

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. Dawn Lowe	N1523 St Hwy 55	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11
2. Janel Lynn	N1327 Blue Heron Way	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11
3. [Signature]	N1628 Fox Ridge Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11
4. Gary Fish	N1326 Twin Oak Ct	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11
5. [Signature]	N1071 Onakwa Trl	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11
6. [Signature]	W180 Scilla Lane	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11
7. [Signature]	N5885 Cty Rd A	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Suring <input type="checkbox"/> City	4-09-11
8. [Signature]	N958 Larnotte Lk Drive, Keshena WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-09-11
9. [Signature]	St Hwy 47 1126 Keshena, Wis	<input type="checkbox"/> Town DO NOT 984 <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-09-11
10. [Signature]	W890 Lyons Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Keshena <input type="checkbox"/> City	4-9-11

### Certification of Circulator

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

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

4/9/11  
(date)

[Signature]  
(signature of circulator)

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1. <i>Britany Stewart</i>	<i>412 Church St APT 11 Wausaukee WI 54177</i>	<input checked="" type="checkbox"/> Town Wausaukee <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-4-11</i>
2. <i>Joe Schlies</i>	<del><i>P.O. Box 373</i></del> <i>326 MAIN Street WI 236 WAYSIDE Rd</i>	<input type="checkbox"/> Town 54177 <input checked="" type="checkbox"/> Village Wausaukee <input type="checkbox"/> City	<i>4-4-11</i>
3. <i>Chm Wd</i>	<i>W 236 WAYSIDE Rd WAUSAUKEE 54177</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WAUSAUKEE <input type="checkbox"/> City	<i>4/4/11</i>
4. <i>Cass Hnd</i>	<i>W 7696 North St Wausaukee WI 54177</i>	<input checked="" type="checkbox"/> Town Wausaukee <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
5. <i>Thy P</i>	<i>W10367 Park Ln. Amberg WI 54102</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Atholstone <input type="checkbox"/> City	<i>4/4/11</i>
6. <i>Marka May</i>	<i>W12223 Ranch Rd CRIVITZ, WI.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village Stephenson <input type="checkbox"/> City	<i>4/4/11</i>
7. <i>Benjamin Proch</i>	<i>N11438 Lovers Ln Wausaukee, WI 54177</i>	<input checked="" type="checkbox"/> Town Wausaukee <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
8. <i>Jicie Mak</i>	<i>W8838 Highland U CRIVITZ, WI 54114</i>	<input checked="" type="checkbox"/> Town Stephenson <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
9. <i>Janino Bedzinski</i>	<i>517 North Fork Rd CRIVITZ, WI 54114</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Crivitz <input type="checkbox"/> City	<i>4/4/11</i>
10. <i>Charlene L. Jaeger</i>	<i>423 Hall Ave Crivitz, WI 54114</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Crivitz <input type="checkbox"/> City	<i>4/4/11</i>

I, *Diane Schumacher*, certify:  
(name of circulator)  
 I reside *13528 290 Ave; Detroit Lakes, MN 56501*  
(circulator's residence - include number, street, and municipality)

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

*4-5-11* (date) *Diane Schumacher* (signature of circulator)

# RECALL PETITION

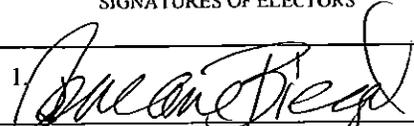
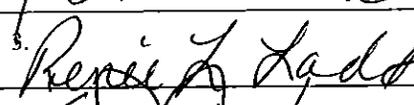
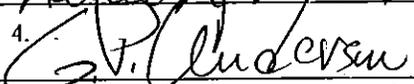
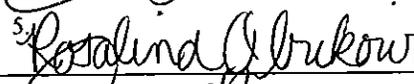
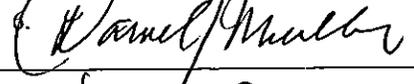
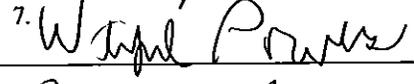
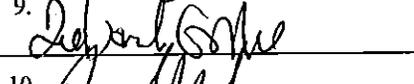
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1. 	8901 Van Bussan Rd Pegle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
2. Ann Asbeck	790 Hwy 32 Three Lakes, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
3. 	633 Reed Rd Three Lakes, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
4. 	6739 Drury Ln Three Lakes WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4/5/11
5. 	1621 Hwy X Three Lakes 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
6. 	74343 HALVORSON RD 3 LAKES WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4/5/11
7. 	<del>9374 69720</del> <del>69720</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
8. 	8950 Hwy X Three Lakes 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	4-5-11
9. 	Ladson 4239 Hwy H Ladson WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ladson	4/5/11
10. 	5855 St Hwy 52 Wabeno 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WABENO	4/5/11

### Certification of Circulator

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

I reside 83528 290 Ave, Detroit Lakes, MN 56501  
(circulator's residence - include number, street, and municipality)

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

4-5-11  
(date)

  
(signature of circulator)

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1. <i>Man Carpenter</i>	<i>6963 Himley Lake Rd Waleno</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Freedom</i>	<i>4/5/11</i>
2. <i>[Signature]</i>	<i>18800 Rocky Ln TOWNSEND 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TOWNSEND</i>	<i>4-5-11</i>
3. <i>[Signature]</i>	<i>1832 OGDON AVE WABENO 54566</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WABENO</i>	<i>4/3/11</i>
4. <i>[Signature]</i>	<i>10725 1st Paul Crivitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stevenson</i>	<i>4/5/11</i>
5. <i>Jennifer Mike</i>	<i>104 Heronette Ave Crivitz WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crivitz</i>	<i>4/5/11</i>
6. <i>[Signature]</i>	<i>W7693 Airport Rd Crivitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>4/5/11</i>
7. <i>John M. Cullen</i> <i>John M. Cullen</i>	<i>N 7180 Shady Ln Porterfield W</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>PORTERFIELD</i>	<i>4-5-11</i>
8. <i>Anders Schilt</i>	<i>606 F. Alley Crivitz</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>crivitz</i>	<i>4/5/11</i>
9. <i>Syndi Kujala</i>	<i>N9489 Star Ln. Crivitz, WI. 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>4-5-11</i>
10. <i>Michael J. Mayfield</i>	<i>W 3703 Cook Ln. Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>COMMON WEALTH</i>	<i>4-5-11</i>

### Certification of Circulator

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

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

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*4-5-11*  
(date)

*Duane Schumacher*  
(signature of circulator)

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1. <i>Kenneth G. Biegel</i>	8801 VAN BUSSUM RD EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	4/5/11
2. <i>Bridie Mueller</i>	7434 - 3 Halverson Three Lakes 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4-5-11
3. <i>Thomas C. Cook</i>	790 STATE HWY 32 THREE LAKES, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	4-5-11
<i>Betty James</i>	8950 Hwy K Three Lakes, WI 54562	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	4-5-11
5. <i>[Signature]</i>	47807 Townline Rd Crivitz WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Crivitz	4-5-11
6. <i>John V. R.</i>	1941 Fairview Ave. Wabeno, WI 54566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wabeno	4-5-11
7. <i>Jacob Godin</i>	1770 Cecil Ave Wabeno, WI 54566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wabeno	4-5-11
8. <i>Cari Schottky</i>	14645 Schottky Rd Lakewood WI 54138	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood	4-5-11
9. <i>Rusty Hart</i>	4489 N Branch St Wabeno, WI 54566	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wabeno	4-5-11
10. <i>Susan Kaufmann</i>	15536 E Crooked Lake Ln Crivitz, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Riverview	4-5-11

### Certification of Circulator

I, Duane Schumacher, certify:

(name of circulator)

I reside 13528 290 Ave, Detroit Lakes MN 5659

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

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

*Duane Schumacher*

(signature of circulator)

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1. Sharon Mach	1404 10 <sup>th</sup> ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	03/29/11
2. Michaela Mach	1464 10 <sup>th</sup> Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/29/11
3. Kalue Mach	1102 Pipe St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/1/11
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, Sharon Mach, certify:

