Forest Rd Deerbrook, WI 54434	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-18-11

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.

3-18-11
(date)

Laurie R. Hottenstein
(signature of circulator)

Page No. 2064

(608) 520-4145

RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

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

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

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

STATEMENT OF REASON FOR RECALL

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



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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	W10920 Bluebell Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	3/17/11
2. <i>[Signature]</i>	604 Bissel St. White Lake WI 54491	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City White Lake	3/17/11
3. <i>[Signature]</i>	507 HOGAN ST 54409 ANTIGO, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/18/11
4. <i>[Signature]</i>	1040 US Highway 45 Pelican Lake	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schoonake Pelican Lake	3/18/11
5. <i>[Signature]</i>	N2681 City Rd S Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	3/18/11
6. <i>[Signature]</i>	N7346 Kennedy Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3/18/11
7. <i>[Signature]</i>	W3740 O'Brien Rd Jilby, WI 54491	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Langlade	3/18/11
8. <i>[Signature]</i>	N6945 Birchwood Ln. Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nava	3/18/11
9. <i>[Signature]</i>	W 9491 City Rd B Bryant, WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nava	3/18/11
10. <i>[Signature]</i>	Antigo, WI 54409 1311 Western Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3/18/11

Certification of Circulator

I, Laurie Hottenstein, certify:

(name of circulator)

I reside at N3383 Meadow Rd, Antigo

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

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

3/18/11
(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.)

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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>Lake Muramoto</i>	1337 Edison St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	02 Mar 2011
2. <i>Joseph Sheterony</i>	1335 Edison St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	02-3-2011
3. <i>Dennis Pace</i>	N9749 MEADOW RD BIRNAMWOOD WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hutchins	3-3-2011
4. <i>Cynthia Kieper</i>	308 Easttowne Dr. Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	3-18/2011
5. <i>Pat Valkman</i>	N1345 Old 26 Rd Antigo WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/18/11
6. <i>Deborah Marmor</i>	N693 Hwy 45S Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/18/11
7. <i>Shawn Whel</i>	W9674 Coy Rd. U ELCHO, WI 54428	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ELCHO	3/18/11
8. <i>For R. M. M. M.</i>	N621 Old 26 Rd. ANIWA, WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/19/11
9. <i>Diane J. Matzahn</i>	W621 Old 26 Rd. ANIWA WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	3/19/11
10. <i>Maureen Kately Dakin</i>	N8951 Water Power Rd Deerbrook WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-19-11

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.

3-19-11

(date)

Laurie Hottenstein

(signature of circulator)

RECALL PETITION

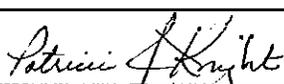
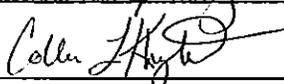
TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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. 	915 Dereech St. Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/4/11
2. 	226 Dereech St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	4/5/11
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

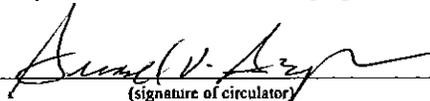
Certification of Circulator

I, GERARD V. BEIGER, certify:
(name of circulator)

I reside N-2822 WILDWOOD LN ANTIGO WI 54409 Township of Polk.
(circulator's residence - include number, street, and municipality)

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

4-6-11
(date)


(signature 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>Shelby Panches</i>	<i>8222 Glencoe Dr PO Box 1652</i>	<input checked="" type="checkbox"/> Town <i>Woodruff</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-1-11</i>
2. <i>WPL</i>	<i>5996 Lakewood Rd</i>	<input checked="" type="checkbox"/> Town <i>Lake Tomahawk</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-1-11</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	

I, David B. Panches **Certification of Circulator**, certify:
(name of circulator)

I reside at 8222 Glencoe Rd, Woodruff, WI 54568
(circulator's residence - include number, street, and municipality)

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

3-1-11 *David B. Panches*
(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>Floyd D. Matteson</u>	<u>9234 W. Main St Box 54 Elderon, WI 54429</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Elderon</u> <input type="checkbox"/> City	<u>3-21-11</u>
2. <u>Tom A. Geronko</u>	<u>8446 Mission Lk Rd Eland, WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>3-27-11</u>
3. <u>Floyd Matteson</u>	<u>477 Highland Ave Elderon, WI 54429</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Elderon</u> <input type="checkbox"/> City	<u>3-28-11</u>
4. <u>Melene Matteson</u>	<u>477 Highland Ave Elderon, WI 54429</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>ELDERON</u> <input type="checkbox"/> City	<u>3-30-11</u>
5. <u>[Signature]</u>	<u>9342 MAIN ST WITTENBERG, WI 54499</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>ELDERON</u> <input type="checkbox"/> City	<u>3-30-11</u>
6. <u>[Signature]</u>	<u>14213 Oak Lane Hatley, WI 54440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>HATLEY</u>	<u>3-30-11</u>
7. <u>Chad Peterson</u>	<u>1751 Cherry Dr Eland WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ELDERON</u>	<u>3-30-11</u>
8. <u>Mark Noyl</u>	<u>400 Wausau St Elderon, WI 54429</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Elderon</u> <input type="checkbox"/> City	<u>3/30/11</u>
9. <u>Jeanne Musher</u>	<u>515 Highland Elderon, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Elderon</u> <input type="checkbox"/> City	<u>3/30/11</u>
10. <u>Gerald Huck</u>	<u>W1927 OAR Rd Wittenberg, WI 54499</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wittenberg</u>	<u>4/1/11</u>