I reside 1404 10<sup>th</sup> ave Antigo

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

Sharon M Mach (signature of circulator)

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1. <i>Gerald B Meinecke</i>	<i>N 11145 OAK LANE ELCHO</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Marjorie Meinecke</i>	<i>N 11145 Oak Lane Elcho</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
3. <i>Kerry Groat</i>	<i>N 10507 ST Hwy 55 Pearson</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/6/11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *GERALD B MEINECKE*, certify:  
(name of circulator)

I reside *N 11145 OAK LANE ELCHO*  
(circulator's residence - include number, street, and municipality)

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

*Gerald B Meinecke*  
(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. <u>Thomas Miller</u>	<u>N4703 St Hwy 55</u> <u>White Lake WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wolf River</u>	<u>3/29/11</u>
2. <u>Cheryl Parsons</u>	<u>N4703 St. Hwy 55</u> <u>White Lake WI 54491</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wolf River</u>	<u>3/29/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 11</u>

### Certification of Circulator

I, Thomas Miller, certify:  
(name of circulator)  
 I reside N4703 St Hwy 55 White Lake WI 54491  
(circulator's residence - include number, street, and municipality) WOLF RIVER

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

3/29/11 (date) Thomas J 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.

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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 &amp; Moore</i>	<i>731 Birch St. Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
2. <i>J. Jerry Moore</i>	<i>731 BIRCH ST. RHINELANDER, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<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, *J. Jerry Moore*, certify:  
(name of circulator)

I reside *731 BIRCH ST, RHINELANDER, WI 54501-2910*  
(circulator's residence - include number, street, and municipality)

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

*J. Jerry Moore*  
(signature of circulator)

# RECALL PETITION

*Quigg*

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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 Tuttle</i>	<i>N 3590 Elm Rd. Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>4-17-11</i>
2. <i>McNamee</i>	<i>616445 TROQUOIS TR</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/17/11</i>
3. <i>Doreen La</i>	<i>222 E. Washington St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TOMAHAWK</i>	<i>4-17-11</i>
4. <i>Ryan J. Mohr</i>	<i>2916 Sturdevant St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-17-11</i>
5. <i>Anna J. Honay</i>	<i>904 CEDAR ST</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-17-11</i>
6. <i>Pamela S Berg</i>	<i>1700 E. Main St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>merrill</i>	<i>4-17-11</i>
7. <i>Tristen Preix</i>	<i>2257 Hwy W merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>merrill</i>	<i>4-17-11</i>
8. <i>Sara Langer</i>	<i>409 Blaine St Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4-17-11</i>
9. <i>Ryanne Blennet</i>	<i>1702 E 12th St Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-17-11</i>
10. <i>Muhalla</i>	<i>N1805 Hillview Rd Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4/17/11</i>

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

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

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Laura Kovach</i>	<i>W12854 W. Shore Dr. Crivitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>STEPHENSON</b>	<i>4/23/11</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, GERALD M Nowak, certify:

(name of circulator)

I reside W12854 WEST SHORE DR CRIVITZ, WI 54114 STEPHENSON

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

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

4/03/11

(date)

*Gerald M Nowak*

(signature of circulator)

**RECALL PETITION**

to: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Holperin

(name of officeholder to be recalled and office)

from office pursuant

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Wendy Benett</u>	<u>717 Roosevelt St</u> <u>Tom Hawk WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>TOMAHAWK</u>	<u>3-26-2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**

Nancy Ritter

(name of circulator)

certify:

reside at 11658 Burrows Lake Rd. Tomahawk WI 54487

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

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

3-26-11  
(date)

Nancy Ritter  
(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.)*

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Don Williams</i>	<i>5173 HIXON LAKE ROAD RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PELICAN</i>	<i>03/29/11</i>
2. <i>Beverly Williams</i>	<i>5173 HIXON LAKE ROAD RHINELANDER WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3/29/11</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, *DONALD J WILLIAMS*, certify:  
(name of circulator)

I reside *5173 HIXON LAKE ROAD RHINELANDER WI 54501*.  
(circulator's residence - include number, street, and municipality)

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

*03/29/2011*  
(date)

*Don Williams*  
(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>Jeanne Ydem</i>	<i>110505 Pickard Ln Protocul WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Ainsworth</i>	<i>3-25-11</i>
2. <i>Daryl Berlin</i>	<i>1784 Big Pine Drive Rhonda WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Monroe</i>	<i>3-25-11</i>
3. <i>Jane Miller</i>	<i>LOBK 130 Summit Lake, WI 54488</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Elcho</i>	<i>3-25-11</i>
4. <i>Pam Kewel</i>	<i>479 Hwy G Pelican Lake, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican Lake</i>	<i>3-25-11</i>
5. <i>Allen Lutz</i>	<i>Deer Brook 54424</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Deer Brook Fowler Rd</i>	<i>3-25-11</i>
6. <i>Gene A Dallman</i>	<i>1749 LOON CREST RD PELICAN LAKE WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SCHOEPKE</i>	<i>3-25-11</i>
7. <i>Joan L. Dallman</i>	<i>1749 LOON CREST RD PELICAN LAKE, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>SCHOEPKE</i>	<i>3-25-11</i>
8. <i>Scott Spencer</i>	<i>111436 Lakeside Dr Elcho WI 54428</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho</i>	<i>3-26-11</i>
9. <i>Kyle J. Spence</i>	<i>9803 Rock-Summit W. Grand WI 54520</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>CRAYON</i>	<i>3-26-11</i>
10. <i>Patty Berra</i>	<i>1181 Hwy 45 Pelican Lake WI 54463</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Schoepke</i>	<i>4-3-11</i>

### Certification of Circulator

I, *Jim Tyler*, certify:

I reside *827 Hwy 45 Pelican Lake Wis*  
(circulator's residence - include number, street, and municipality) *Town of Schoepke*

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

**RECALL PETITION**

**TO: The Wisconsin Government Accountability Board.**

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 William D. Zitz	W2928 CTH G MERRILL, WI 54452	<input checked="" type="checkbox"/> Town PINE RIVER <input type="checkbox"/> Village <input type="checkbox"/> City	2/5/2011
2 Margaret Lerch	813 E main St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/5/2011
3 Nick Wilder	1308 E 6TH ST Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/5/2011
4 Ellie Wilder	1308 E 6th St Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-5-11
5 BRUCE SMITH	MERRILL WI 510 LIBERTY ST	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	3-5-11
6 Phil Smith	1303 O'Day St Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-5-11
7 Nancy Streech	407 E 5th St Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/5/11
8 Jay Lu	W2745 Center rd Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3-5-11
9 Phil Stendun	W11025 Cth ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	3-7-11
10 Maryjane Lemke	N1730 Short Ave Merrill WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine River	3-5-11

**CERTIFICATION OF CIRCULATOR**

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

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

(March) 3-05-11  
(date)

Thomas V. Wakely  
(Signature of Circulator)

# RECALL PETITION

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

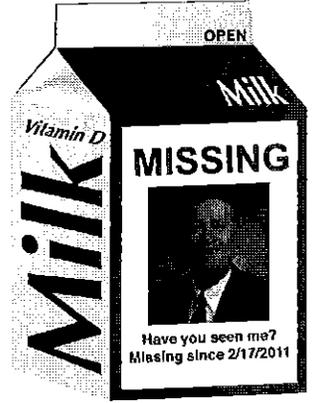
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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>Fred Moore</i>	<i>610 Thayer St Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-26-11</i>
2. <i>Ruth Ann O'Neil</i>	<i>628 Arbutus St Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-26-11</i>
3. <i>Lynn Larson</i>	<i>5128 ROCK LANE Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PELICAN</i>	<i>3-26-11</i>
4. <i>Dale R. Leube</i>	<i>3971 Sheppard Lake Rd Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3-26-11</i>
5. <i>John Richardson</i>	<i>3158 Jay Meadow Rd Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican Lake</i>	<i>3-26-11</i>
6. <i>Andy Jackson</i>	<i>6773 Blue Jay Ln Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crescent</i>	<i>3/26/11</i>
7. <i>M-11-8</i>	<i>5007 S. Pine Rd. Rhinelander</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/26/11</i>
8. <i>John M. Jensen</i>	<i>3112 Pleasure Pt Rhinelander WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>3/26/11</i>
9. <i>[Signature]</i>	<i>920 River St. Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhinelander</i>	<i>3/26/11</i>
10. <i>[Signature]</i>	<i>[Signature]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>[Signature]</i>

I, CRAIG ROSAND, certify:  
(name of circulator)  
 I reside at 1701 WYOMING AVE, SUPERIOR, WI 54880  
(circulator's residence - include number, street, and municipality)

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

3/26/11  
(date)
*[Signature]*  
(signature of circulator)

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

Page No. 2117

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Kenneth Wilcox</i>	<i>4873 Rocky Run Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/26/11</i>
2. <i>Molly Wilcox</i>	<i>4873 Rocky Run Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/26/11</i>
3. <i>Jessica Wilcox</i>	<i>4873 Rocky Run Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3-26-11</i>
4. <i>Jonathan M. Wilcox</i>	<i>4873 Rocky Run Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3-26-11</i>
5. <i>Francis Wilcox</i>	<i>4265 Pine Lake Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3/26/11</i>
6. <i>Robert Reich</i>	<i>9090 County W</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	<i>3-26-11</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, *Kenneth E. Wilcox* *Kenneth E. Wilcox*, certify:  
(name of circulator)

I reside *4873 Rocky Run Rd Pine Lake, WI 54501*  
(circulator's residence - include number, street, and municipality)

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

*March 26, 2011* (date)                      *Kenneth E. Wilcox* (signature of circulator)

**RECALL PETITION**

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

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

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

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

**STATEMENT OF REASON FOR RECALL**

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Marcus Beach</u>	<u>419 S Red Pine DR</u> <u>Badre River, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sugar Camp</u>	<u>2-27-11</u>
2. <u>Jay Brown</u>	<u>419 S RED PINE DR</u> "	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SUGAR CAMP</u>	<u>2-27-11</u>
3. <u>Joseph M. Chyzy</u>	<u>6009 OTTER VR</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CLOVERLAND</u>	<u>2-27-11</u>
4. <u>Ray Mah...</u>	<u>5373 State Hwy 20 W</u> <u>Eagle River WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2-27-11</u>
5. <u>Ken Ramirez</u>	<u>3350 S. PIONEER RD.</u> <u>CONOVER, WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>2-27-11</u>
6. <u>Ken Ramirez</u>	<u>3350 S. PIONEER RD.</u> <u>CONOVER WI 54519</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>CONOVER</u>	<u>2-27-11</u>
7. <u>Thomas A. Good</u>	<u>1509 SANDSTONE CIRCLE</u> <u>(1509) EAGLE RIVER</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LINCOLN</u>	<u>2-27-11</u>
8. <u>...</u>	<u>22 Illinois st</u> <u>Eagle River, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lincoln</u>	<u>2-27-2011</u>
9. <u>...</u>	<u>2705 Star Lake Rd.</u> <u>Eagle River, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cloverland</u>	<u>2-27-2011</u>
10. <u>Eric Bergum</u>	<u>3160 W. Hunter Lake Rd</u> <u>Conover, WI 54521</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Conover</u>	<u>2-27-2011</u>

**Certification of Circulator**

I, Paula Visner, certify:

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

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

2/27/2011  
(date)

Paula Visner  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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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>Janeen Joseph</i>	<i>N 7401 Mendota Dr Peter Field WI 53127</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Peter Field</i>	<i>4-15-11</i>
2. <del><i>[Signature]</i></del>	<del><i>108 N. Ashland</i></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
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	
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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, *Jean Stussie*, certify:

I reside *8408 Engler Ave St John Mo 63114*  
(circulator's residence - include number, street, and municipality)

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

*4/16/11*  
(date)

*Jean Stussie*  
(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. <u>Judd Beal</u>	<u>N12838 Pike Rider Rd 54177</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WAUSAUKEE</u>	<u>4/14/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jean Stussie **Certification of Circulator**, certify:  
(name of circulator)  
 I reside 8408 Engler Ave St John Mo 63114  
(circulator's residence - include number, street, and municipality)

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

Jean Stussie  
(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>Ramin Thason</i>	<i>N4976 M.Y.P Porterfield, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>lake</i>	<i>4/14/11</i>
2. <i>Lynn Paul</i>	<i>Wd623 Kuncil Rd. Porterfield, WI, 54159</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Porterfield</i>	<i>4/14/11</i>
3. <i>[Signature]</i>	<i>N9396 Ring Rd Wausaukee wis</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausaukee</i>	<i>4-14-2011</i>
4. <i>Robert Thelen</i>	<i>W 3115 Hwy 186 Wausaukee 54177</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausaukee</i>	<i>4-14-11</i>
5. <i>[Signature]</i>	<i>W 2938 Cornedog Lane Wausaukee, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wausaukee</i>	<i>4-14-11</i>
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, *Jean Stussie* Certification of Circulator, certify:  
(name of circulator)  
 I reside *8408 Engler Ave St. John MO 63114*  
(circulator's residence - include number, street, and municipality)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Wayne Cloud</u>	<u>120 W. Birch Rd</u> <u>Keshong WI 54135</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Keshong WI</u>	<u>4-17-11</u>
2. <u>Bill Krennis</u> <u>54452</u>	<u>2600 E main lot 147</u> <u>54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4-17-11</u>
3. <u>Dale M. Zastrow</u> <u>DALE ZASTROW</u>	<u>135</u> <u>54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MERRILL</u>	<u>4-17-11</u>
4. <u>Agnus Schubert</u>	<u>54452</u> <u>2600 E Main lot 138</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-17-11</u>
5. <u>Opelle Amblan</u>	<u>54452</u> <u>2600 E Main St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-17-11</u>
6. <u>Brook Weiss</u>	<u>12819 N Main St</u> <u>Merrill WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Merrill</u>	<u>4/17/11</u>
7. <u>Harriet Vanzile</u>	<u>2915 Ackley Circle Road</u> <u>Crandon WI, 54520</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Crandon, WI</u>	<u>4/17/11</u>
8. <u>Gay A. Kun</u>	<u>2578 S. Shore Rd</u> <u>Pelican Lake WI 54871</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pelican Lake</u>	<u>4-17-11</u>
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	

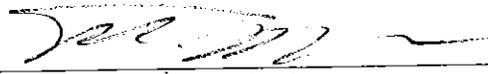
### Certification of Circulator

I, CHRISTOPHER J. BAXTER, certify:

I reside 1470 AVONDALE AVE, JACKSONVILLE, FL 32205  
(circulator's residence - include number, street, and municipality)

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

4/17/11  
(date)

  
(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>Eustice Cloud</i>	<i>W 2758 chertea aaron rd 54135</i>	<input checked="" type="checkbox"/> Town <i>Koshong WI</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-17-11</i>
2. <i>Eugenson Demuth</i>	<i>10371 North rd Tomahawk WI 54487</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk WI</i>	<i>4-17-11</i>
3. <i>MaSherrill</i>	<i>N. 338 Blue Bird Ln Elcho, WI 54428</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Elcho, WI</i>	<i>4-17-11</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, *CHRISTOPHER J. BAXTER*, certify:

I reside *1470 AVONDALE AVE, JACKSONVILLE, FL 3220*  
(circulator's residence - include number, street, and municipality)