Certification of Circulator

I, Floyd O Matteson, certify:

I reside Village of Elderon 477 Highland Ave 54429
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 4/1/11
(date)

Floyd O Matteson
(signature of circulator)

RECALL PETITION

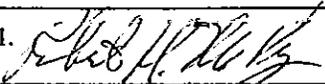
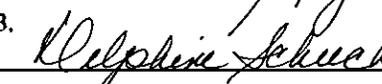
TO: Wisconsin Government Accountability Board

(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. 	6312 Swallow Rd	<input checked="" type="checkbox"/> Town Lake Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
2. 	6312 Swallow Rd	<input checked="" type="checkbox"/> Town Lake Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
3. 	6312 Swallow Rd MC POA Delphine Schuch	<input checked="" type="checkbox"/> Town Lake Tomahawk <input type="checkbox"/> Village <input type="checkbox"/> City	3/3/11
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

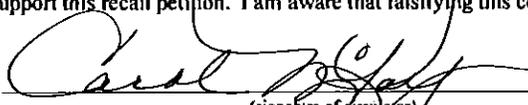
Certification of Circulator

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

I reside 6312 Swallow Rd, Lake Tomahawk, WI.
(circulator's residence - include number, street, and municipality)

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

3/3/11
(date)


(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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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>Shari McPherson</u>	<u>11400 Santo Rd Woodruff Wis.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/30/11</u>
2. <u>Ed McPherson</u>	<u>11400 Santo Rd Woodruff Wis.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<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, Shari McPherson, certify:

(name of circulator)

I reside 11400 SAnTO - Woodruff Wis.

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

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

3-30-2011

(date)

Shari McPherson

(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>Roland L. McBoein</i>	<i>387 FRAZER LN PICKEREL, WI 54465</i>	<input checked="" type="checkbox"/> Town <i>NASHVILLE</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>T. Shl</i>	<i>W6902 CTH DEERBROOK DEERBROOK WI 54424</i>	<input checked="" type="checkbox"/> Town <i>AINSWORTH</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
3. <i>Will Krueger</i>	<i>N6180 CRY RD V DEERBROOK WI 54424</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <i>Neveq</i> <input type="checkbox"/> City	<i>3/30/11</i>
4. <i>[Signature]</i>	<i>W9998 Steven Spring Pl PEARSON WI 54462</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Pearson</i> <input type="checkbox"/> City	<i>3/30/11</i>
5. <i>Karl Hagen</i>	<i>W6227 N Rollingstone PEARSON Wis 54462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>AINSWORTH</i> <input type="checkbox"/> City	<i>3/30/11</i>
6. <i>Kim Hoepnel</i>	<i>W6222 N Rollingstone PEARSON WI 54462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Ainsworth</i> <input type="checkbox"/> City	<i>3/30/11</i>
7. <i>Caroline Plarisch</i>	<i>Pearson WI 54462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Ainsworth</i> <input type="checkbox"/> City	<i>3/30/11</i>
8. <i>Norm Krueger</i>	<i>W8983 Hwy 5 Pickeral, WI 54465</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Langlade</i> <input type="checkbox"/> City	<i>3/30/11</i>
9. <i>Jolene Stued</i>	<i>W9381 Goose Island Rd PEARSON WI 54462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>ainsworth</i> <input type="checkbox"/> City	<i>4/12/11</i>
10. <i>Sarah Stued</i>	<i>W9381 w Goose Island Rd PEARSON WI 54462</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Ainsworth</i> <input type="checkbox"/> City	<i>4/12/11</i>

Certification of Circulator

I, *Roland L. McBoein*, certify:
(name of circulator)

I reside *387 FRAZER LN PICKEREL WI 54465 NASHVILLE*.
(circulator's residence - include number, street, and municipality)

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

[Signature] *4/4/11*
(date)

Roland L. McBoein
(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>Bob Ziemanski</i>	<i>W1230 Long Lake Dr Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/29/11</i>
2. <i>Jim S. Ziemanski</i>	<i>W1230 Long Lake Dr GLEASON, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON</i>	<i>3/28/11</i>
3. <i>M. W. Schamer</i>	<i>W1113 Lombard Ln GLEASON WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/28/11</i>
4. <i>Carole</i>	<i>N8718 Hwy H Iona WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Skaneateles</i>	<i>3/28/11</i>
5. <i>Julie Sevazin</i>	<i>N8714 Hwy H Irma, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Skaneateles</i>	<i>3/28/11</i>
6. <i>Dolores Kinder Landen</i>	<i>W1044 Little Lake Rd Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/29/11</i>
7. <i>Jana Meyer</i>	<i>W1055 Little Lake Rd Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/29/11</i>
8. <i>Dolores Kinder Landen</i>	<i>W1054 Little Lake Rd Gleason WI 54435</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/29/11</i>
<i>Christina</i>	<i>N8105 St. Hwy. 17 Gleason, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON</i>	<i>3/29/11</i>
10. <i>Nancy MacMoran</i>	<i>N 8105 State Hwy 17 Gleason, WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/29/11</i>

Certification of Circulator

I, Andrew T. MacMoran, certify:
(name of circulator)

I reside N8105 State Hwy. 17 Gleason, WI 54435 Town of Harrison, Lincoln 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.

3/29/11
(date)

Andrew T. MacMoran
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Jack H. Bartelme Sr.</i>	<i>4999 Spafford Rd. Rhinelander WI 5454</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STELLA</i>	<i>3/29/11</i>
2. <i>[Signature]</i>	<i>5009 Spafford Rd Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stella</i>	<i>3/30/11</i>
3. <i>[Signature]</i>	<i>3763 Rhineland Ave Rhinelander 5454</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/30/11</i>
4. <i>Sharon Klau</i>	<i>3763 LK Thompson Rd Rhinelander WI 5454</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/30/11</i>
5. <i>Karen Bartelme</i>	<i>4999 SPAFFORD RD Rhinelande, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STELLA</i>	<i>3/30/11</i>
6. <i>[Signature]</i>	<i>5005 Spafford Rd. Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stella</i>	<i>4/13/11</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, *Jack H. Bartelme Sr. (JACK H. BARTEME, Sr.)*, certify:
(name of circulator)

I reside *Rhinelander Wis. 4999 Spafford Rd, 54501*.
(circulator's residence - include number, street, and municipality)

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

4/4/12
(date)

Jack H. Bartelme Sr.
(signature of circulator)

RECALL PETITION

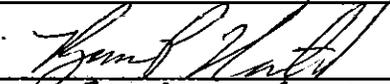
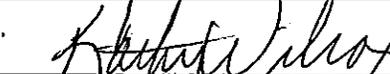
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1. 	14241 Harris Creek Ln. Winchester, WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	4/2/11
2. 	8264 Main St Potosi, WI 53103	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Potosi	4/4/11
3. 	1229 Hannake Rd Winchester, WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	4/4/11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

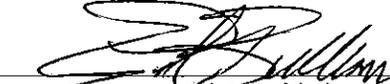
I, EMERK Bullion **Certification of Circulator**, certify:

I reside 13090 Village Pt Ln Winchester WI 54557
(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.

4/2/11

(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>John Brust</i>	<i>7676 MEADOW LN.</i>	<input checked="" type="checkbox"/> Town <i>Presque Isle</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>Jacquelyne Brust</i>	<i>7876 MEADOW LANE</i>	<input checked="" type="checkbox"/> Town <i>Presque Isle WI</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<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, *John Brust*, certify:
(name of circulator)

I reside *Presque Isle, 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.

3/31/11
(date)

John Brust
(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>Lowell Boren</i>	<i>17328 Maple Rd</i>	<input checked="" type="checkbox"/> Town <i>Wittenberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/14/11</i>
2. <i>Coral Boren</i>	<i>W17328 Maple Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village → <i>WITTENBERG</i> <input type="checkbox"/> City	<i>4/14/11</i>
3. <i>Michael Boren</i>	<i>Wittenberg, WI. 54499</i> <i>3310 Tapp Dr.</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Weston</i>	<i>4/14/11</i>
4. <i>Ashley Crawford</i>	<i>3207 Caleb Drive</i> <i>Weston, WI 54476</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Weston</i>	<i>4/14/11</i>
5. <i>Brandon Crawford</i>	<i>3207 Caleb Dr</i> <i>Weston WI 54476</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Weston</i>	<i>4/14/11</i>
6. <i>Edith Boreen</i>	<i>W17085 Maple Rd</i> <i>Wittenberg WI 54499</i>	<input type="checkbox"/> Town <i>Wittenberg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/14/11</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, *Lowell Boreen*, certify:
(name of circulator)

I reside *W17328 Maple Rd, Wittenberg, WI, 54499*.
(circulator's residence - include number, street, and municipality)

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

4 - 14 - 11
(date)

Lowell Boreen
(signature of circulator)

RECALL PETITION

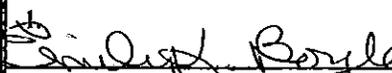
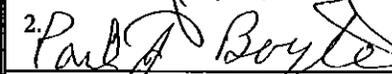
TO: Wisconsin Government Accountability Board