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

*4/17/11*  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Frank Harris</i>	601 N. State St 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/17/11
2. <i>Fred Marchioneke</i>	1601 E 10th St. Apt 105 Merrill, WI 54452 P.O. Box 1073	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4/17/2011
3. <i>Tad Cloud Sr</i>	Keshena Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Keshena	4/17/11
4. <i>Tad Cloud Jr</i>	P.O. Box 1073 Keshena Wis. 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Keshena	4-17-11
5. <i>Andrew Amant</i>	1009 E 7th St Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
6. <i>Michael Lynn</i>	611 1/2 N Poplar St. Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
7. <i>Scott Hill</i>	209 N Prospect St 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
8. <i>Charisa Frederick</i>	2600 E. main st #24 Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-17-11
9. <i>Rebecca Bernhard</i>	2600 E. main st #46 Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-17-11
10. <i>Sam Quast</i>	2600 E. main st #48 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-17-11

### Certification of Circulator

I, CHRISTOPHER J. BAXTER, certify:

(name of circulator)

I reside 1470 AVONDALE AVE, JACKSONVILLE, FL 32205

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

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

4/17/11  
(date)

*Christopher J. Baxter*  
(signature of circulator)

# RECALL PETITION

TO: Government Accountability Board, Wisconsin

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

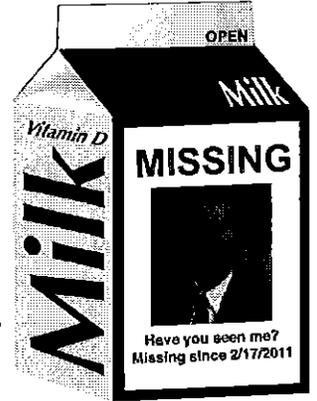
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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>Douglas A. Robinson</i>	<i>N3814 ELTON SOUTH RD ELTON, WISCONSIN 54430</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Village of ELTON</i>	<i>18 March 2011</i>
2. <i>David H. Robinson</i>	<i>N3816 ELTON SOUTH RD ELTON, WI 54430</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>ELTON</i>	<i>3/18/2011</i>
3. <i>Gary W. Powell</i>	<i>N6533 CT A DEERBROOK WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEVA</i>	<i>3/18/11</i>
4. <i>Robin Rose</i>	<i>N4041 Hwy H Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ACKLEY Antigo</i>	<i>3/18/11</i>
5. <i>Elmer Rose</i>	<i>N4041 Hwy H Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ACKLEY</i>	<i>3/20/11</i>
6. <i>Kimberly Majewski</i>	<i>N3894 Polar Rd Bryant WI 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar</i>	<i>3/21/11</i>
7. <i>Thomas J. Stans</i>	<i>N3799 Hanke Rd Bryant WI 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar</i>	<i>3-21-11</i>
8. <i>Joan Mercant</i>	<i>1225 McMillan Ave Antigo WI. 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-21-11</i>
9. <i>Karen Thompson</i>	<i>8319 Skanawau Lake Rd Irma WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>skanawau</i>	<i>3-26-11</i>
10. <i>Dan J. Lopez</i>	<i>8319 Skanawau Lake Rd IRMA WI. 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SKANAWAU</i>	<i>3-26-11</i>

### Certification of Circulator

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

I reside at 4475 County P, Rhinelander, WI 54501 (TOWN OF PELICAN)  
(circulator's residence - include number, street, and municipality)

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

4/5/11  
(date)

Robert Talbot  
(signature of circulator)

Please mail this form to: Recall Jim

*W*

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Gregory M. Sharkey</i>	921 Woodland Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/25/11
2. <i>John Adams</i>	N10846 COUNTRY CRT TOMAHAWK, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BRADLEY	3/26/11
3. <i>John B. Zirkowski</i>	4723 Spruce Meadow Ln Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/26/11
4. <i>Joan Calkins</i>	N10846 Country Ct Tomahawk, WI 54487	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bradley	3/26/11
5. <i>Mike</i>	3426 C.O.G. Pelican Lake	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Embarras	3/27/11
6. <i>Susan Schroeder</i>	3806 Pine Crest Lane Watshaw WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassion	3/27/11
7. <i>Deborah Couillard</i>	N9685 S Birch Rd Tomahawk, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	3-27-11
8. <i>Mike</i>	2799 Green Bass Rd Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3-27-11
9. <i>Tom Delaney</i>	5026 Pine Lake Road Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3-27-11
10. <i>John W. Bergan</i>	3350 Norwood Circle Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3-28-11

### Certification of Circulator

I, Robert Talbot, certify:  
(name of circulator)  
 I reside 4475 Country P Rhinelander, WI 54501 TOWN OF PELICAN  
(circulator's residence - include number, street, and municipality)

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

3/28/11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Stacie L Robinson</u>	<u>6920 Autumn Ln Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Newbold</u>	<u>3/29/11</u>
2. <u>Carol Peterson</u>	<u>5625 Riverview DR Rhinelander WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pine Lake</u>	<u>3/29/11</u>
3. <u>Allan J. Peterson</u>	<u>5625 RIVERVIEW DR RHINELANDER WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PINELAKE</u>	<u>3/29/11</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, ALLAN J. PETERSON, certify:  
(name of circulator)

I reside 5625 RIVERVIEW DR 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.

3/29/11  
(date)

Allan J. Peterson  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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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>Joia Helbert</i>	<i>421 Edison St apt #5 Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
2. <i>Amanda Budzinski</i>	<i>1027 3rd Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
3. <i>Christina M. [unclear]</i>	<i>N368 Hwy 45s Antigo WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>4-12-11</i>
4. <i>Becky Eulach</i>	<i>1230 Waukegan St Antigo</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
5. <i>Debra C. [unclear]</i>	<i>N9330 N Skone M Summit Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>UPHAM</i>	<i>4-13-11</i>
6. <i>Michael [unclear] M. CHARLES [unclear]</i>	<i>415 Edison Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
7. <i>Brian Olson</i>	<i>306 S. Clermont Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
8. <i>Mark [unclear]</i>	<i>1006 3rd Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/13/11</i>
9. <i>Debra Miller</i>	<i>W6639 St. Hwy 64 Bryant WI 54418</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Polar</i>	<i>4/13/11</i>
10. <i>Gail Powell</i>	<i>W7320 May King Rd Antigo WI 54909</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/13/11</i>

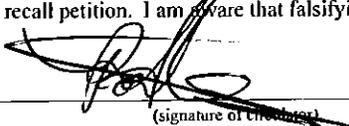
### Certification of Circulator

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

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

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

*4-15-11*  
(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>J.M. Holperin</i>	<i>N4693 South End Rd P.O. Box 236, Merrill</i>	<input checked="" type="checkbox"/> Town <i>Rock Falls</i> <input type="checkbox"/> Village <input type="checkbox"/> City <i>ERRA</i>	<i>4/12/11</i>
2. <i>Rosale Oema</i>	<i>215 Grand Ave Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-12-11</i>
3. <i>Jana Henschmidt</i>	<i>1009 N Elm</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/12-11</i>
4. <i>Neeraj Domy</i>	<i>601 Ct Y JRD Athens WI</i>	<input checked="" type="checkbox"/> Town <i>Hamburg</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/12/11</i>
5. <i>Josephine</i>	<i>2804 HELMST MERRILL, WI 54455</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>4-12-11</i>
6. <i>Heidi Hattner</i>	<i>W7137 Joe Shaw Rd. Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>4-12-11</i>
7. <i>Dennis Bohy</i>	<i>W 2477 Altenburger merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>4/12/11</i>
8. <i>Sheryl Berton</i>	<i>W7250 Rose-lene Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4-12-11</i>
9. <i>Tina Erickson</i>	<i>TO Box 203 405 Mathew merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>merrill</i>	<i>4-12-11</i>
10. <i>Nashli Huetmaden</i>	<i>W1410 Hwy 104 Merrill, WI</i>	<input checked="" type="checkbox"/> Town <i>Pine River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4-12-11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