(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. 	4481 Trump Lake Rd. Wabeno WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/30/11
2. 	4481 Trump Lake Rd Wabeno WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/31/11
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, Emily K. Boyle (name of circulator), certify:

I reside 4481 Trump Lake Road - Wabeno WI (circulator's residence - include number, street, and municipality)

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

3-30-2011 (date)

 (signature of circulator)

RECALL PETITION

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

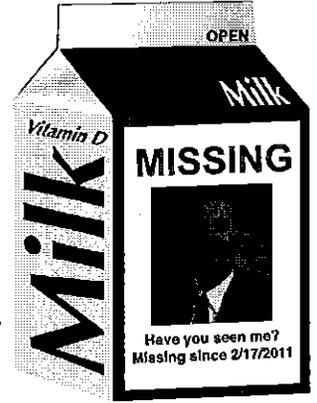
We, the undersigned qualified electors of the Wisconsin's 12th Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Jim 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. <u>Deidra Gearhart</u>	<u>Dunbar WI 54119</u> <u>N17653 Twinlake Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/28/11</u>
2. <u>Pamela Zandt</u> <u>Richard Zandt</u>	<u>W7945 Aspen Lane</u> <u>Pembine WI</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pembine</u>	<u>3/28/11</u>
3. <u>Pamela Zandt</u>	<u>443 East H. Street</u> <u>Iron Mt. WI 49801</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>---</u>	<u>3/28/11</u>
4. <u>Joe Luczak</u>	<u>W7275 CTY Rd K.</u> <u>Amberg WI 54102</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Amberg</u>	<u>3-28-11</u>
5. <u>Greg Gau</u>	<u>9645 School Rd</u> <u>Brussels WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Brussels</u>	<u>3-28-11</u>
6. <u>Michelle Fider</u>	<u>W10413 Trout Haven</u> <u>Dunbar WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3-28-11</u>
7. <u>Tracy Voegtline</u>	<u>4969 1st Crossing Rd</u> <u>Florence WI 54121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Florence</u>	<u>3-28-11</u>
8. <u>Jeff Voegtline</u>	<u>4969 1st Crossing Rd</u> <u>Florence WI 54121</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Florence</u>	<u>3-28-11</u>
9. <u>Linda L. Kmit</u>	<u>1857 Ledge St.</u> <u>Niagara, WI 54151</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Niagara</u>	<u>3/28/11</u>
10. <u>Amanda Sanicki</u>	<u>W8580 Barbey St</u> <u>Niagara WI 54151</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Niagara</u>	<u>3/28/11</u>

I, David Smail **Certification of Circulator**, certify:
(name of circulator)
 I reside at 209 Mill St. Goodman WI 54125
(circulator's residence - include number, street, and municipality)

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

3/29/2011 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

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>[Signature]</i>	W11106 BASS LAKE RD Summit Lake WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-25-11
2. <i>[Signature]</i>	714 Center St. APT 116 Antigo WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-25-11
3. <i>[Signature]</i>	10909 Nyass Rd. Deerbrook WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peak	3-26-11
4. <i>[Signature]</i>	4346 Bear Lake Rd Antigo WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	3-26-11
5. <i>[Signature]</i>	4346 Bear Lake Rd Antigo WI 54408	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	3-26-11
6. <i>[Signature]</i>	W11310 Bogus Rd Deerbrook, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Upham	3-26-11
7. <i>[Signature]</i>	204 Mary Street Antigo, WI 54407	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
8. <i>[Signature]</i>	W1221 PARKSON WA 54602	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City A IN SWARTH	3-26-11
9. <i>[Signature]</i>	16350 Neva Way Deerbrook, WI 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3-26-11
10. <i>[Signature]</i>	5128 SALSIM LN S, EAGLE RIVER, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3-26-11

Certification of Circulator

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

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

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

3-26-11
(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

Page No. 2081

RECALL PETITION

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(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.

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1. Nancy D. Peterson	1100 Parkview Niagara	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
2. Lisa Kustra	2001 River St Niagara	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
3. Kathy Westrick	1032 Prospect Niagara WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
4. Roy Norman	165 Hill Street Niagara, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
5. Glenn Rock	1249 Cleveland St Niagara WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
6. Zychowski Jean Zychowski	240 Madison Ave Niagara, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
7. Bougie Christine Bougie	1228 Harding St Niagara, WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4/5/11
8. James Rapain	1000 Harding St Niagara	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Niagara	4-5-11
9. Vassar Marian Vassar	641 Florence Av Florence	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	4-7-11
10. merhalski John Merhalski	609 Florence Av Florence	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	4-7-11

I, David Smail **Certification of Circulator**, 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.
 Date: 4-8-2011 Signature: 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

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>Thomas P. Croker</i>	3207 70 R Eagle River, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2/01/11
2. <i>Mark A. Harris</i>	321 517 Road Eagle River 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	2-26-11
3. <i>David D. Ferrel</i>	N9307 Riverside Rd Pecerson WI 54462	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-6-11
4. <i>Theresa Ferrel</i>	N9207 Riverside Rd Pecerson WI 54462	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-6-11
5. <i>Rosa Jutila</i>	311 E 4th A.P.O. BOX 10 CRANDON, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3/5/11
6. <i>Victoria Branta</i>	3725 LAKE LUCERNE DR. CRANDON, WI 54520	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3-5-11
7. <i>[Signature]</i>	3725 LAKE LUCERNE CRANDON WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	3-5-11
8. <i>[Signature]</i>	2369 Mud Creek Rd. MONICO, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONICO	3-5-11
9. <i>[Signature]</i>		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MONICO	3-5-11
10. <i>M.E. Miesler</i>	N9362 5TH ST Pickarel, WI 54465	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Langlade	3-5-11

Certification of Circulator

I, Cade Halada, certify:
(name of circulator)

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) *Carl [Signature]* (signature of circulator)

RECALL PETITION

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

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1. <i>Murray Guh</i>	<i>N10828 CHERRY RD BIRNAMWOOD, WI.</i>	<input checked="" type="checkbox"/> Town ANIWA <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/17/11</i>
2. <i>Claree Best</i>	<i>502 Virginia St Antigo, WI 54409</i>	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3/17/11</i>
3. <i>Autumn BEST</i>	<i>11</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>11</i>
4. <i>Doreen Kohn</i>	<i>1601 10th Ave Antigo WI 54409</i>	<input type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/20/11</i>
5. <i>Carol De Vae</i>	<i>W10085 Mary Ln Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town Rolling <input type="checkbox"/> Village Antigo <input type="checkbox"/> City	<i>3/21/11</i>
6. <i>Norman Wegner</i>	<i>N5739 Ormsby Rd Deerbrook, WI 54434</i>	<input checked="" type="checkbox"/> Town Peck <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/25/11</i>
7. <i>John Hubbard</i>	<i>N7459 Kennedy Rd. Deerbrook, WI 54434</i>	<input checked="" type="checkbox"/> Town Upham <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/25/11</i>
8. <i>Michael Haugen</i>	<i>W1269 Hwy. I Deerbrook WI</i>	<input checked="" type="checkbox"/> Town Peck <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
9. <i>Keri A. [Signature]</i>	<i>W13520 County Rd. J Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town Summit <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>
10. <i>Bryan [Signature]</i>	<i>W10482 Co. Rd. K Elcho WI 54428</i>	<input checked="" type="checkbox"/> Town Elcho <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-25-11</i>

Certification of Circulator

I, Laurie Hottenstein, certify:

(name of circulator)

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

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

3-25-11
(date)

Laurie Hottenstein
(signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Melvin Burch</u>	<u>2283 E. SUMM</u> <u>TOMAHAWK</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>TOMAHAWK</u> <input type="checkbox"/> City	<u>3/4/11</u>
2. <u>CHRIS ANDERSON</u>	<u>3181 WILLIE Rd.</u> <u>TOMAHAWK WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>NOKOMIS</u> <input type="checkbox"/> City	<u>3/4/11</u>
3. <u>Mitch Bayer</u>	<u>2123 OLD ROAD</u> <u>TOMAHAWK WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>NOKOMIS</u> <input type="checkbox"/> City	<u>3/4/11</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, Joseph I. Heid, certify:

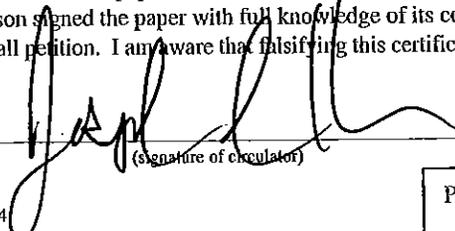
(name of circulator)

I reside at 7754 Hixon Rd. MINOCQUA, WI 54548

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

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

4/14/11
(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>Brian Giere</i>	<i>11530 CABLE RD.</i>	<input checked="" type="checkbox"/> Town <i>VILAS COUNTY</i> <input type="checkbox"/> Village <i>ARBOR VITAE</i> <input type="checkbox"/> City	<i>2/27/11</i>
2. <i>Heather Johnson</i>	<i>11624 Pinecrest Dr.</i>	<input checked="" type="checkbox"/> Town <i>Vilas County</i> <input type="checkbox"/> Village <i>Arbor Vitae</i> <input type="checkbox"/> City	<i>2/27/11</i>
3. <i>Bree Johnson</i>	<i>11624 PINECREST DR</i>	<input checked="" type="checkbox"/> Town <i>VILAS COUNTY</i> <input type="checkbox"/> Village <i>ARBOR VITAE</i> <input checked="" type="checkbox"/> City	<i>2/27/11</i>
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, *BRIAN GIERE*, certify:
(name of circulator)

I reside at *11530 CABLE RD., ARBOR VITAE TOWN OF, 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.