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

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

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

4-15-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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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>Hoagy Narciso</i>	N2439 Kriha Rd Antigo WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	4/13/11
2. <i>John Wells</i>	N4640 Hill Rd Bryant, WI 54418	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polar	4/13/11
3. <i>Mike Zupka</i>	N4894 River Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ackley	4/13/11
4. <i>Joe Zime</i>	PO BOX 207 Antigo 521 Edison	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
5. <i>Reth F. ...</i>	ANTIGO 211 MAYFAIR 627 6th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13-11
6. <i>Dary D. Deffelt</i>	Antigo, Wis.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13-11
7. <i>Dawn M. Dan</i>	608 S. Clermont St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4.13.11
8. <i>...</i>	611 WILSON ANTIGO	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13-11
9. <i>Carmela Heestle</i>	67583 Centennial Dr Deerbrook, WI 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Uphan	4-13-11
10. <i>Bebbie Clawson</i>	310 Dorc St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13-11

I, ROBERT V. ARMSTRONG, certify:  
(name of circulator)  
 I reside 2511 So. 59th W. Ave, TALSIA OK 74119  
(circulator's residence - include number, street, and municipality)

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

4-15-11  
(date)
  
(signature of circulator)

## RECALL PETITION

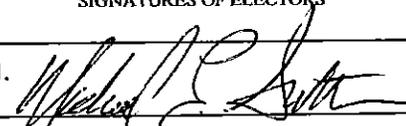
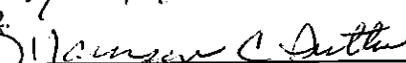
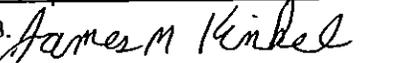
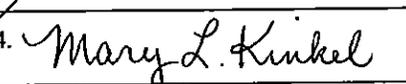
TO: Wisconsin Government Accountability Board

(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.)*

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	N 10160 SHADY SHORE TOMAHAWK, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KING	2/27/10
2. 	N 10160 SHADY SHORE TOMAHAWK WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KING	2-27-10
3. 	N10154 SHADY SHORE RD TOMAHAWK WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KING	2-27-11
4. 	N10154 Shady Shore Rd Tomahawk WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King	12-27-11
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	

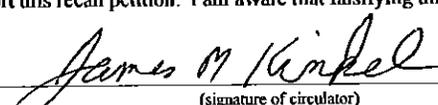
### Certification of Circulator

I, JAMES M KINKEL, certify: TOWN  
KING  
(name of circulator)

I reside N10154 SHADY SHORE RD 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.

02-27-11  
(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>Barbara M. Henderson</i>	<i>2678 Hwy 45 Monico, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MONICO</i>	<i>2/28/2011</i>
2. <i>Jeanette McMan</i>	<i>2678 Hwy 45 N Monico, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MONICO</i>	<i>2/28/2011</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, *BARBARA M. HENDERSON*, certify:  
(name of circulator)

I reside *2678 Hwy 45, Monico, WI 54501*  
(circulator's residence - include number, street, and municipality)

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

*March 1, 2011*  
(date)

*Barbara M. Henderson*  
(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>Robert S Brand</u>	<u>4793 GROSSER LN PHELPS WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>PHELPS</u>	<u>3/5/11</u>
2. <u>Doreen L Brand</u>	<u>4793 GROSSER LN Phelps, WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>3-5-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**

I, Paula Visner

(name of circulator)

certify:

reside at 6045 BEAVENTR. EAGLE RIVER - CLOVERLAND

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

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

3/11/2011  
(date)

Paula Visner  
(signature of circulator)

# RECALL PETITION

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

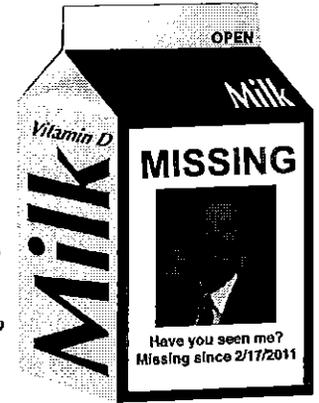
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> 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>Audrey Eder</u>	<u>8928 Woodruff Rd Woodruff WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/26/2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Paula Visner, certify:  
(name of circulator)

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

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

3/30/11  
(date)

Paula Visner  
(signature of circulator)

Please mail this form to: **Recall Jim**  
 P.O. Box 961 • Eagle River, WI 54521  
[www.recalljim.com](http://www.recalljim.com) • [admin@recalljim.com](mailto: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](mailto:gab@wi.gov)

# RECALL PETITION

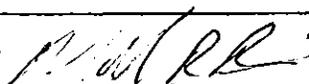
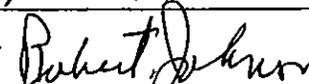
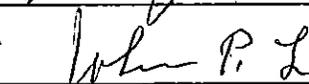
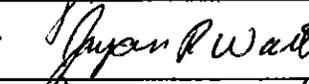
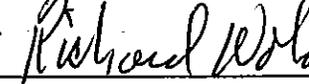
TO: Wisconsin Government Accountability Board

(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. 	305 Lake St Florence WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	2/24/11
2. 	732 Pleasant St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2/26/11
3. 	6085 First Crossing Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	2/28/11
4. 	3977 Juneberry Ln Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/1/11
5. 	7916 Olson Rd Fence WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/1/11
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	

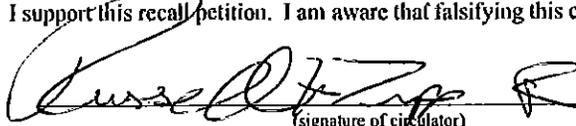
### Certification of Circulator

I, Russell H Tripp Jr, certify:  
(name of circulator)

I reside 3656 Mud Lake Rd Florence WI 54121  
(circulator's residence - include number, street, and municipality)

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

03/02/11  
(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.)*

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
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>Margaret K. Moyer</i>	<i>4708 Horseshoe Lk. Rd. Harshaw, WI. 54529</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CASSIAN</i>	<i>4/11/11</i>
2. <i>James R. Moyer</i>	<i>4708 Horseshoe Lake Road Harshaw, WI 54529</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CASSIAN</i>	<i>4/11/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ /11</i>

### Certification of Circulator

I, *James R. Moyer*, certify:  
(name of circulator)

I reside *4708 Horseshoe Lake Road, Harshaw, WI 54529 CASSIAN*.  
(circulator's residence, include number, street, and municipality)

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

*04/01/11*  
(date)

*James R. Moyer*  
(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>Marylann Lambrecht</i>	3562 N. Carpenter Lake Eagle River WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2-26-11
2. <i>Kristin Lambrecht</i>	3562 N. Carpenter Lake Eagle River WI 54502	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2-26-11
3. <i>[Signature]</i>	5001 Cat's Lane Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
4. <i>Don Moore</i>	Rt 1 Box 65 Florence WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
5. <i>John Malthead</i>	5094 N. MONTGOMERY LAKE RD FLORENCE 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FLORENCE	2-26-11
6. <i>Eva M Tuff</i>	PO Box 377 Florence WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
7. <i>Don Tuff</i>	POB - 377 Florence WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
8. <i>Sinda Tuff</i>	Po Box 61 Florence	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
9. <i>[Signature]</i>	Box 104 Florence WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	2-26-11
10. <b>FREDERICK LEFFLER</b>	P.O. Box 521 FLORENCE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FLORENCE	2-26-11

### Certification of Circulator

I, Russell H. TRIPP, certify:  
(name of circulator)

I reside 3656 Mud Lake Rd Florence WI 54121  
(circulator's residence - include number, street, and municipality)