2/27/11
(date)

Brian Giere
(signature of circulator)

RECALL PETITION

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

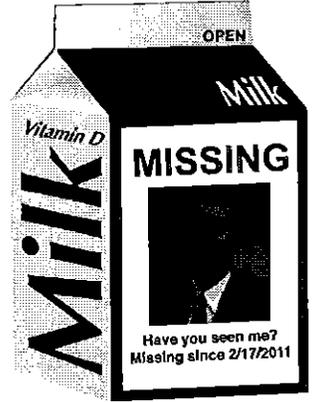
We, the undersigned qualified electors of the Wisconsin's 12th Senate District
(jurisdiction or district of officeholder)

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>William K. Waggoner</i>	2008 BLUEBIRD LN WOODRUFF, WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/22/11
2. <i>John A. Nichol</i>	1946 N. FARMING ARBOR VITAE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/27/11
3. <i>Sj Stephens</i>	817 Plum Ln Station Rd Sayre WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/20/11
4. <i>Karen Mikul</i>	1946 N. Farming Rd Arbor Vitae WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/24/11
5. <i>Mary Kubert</i>	7351 Maple Ridge Ln Pique Isle, WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/25/11
6. <i>Donna Mirek</i>	7654 Pietz Lane St. Germain, WI 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/25/11
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, Karen A. Mikul, certify:
(name of circulator)

I reside at 1946 N. Farming Rd Arbor Vitae WI 54568
(circulator's residence - include number, street, and municipality)

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

3-26-11
(date)

Karen Mikul
(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.

2087
[Handwritten mark]

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>Glenn C. Young</u>	<u>8035 BURCHMORE RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/26/11</u>
2. <u>Jedick R. Young</u>	<u>8035 BURCHMORE RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>THREE LAKES</u>	<u>3/26/11</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, GLENN C. YOUNG, certify:
(name of circulator)

I reside at 8035 BURCHMORE RD. THREE LAKES
(circulator's residence - include number, street, and municipality)

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

3/26/11
(date)

Glenn C. Young
(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 of district of officeholder)

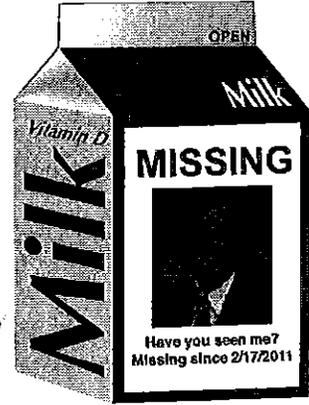
petition for the recall of Jim Holperin Wisconsin's 12th State Senate District

(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>Carol A. Holcombe</u>	<u>6537 King Rd. Rhinelander WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>3/22/11</u>
2. <u>David K. Holcombe</u>	<u>6437 KING RD RHINELANDER, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SUGAR CAMP</u>	<u>3/22/11</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, Carol A. Holcombe, certify:

(name of circulator)

I reside at 6537 King Rd. Rhinelander, WI Town of Sugar Camp

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

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

Mar. 25, 2011
(date)

Carol A. Holcombe
(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. 2089

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Rita Kulezewska</i>	8488 TINPINE LN	<input checked="" type="checkbox"/> Town <u>HILES</u> <input type="checkbox"/> Village <input type="checkbox"/> City	3-13-11
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	
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, Jennifer Nery, certify:

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

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

3-14-11
(date)

Jennifer J Nery
(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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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>Wendy & Virey</i>	<i>5455 Lexington Rd Eagle River WI 53521</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Eagle River</i> <input type="checkbox"/> City <i>LINCOLN</i>	<i>3-9-11</i>
2. <i>Steve Zwick</i>	<i>PO Box 175 9511 N.W.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Argonne</i>	<i>3-11-11</i>
3. <i>Ed Rausch</i>	<i>8821 W. PINE LAKE Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3-13-11</i>
4. <i>Perry Rausch</i>	<i>8821 W. PINE LAKE ROAD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3-13-11</i>
5. <i>Dave Roberts</i>	<i>8630 Highway 32</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3/13/11</i>
6. <i>Robert E. Schreiner</i>	<i>7972 HWY 55</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARGONNE</i>	<i>3/13/11</i>
7. <i>Diane Schreiner</i>	<i>7972 HWY 55</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ARGONNE</i>	<i>3/13/11</i>
8. <i>Karl Tauer</i>	<i>10796 W. Pine Road</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3-13-11</i>
9. <i>Harry Tauer</i>	<i>10796 W. Pine Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3-13-11</i>
10. <i>William A Tauer</i>	<i>8879 Atkins Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hiles</i>	<i>3-12-11</i>

Certification of Circulator

I, Jennifer Nery, certify:
(name of circulator)
 I reside at 9830 Hwy 32 Hiles, WI 54511
(circulator's residence - include number, street, and municipality)

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

3-14-11 (date) Jennifer Nery (signature of circulator)

RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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 A. Fasse</i>	<i>P.O. Box 1009-11010 Townline Woodruff, WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>3/30/11</i>
2. <i>Barb Johnson</i>	<i>4181 Katal Rd Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PINE LAKE</i>	<i>3/31/11</i>
3. <i>Helen Stimmich</i>	<i>4878 Cross City Rd Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/31/11</i>
4. <i>Mary M. Smith</i>	<i>4435 Greenwood St Rhineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
5. <i>Melody Lemke</i>	<i>Rhineland</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
6. <i>Jan Klitz</i>	<i>2807 County G Rhineland WI 5450</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/31/11</i>
7. <i>Michelle Clark</i>	<i>826 S. Keenan St Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
8. <i>Jois Suckler</i>	<i>2780 Crescent Pl DR Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
9. <i>Margaret McPherson</i>	<i>110 Randall</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>
10. <i>Kathleen Wenkler</i>	<i>5948 Troy Haven Rhineland, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3/31/11</i>

Certification of Circulator

I, Iva J. Fernholz, certify:

I reside at 2570 Klimck Dr Tomahawk WI 54487 Little Rice

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

Iva J. Fernholz
(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>Mailing</small> <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Voting</small> <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Lou D. Ring</i>	<i>731 Thayer St. Rt. 11, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhineland</i>	<i>3-14-11</i>
2. <i>Beese Locke</i>	<i>4937 Roosevelt Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lk.</i>	<i>3-14-11</i>
3. <i>Roseanne Schmitt</i>	<i>4627 River Bend Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineland</i>	<i>3-14-11</i>
4. <i>Eric Haese</i>	<i>2154 Oakwood Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodboro</i>	<i>3-14-11</i>
5. <i>[Signature]</i>	<i>4015 Shady Ln P.O. Box</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Chickland</i>	<i>3-14-11</i>
6. <i>[Signature]</i>	<i>9152 Woodboro Rd Hudson, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Chickland</i>	<i>3-14-11</i>
7. <i>[Signature]</i>	<i>5835 Maccosin, LK RD LAND LAKES</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LAND LAKES</i>	<i>3-14-11</i>
8. <i>Chris Kadubak</i>	<i>N10961 Hwy 175 Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Harrison</i>	<i>3/14/11</i>
9. <i>[Signature]</i>	<i>P.O. Box 194 Three Lakes, WI 54562</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Sugar Camp</i>	<i>3-14-11</i>
10. <i>Nancy Mangardt</i>	<i>7913 Rainbow Rd Lake Tomahawk</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Lake Tomahawk</i>	<i>3-14-11</i>

Certification of Circulator

I, Iva J. Fernholz, certify:
(name of circulator)
 I reside at 3570 Klimck Dr Tomahawk Wis. 54487 Little Rice
(circulator's residence - include number, street, and municipality)

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

3-14-11 (date) Iva J. Fernholz (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	Mailing Address 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>Kate Sumsby</i>	3391 Meadow Lane Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stella	3/4/2011
2. <i>Susan Johnson</i>	4625 S. Shore Dr. Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pelican	3/4/11
3. <i>Jan Oppaker</i>	813 Kurtz Rd Tomahawk, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	3-4-11
4. <i>Jenny Huf</i>	10250 Gentle Ben Rd. Tomahawk, WI 54489	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Nokomis	03/04/11
5. <i>Scott Huf</i>	10250 Gentle Ben Rd Tomahawk, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nokomis	3-4-11
6. <i>Marty K. Mathews</i>	7579 Hwy 8 W Rhinelander WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodcock	3/4/11
7. <i>Ed Prosser</i>	2134 Nancy Dr. Tomahawk, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Nokomis	3/6/11
8. <i>Wendy Guedel</i>	N10136 Zenith Tower Rd Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wilson	3/6/11
9. <i>Kathy Day</i>	4367 Crown Valley Rd Hartshaw, WI 54525	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	3/7/11
10. <i>Mary Tranel</i>	11669 Shirley Lane Hazelhurst, WI 54537	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Little Rice	3-8-11

Certification of Circulator

I, Iva J. Fernholz, certify:

(name of circulator)

I reside at 3570 Klimek Dr Tomahawk WI 54487 Little Rice

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

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

3/9/2011
(date)

Iva J. Fernholz
(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>Lauren Halmstad</i>	<i>W6710 County Road Z Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3/14/11</i>
2. <i>Randall Halmstad</i>	<i>W6710 County Road Z Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3/16/11</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, *Lauren Halmstad*, certify:

(name of circulator)