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

03/02/11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Will &amp; Mary</i>	<i>11200 W 17 Coleson WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>2-26-11</i>
2. <i>Max Prou</i>	<i>N2754 RUSH AVE MERRILL, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>2-26-11</i>
3. <i>Tony Prou</i>	<i>N5066 Hwy 17 Coleson WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>2-26-11</i>
4. <i>David Weiss</i>	<i>1089 Hwy 17 Merrill WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-26-11</i>
5. <i>Bruce Swanson</i>	<i>409 N Prospect</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>2-26-11</i>
6. <i>Jonathan W Latzig</i>	<i>W230 First Avenue</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell Coleson, WI</i>	<i>2/26/11</i>
7. <i>Brian W Latzig</i>	<i>W230 First Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell WI,</i>	<i>2/26/11</i>
8. <i>Diana K Latzig</i>	<i>W230 First Avenue</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell, WI</i>	<i>2/26/11</i>
9. <i>Jeffrey Hall</i>	<i>W2331 AXEN RD.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>RUSSELL WI</i>	<i>2/26/11</i>
10. <i>[Signature]</i>	<i>2221 Willow Bend Dr Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CORNING</i>	<i>2/26/11</i>

### Certification of Circulator

I, Jim Maas, certify:

I reside W 834 1st Ave Coleson, WI 54435  
(circulator's residence - include number, street, and municipality) TOWN OF RUSSELL

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

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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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>Bronk Kadulak</i>	<i>N 9867 City Rd H Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>RUSSELL</b>	<i>2/26/11</i>
2. <i>Duke Schoeneck</i>	<i>4388 West Lake George Road Rhineland WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Pelican</b>	<i>2-26-11</i>
3. <i>Scott Schoeneck</i>	<i>4388 W. Lake George Rhineland WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Pelican</b>	<i>2-26-11</i>
4. <i>Matt Gerdul</i>	<i>4035 Little Pine Ave Rhineland WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Pine Lake</b>	<i>2-26-11</i>
5. <del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
6. <del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
7. <del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
8. <del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
9. <del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>
10. <del>_____</del>	<del>_____</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<del>_____</del>

### Certification of Circulator

I, Jim Maus, certify:

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

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

2-26-11

(date)

*[Handwritten Signature]*

(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>Jammy Beed</i>	<i>W2080 CtyRd J Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>Feb 27 '11</i>
2. <i>Jerry Paul</i>	<i>W2080 CtyRd J Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>Feb 27 '11</i>
3. <i>Charles Duss</i>	<i>W991 Gross Ln Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>Mar 5/11</i>
4. <i>Kasey Hane</i>	<i>W991 Gross Ln Gleason, WI, 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Russell</i>	<i>Mar 5/11</i>
5. <i>Willard Hershey</i>	<i>N4743 Prairie Dr Gleason WI 54435</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>Mar 15/11</i>
<i>Marshall Hershey</i>	<i>N4743 Prairie Dr Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Schley</i>	<i>3/15/11</i>
7. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. <i>[Signature]</i>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Jim Maus*, certify:

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

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

*3-31-11* (date) *[Signature]* (signature of circulator)

# RECALL PETITION

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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>Clifford Teachout</i>	<i>715570 U.S. Hwy 141 Amberg WI 54102</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i>	<i>2/25/11</i>
2. <i>Lila Teachout</i>	<i>N15570 US Hwy 141 Amberg, WI 54102</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i>	<i>2/25/11</i>
3. <i>Charles Richards</i>	<i>N16333 French Rd Pembine, WI 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pembine</i>	<i>2/27/11</i>
4. <i>Jessa Templin</i>	<i>N19407 THOMPSON E Pembine, WI 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pembine</i>	<i>2/27/11</i>
5. <i>Peter Templin</i>	<i>N19407 THOMPSON E Pembine, WI 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pembine</i>	<i>2/27/11</i>
6. <i>Don Rauff</i>	<i>W4705 WATSON RD Amberg, WI 54102</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Amberg</i>	<i>2/27/11</i>
7. <i>Don Rauff</i>	<i>W10085 Pike Plains Rd. Dunbar WI 54119</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>2/27/11</i>
8. <i>Randy Ollila</i>	<i>W10085 Pike Plains Dunbar WI 54119</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>2/27/11</i>
9. <i>NEAL O' CUSHMAN neal o'cushman</i>	<i>N17617 Twin Lakes Dunbar, WI 54119</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>3/6/11</i>
10. <i>Don Cushman Pamela J Cushman</i>	<i>N17617 Twin Lakes Rd. Dunbar, WI 54119</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Dunbar</i>	<i>3/6/11</i>

### Certification of Circulator

I, *Clifford Teachout*, certify:  
(name of circulator)  
 I reside at *N15570 U.S. Hwy 141 Amberg WI 54102*  
(circulator's residence - include number, street, and municipality)

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

*3/08/2011*  
(date)

*Clifford Teachout*  
(signature of circulator)

# RECALL PETITION

*Jim Holperin*

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>John Bartkowski I</i>	<i>W 7393 Noquebay Rd Crittiz, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3-18-2011</i>
2. <i>Nancy Bartkowski</i>	<i>W 7393 Noquebay Rd. Crittiz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3-18-2011</i>
3. <i>Rhonda Bartkowski</i>	<i>W 7397 Noquebay Rd. Crittiz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3/18/2011</i>
4. <i>John Bartkowski II</i>	<i>W 7397 Noquebay RD Crittitz WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3/18/2011</i>
5. <i>Anna Neryan Witt</i>	<i>W 7593 Smith Creek Rd Crittiz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3-20-2011</i>
6. <i>Lynne Bigwater</i>	<i>812 Wilbert Crittiz WI 54114</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Crittiz</i>	<i>3/31/11</i>
7. <i>Ralph Orlando</i>	<i>W 8186 Moonshine Hill Rd. Crittitz WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crittiz</i>	<i>3/31/11</i>
8. <i>Pete Orlando</i>	<i>W 8186 Moonshine Hill Rd.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crittiz</i>	<i>3-31-11</i>
9. <i>Daryl Navel</i>	<i>W 8226 MOONSHINE HILL CRITITZ WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Middle Inlet</i>	<i>3-31-2011</i>
10. <i>Annmarie Navel</i>	<i>W 8226 MOONSHINE HILL CRITITZ, WI 54114</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Middle Inlet</i>	<i>3-31-2011</i>

### Certification of Circulator

I, *Donald A. Witt*, certify:  
(name of circulator)  
 I reside *W 7593 Smith Creek Rd Crittitz, WI 54114* *TOWN STEPHENSON*  
(circulator's residence - include number, street, and municipality)

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

*3-31-2011*  
(date)

*Donald A. Witt*  
(signature of circulator)

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1. <i>Suzette Katchko</i>	<i>6851 Spur Lk Rd. Rhinelanders, WI</i>	<input checked="" type="checkbox"/> Town <i>Crescent</i> <input type="checkbox"/> Village <i>Township</i> <input type="checkbox"/> City	<i>3/6/11</i>
2. <i>John Katchko</i>	<i>6851 SPUR LK RD RHINELANDER WI</i>	<input checked="" type="checkbox"/> Town <i>CRESCENT</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/6/11</i>
3. <i>Jan Allen</i>	<i>4036 Bozile Rd Rhinelanders</i>	<input checked="" type="checkbox"/> Town <i>PineLake</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/6/11</i>
4. <i>George Allen</i>	<i>4036 Bozile Rd. Rhinelanders</i>	<input checked="" type="checkbox"/> Town <i>Pine Lake</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/6/11</i>
5. <i>Lena Wronski</i>	<i>3880 Wild Flower Pkwy Rhinelanders, WI</i>	<input checked="" type="checkbox"/> Town <i>Bellevue</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/10/11</i>
6. <i>Mary Inaeder</i>	<i>227 Conno Rhinelanders WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>City Rhldr</i> <input checked="" type="checkbox"/> City	<i>3/10/11</i>
7. <i>Landy Mifis</i>	<i>Pleasant WI 14855 Callson Rd.</i>	<input checked="" type="checkbox"/> Town <i>Parrish</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/2/11</i>
8. <i>Keith A. Wilson</i>	<i>792 VIOLET WAY ANTIGO, WI 54409</i>	<input checked="" type="checkbox"/> Town <i>ANTIGO</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/5/11</i>
9. <i>Randall J. Kitz</i>	<i>2710 Green Bass Rd Rhinelanders WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Crescent</i> <input type="checkbox"/> City	<i>4/7/11</i>
10. <i>Patricia Kelly</i>	<i>2710 Green Bass Rd Rhinelanders WI 54501</i>	<input checked="" type="checkbox"/> Town <i>crescent</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/7/11</i>