I reside *W6710 County Road Z Merrill, WI 54452 Town of Scott*

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

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

3/14/11
(date)

Lauren Halmstad
(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>Robert Hoffmann</i>	<i>8710 Curtis Lake Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/10/11</i>
2. <i>Sandy Hoffman</i>	<i>8710 Curtis Lake Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/10/11</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

X *Robert J. Hoffmann*, certify:
(name of circulator)

I reside *8710 Curtis Lake Dr Minocqua Wi.*
(circulator's residence - include number, street, and municipality)

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

X *March 16, 2011*
(date)

X *Robert J. Hoffmann*
(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>Elaine Kuehn</u>	<u>7606 Co Rd P</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Presque Isle</u>	<u>3/16/11</u>
2. <u>Elaine Kuehn</u>	<u>2006 Co Rd P</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Presque Isle</u>	<u>3/16/11</u>
3. <u>Carol Hartman</u>	<u>5646 MURPHY LK.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PRESQUE ISLE</u>	<u>3/16/11</u>
4. <u>Norton Stobe</u>	<u>11532 RAYS DR.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Presque Isle</u>	<u>3/16/11</u>
5. <u>Tom Hartman</u>	<u>8646 Murphy Lk</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Presque Isle</u>	<u>3/16/11</u>
6. <u>[Signature]</u>	<u>11532 RAYS DR</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Presque Isle</u>	<u>3/16/11</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, Elaine C. Kuehn, certify:
(name of circulator)
 I reside at 7606 County Road P Presque Isle, WI 54557
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 17, 2011 Elaine Kuehn
(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: Wisconsin Government Accountability Board

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

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

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Nancy J. Sodes</i>	13420 WAUREE LAKE DRIVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LAKEWOOD	4/2/11
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	
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, *Nancy J. Sodes*, certify:
(name of circulator)

I reside at 13420 Wauree Lake Drive Lakewood, WI.
(circulator's residence - include number, street, and municipality)

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

4/2/11
(date)

Nancy J. Sodes
(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)

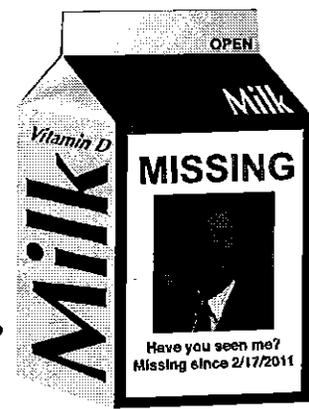
petition for the recall of Jim Halperin Wisconsin's 12th State Senate District
(name of officeholder to be recalled and office)

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.)

MARVIN BORTH, AND JANICE BORTH, ARE TAXPAYERS IN VILAS COUNTY



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Marvin K. Borth</u>	<u>4885 N THOMPSON TRAIL MERCER, WI. 54547</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mercer</u>	<u>3-16-2011</u>
2. <u>Janice K. Borth</u>	<u>4885 N. Thompson Mercer, WI 54547</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mercer</u>	<u>3-16-2011</u>
3. <u>Walton E. Burns</u>	<u>8999 Curtis Lake Dr Minocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-17-2011</u>
4. <u>Valerie S. Burns</u>	<u>8999 Curtis Dr Minocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-17-2011</u>
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, Valerie Burns, certify:
(name of circulator)

I reside at 8999 Curtis LK Dr, Minocqua
(circulator's residence - include number, street, and municipality)

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

3-17-2011 Valerie S. Burns
(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 §§. 8.10 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-3005, <http://gsb.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>Jarrett Julian</i>	<i>6340 Spider Lake Rd Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-15-11</i>
2. <i>B. Jefferson</i>	<i>6340 Spider Lake Rd. Rhineland, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-15-11</i>
3. <i>Donna Dana</i>	<i>6335 Tom Doyle LK Rd Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-15-11</i>
4. <i>Bill Loxie</i>	<i>3563 Coldburn Rd Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Religion Lake</i>	<i>3-17-11</i>
5. <i>Brian Dang</i>	<i>6335 Tom Doyle Lake Rd Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-23-11</i>
6. <i>Jim SUFFIELD</i>	<i>111543 SQUAW LK RD RHINELANDER WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON LINCOLN CO.</i>	<i>3-24-11</i>
7. <i>Donna Edlund</i>	<i>6475 Spider Lake Rd Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>3-27-11</i>
8. <i>Angie Edlund</i>	<i>6475 Spider Lake Rd Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3/27/11</i>
9. <i>Bill Hansen</i>	<i>6535 SPIDER LK RD RHINELANDER WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>3/27/11</i>
10. <i>Peggy Hansen</i>	<i>6535 Spider Lake Rd. Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>3-27-11</i>

Certification of Circulator

I, Bill Julian, certify:
(name of circulator)
 I reside 6340 Spider Lake Road, Rhineland, 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.

3/28/11 (date) *Bill Julian* (signature of circulator)