### Certification of Circulator

I, *Lynne Trochil*, certify:  
(name of circulator)

I reside *6621 maple tree Rd Rhinelanders WI*  
(circulator's residence - include number, street, and municipality) *CRESCENT TOWN*

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

*April 8, 2011* (date)      *Lynne A Trochil* (signature of circulator)

# RECALL PETITION

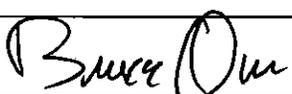
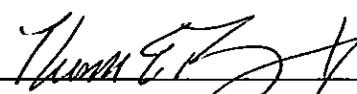
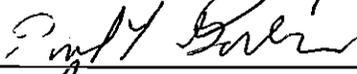
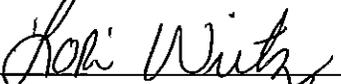
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1. 	3634 FROST LAKE RD Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pecora	3/3/11
2. 	5608 Riverview Dr. Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/3/11
3. 	6575 Roanoke Lake Rd Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crescent	3/7/11
4. 	5081 Sandy Loop Rd Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/9/11
5. 	110567 City Rd D Tomahawk, WI 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	3/9/11
6. 	3921 Camp Boye Afton RD Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stella	3/21/11
7. 	2538 Emils Way Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stella	3/22/11
8. 	6003 BEOPINE LANE RHINELANDER, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	3/25/11
9. 	5621 Riverview Dr. Rhineland, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/28/11
10. 	W1086 CTY D Gleason, WI 54435	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	4/8/11

### Certification of Circulator

I, Tom Trochil, certify:

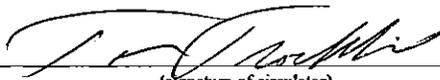
(name of circulator)

I reside 6621 Maple Tree Road, Rhineland, WI CRESLENT TOWN

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

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their 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 9, 2011  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	256 Clanton Dr Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/11/11
2.	4564 N. WIND HARSHAW WISCONSIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CASSIAN	3-12-11
3.	1315 Hendrick	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kacekewone	3/7/11 WI
4.	7358 Forest Dr Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3/7/11 WI
5.	7358 FOREST DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3/7/11 WI
6.	11800 SUMACH LANE ARBOR VITAE WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3/7/11 WI
7.	1591 Royal Carriage Arbor Vitae WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/7/11 WI
8.	1591 Royal Carriage ARBOR VITAE, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	3/7/11 WI
9.	1591 Royal Carriage Arbor Vitae, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3/7/11 WI
10.	9015 Forestwood Lane WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	WI 3/4/11

### Certification of Circulator

I, John Supinski, certify:

I reside 1765 Walden 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.

3/11/11  
(date)

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
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>Ralph Mueller</i>	<i>7081 Hwy X P.O. BOX 87 - THREE LAKES</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>7/1/11</i>
2. <i>Rita L. Mueller</i>	<i>7081 Hwy X P.O. 87 3 Lakes</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/2/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Ralph Mueller*, certify:  
(name of circulator)

I reside *7081 Hwy X - P.O. Box 87 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 2, 2011* (date)                      *Ralph Mueller* (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.)*

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
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>Heather Dhasler</i>	7808 Mitzi Ln	<input checked="" type="checkbox"/> Town Rhinelander <input type="checkbox"/> Village Woodboro <input type="checkbox"/> City	4/11/11
2. <i>David L. Dhasler</i>	7808 Mitzi Lane	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	4/11/11
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, David L. Dhasler, certify:  
(name of circulator)  
 I reside 7808 Mitzi Lane, Rhinelander, WI 54501, Town of Woodboro.  
(circulator's residence - include number, street, and municipality)

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

4/12/11 (date) David L. Dhasler  
(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 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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>Patricia S. Gutbrod</i>	<i>710 Coey Lane</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TOMAHAWK</i>	<i>04/11/11</i>
2. <i>Shezyl [unclear]</i>	<i>710 COEY LANE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/11/11</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, Patricia Gutbrod, certify:

I reside at 710 Coey Lane, 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.

04/11/11  
(date)

*Patricia Gutbrod*  
(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.)*

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Edward E Bluthardt, Jr</i>	<i>1417 EVERETT RD Eagle River</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>4/8/11</i>
2. <i>Diane R Bluthardt</i>	<i>1447 Everett Rd Eagle River W</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Washington</i>	<i>4/8/11</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, EDWARD E BLUTHARDT, JR, certify:  
(name of circulator)

I reside 1447 EVERETT RD EAGLE RIVER, WI 54521  
(circulator's residence - include number, street, and municipality) *Town of Washington*

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

APRIL 8, 2011  
(date)

*Edward E Bluthardt, Jr*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard Littleton</i>	<i>1901 Hwy 8 Monico, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Monico</i>	<i>4/1/11</i>
2. <i>Sharon Littleton</i>	<i>1901 Hwy 8 Monico, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Monico</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, *Richard Littleton*, certify:  
(name of circulator)

I reside *1901 Hwy 8 Monico, WI 54501*.  
(circulator's residence - include number, street, and municipality)

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

*4-7-2011*  
(date)

*Richard Littleton*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>William Christian</i>	2621 CT G 2621 County Rd G	<input checked="" type="checkbox"/> Town Pelican Lake <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
2. <i>Julie Behm</i>	67869 Crestwood Rd	<input checked="" type="checkbox"/> Town Plover <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
3. <i>Michelle Deppe</i>	409 MILL ST GOODMAN	<input checked="" type="checkbox"/> Town Goodman <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11
4. <i>Ethan Mather</i>	42107 Golden Pines XING	<input checked="" type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
5. <i>Mike Benson</i>	15950 N. 20th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-2-11
6. <i>Gary Weiss</i>	1219 DEGLISE CT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-2-11
7. <i>Brian Galt</i>	4582 COUNTY RD. W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANTON	4-2-11
8. <i>Ally Kalpan</i>	N 2730 Poloc 17 N 2730 Poloc 17	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-2-11
9. <del><i>F. H. B. H.</i></del>	<del>N 2730 Poloc 17</del> 4852 W. Birchwood Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <del>Pine Lake</del> <del>Rhineland</del>	<del>4/2/11</del>
10. <i>Conrad S. Scholl</i>	W 10113 FOREMARKT	<input checked="" type="checkbox"/> Town Newa <input type="checkbox"/> Village <input type="checkbox"/> City	4-2-11

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

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

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Bob Sp...</i>	3571 Hwy 17 N	<input type="checkbox"/> Town Rhineland <input type="checkbox"/> Village Oneida <input checked="" type="checkbox"/> City Oneida	3-29-11
2. <i>Mark W. Long</i>	754 W. Davenport St.	<input type="checkbox"/> Town Rhineland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
3. <i>Karen T...</i>	1806 Anderson Str.	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
4. <i>Wendy Baker</i>	631 ALBAN	<input checked="" type="checkbox"/> Town Rhineland <input type="checkbox"/> Village <input type="checkbox"/> City	3-29-11
5. <i>Louis J. Long III</i>	734 W. Davenport St	<input type="checkbox"/> Town Rhineland <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
6. <i>Paul K...</i>	9460 Fishtrap Rd	<input type="checkbox"/> Town Boulder <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	3/29/11
7. <i>Tom Collie</i>	9157 High River St	<input type="checkbox"/> Town Boulder <input type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
8. <i>Diana M. Kizwshi</i>	1531 Swallow Lane	<input checked="" type="checkbox"/> Town Lac du Flambeau <input type="checkbox"/> Village LDF <input type="checkbox"/> City	3/29/11
9. <i>Alfred M. Jensen</i>	6384 COUNTY W COUNTY	<input type="checkbox"/> Town Boulder <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	3/29/11
10. <i>CLD</i>	9495 City Hwy	<input checked="" type="checkbox"/> Town ARGONNE <input type="checkbox"/> Village <input type="checkbox"/> City	3-29/11

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

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

3-29-11 (date) J Morales (signature of circulator)



# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.</b> <b>THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Susan J. Beckes</i>	<i>N7027 SHADY LN CIR PORTERFIELD, WI 54159</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PORTERFIELD</i>	<i>3/30/11</i>
2. <i>William G. Beckes</i>	<i>N7027 SHADY LN CIR PORTERFIELD, WI 54159</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PORTERFIELD</i>	<i>3/30/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
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, *William G. Beckes* *William G. Beckes*, certify:  
(name of circulator)

I reside *N7027 SHADY LANE CIRCLE - 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.

*03/30/2011*  
(date)

*William G. Beckes*  
(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>FREDERICK J. BATH</u>	<u>1011 RANGELINE Rd. WAABENO WI 54566</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>FREEDOM</u>	<u>3/31/11</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, FREDERICK J. BATH, certify:  
(name of circulator)

I reside 1011 RANGELINE Rd. WAABENO WI. 54566 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.

3/31/11  
(date)

Frederick J. Bath  
(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

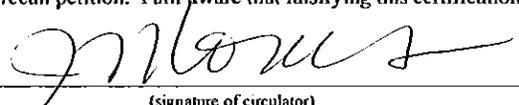
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county 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. Jesse Gaetz	35 Handala St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	4-5-11
2. Anna Travier	4188 Bucktail Ln. Rhldn.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4/5/11
3. Cheryl Mawon	206 N. Wildwood Ave Crandon WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	4/5/11
4. Grace King	103 RAILWAY LANE Crandon WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	4-5-11
5. Michael Gestel	5946 Forest Ln Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/5/11
6. MaryAnn Green	4191 1/2 Fox Ln Rheland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rheland	4-5-11
7. Judy Deakin Bendon	7027 E. RAPIDS RD. LAKE TOMCHAUX WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4/5/11
8. David Buhfeldt	P.O. Box 112 5406 River Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4/5/11
9. David E Lehman	6247 Northwestern Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	4/5/11
10. Susie McKerny	N4810 Schelbe Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bleese	4/5/11

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

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

4-5-11 (date)  (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 Boman</i>	<i>5964 Troy Haven Rhineland, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
2. <i>W.A. [Signature]</i>	<i>7070 Coon Lake Road Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
3. <i>Mary K Wright</i>	<i>PO BOX 14529 Wausau</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
4. <i>Rose Cook</i>	<i>3784 Velvet Lk. Rd Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
5. <i>Alla M. Szewc</i>	<i>6157 VELVET LAKE RD RHINELANDER</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEWBOLD</i>	<i>4/5/11</i>
6. <i>Mark Moe</i>	<i>6730 Long Lake Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4/5/11</i>
7. <i>Evelyn Platak</i>	<i>4992 Bayview Dr Rhineland</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NEW BOLD</i>	<i>4/5/11</i>
8. <i>Tina [Signature]</i>	<i>6775 Lake Mildred Rd Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
9. <i>Denise Lane</i>	<i>5821 Bear Trail Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>
10. <i>Danielle Gauthier</i>	<i>1630 RIVER STREET Rhineland, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Newbold</i>	<i>4-5-11</i>

### Certification of Circulator

I, *Jaqueline Morales*, certify:  
(name of circulator)

I reside *7271 NW 174th Ave, Hialeah, FL 33015*.  
(circulator's residence - include number, street, and municipality)

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

*4-5-11*  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

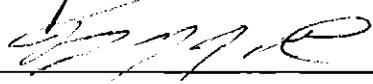
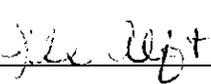
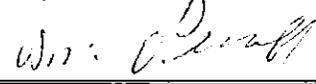
TO: Wisconsin Government Accountability Board

(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.

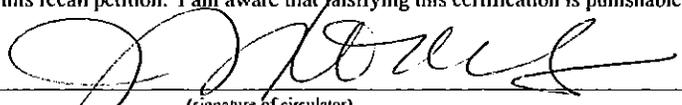
### STATEMENT OF REASON FOR RECALL

*(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. Joseph Geary	211 Deloigne St. Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
2. Kyle A. Reil	608 1/2 5th Ave Apt. 2 Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
3. 	612 Dorf St. Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
4. Margaret Duff	612 Dorf St Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
5. Todd 	410 N Ellms St. Wittenberg, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Wittenberg <input type="checkbox"/> City	3-26-11
6. Ruth Lorn	815 Park Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Madison <input type="checkbox"/> City	3-26-11
7. <del>Bob Curran</del>	<del>Washington St</del>	<del><input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Boyaut <input type="checkbox"/> City</del>	<del>3-26-11</del>
8. 	W1630 Fantauke Irma, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Irma	3/26/11
9. Sunny Hannon	1103 Van Buren	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/26/11
10. 	N2406 Hwy 17	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/26/11

I, Jaqueline Morale, certify:  
(name of circulator)  
 I reside 7271 NW 174 Terr. Hialeah Florida  
(circulator's residence - include number, street, and municipality)

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

3-26-11 (date)  (signature of circulator)

(9)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Henry Olson</i>	2778 County Rd "B" Florence, WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	3-27-11
2. <i>Verne Olson</i>	2778 County Rd B Florence, WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	March 27 2011
3. <i>Joe Sado</i>	514 Township Rd. Florence, WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Homestead	4-02-11
4. <i>Don E. Olson</i>	PO Box 246 - 626 FENCE WI 54120 <small>MEMORY LN.</small>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FENCE	4/2/11
5. <i>RANDY EKSTAD</i>	PO Box 29 626 MEMORY LN FENCE WI 54120	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City FENCE	4/2/11
6. <i>Roberta Campbell</i>	1141 E. Fischer Lake Pkwy Aurora, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	4-9-11
7. <i>Scott Wood</i>	1891 Elmer St Niagara WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora WI	4-10-11
8. <i>Kathy Wood</i>	1891 Elmer St Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora, WI	4-10-11
9. <i>Curtis P. Olson</i>	1508 County Rd N Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora, WI	4-10-11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Lucille Anderson, certify:

(name of circulator)

I reside at 1850 Grandview Dr. Aurora, WI 54151

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

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

April 10, 2011  
(date)

*Lucille Anderson*  
(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>Charles Sternhagen</i>	<i>P.O. Box 3418 Memory Lane FENCE, WI 54120</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Fence</i>	<i>3/9/11</i>
2. <i>Donall Schmeile</i>	<i>Niagara WI 54151 1929 E. MER ST.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HURORA</i>	<i>3-9-11</i>
3. <i>Anne Dallavall</i>	<i>2120 Krans Dr Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>3/10/11</i>
4. <i>Roger Osterberg</i>	<i>1247 W Fischer Jcky Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>3/14/11</i>
5. <i>Ben Smeltzer</i>	<i>2618 Miller Rd. Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence Homestead</i>	<i>3-14-11</i>
6. <i>Donna Smitsen</i>	<i>2615 Miller Rd. Florence, WI 54121</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Florence Homestead</i>	<i>3-14-11</i>
7. <i>Edward H Gordon</i>	<i>W 7438 Kenzler Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara</i>	<i>3-14-11</i>
8. <i>Linda Gordon</i>	<i>W 7438 Kenzler Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Niagara</i>	<i>3-14-11</i>
9. <i>Ngem-Houll</i>	<i>646 Highway N Niagara, WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>3-14-11</i>
10. <i>Tom Anhalt</i>	<i>W 696 Highway N Niagara WI 54151</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Aurora</i>	<i>3-14-11</i>

### Certification of Circulator

I, Vernon Anderson, certify:

I reside at 1850 Grandview Dr. Aurora, WI 54151  
(circulator's residence - include number, street, and municipality)

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

March 15, 2011  
(date)

Vernon Anderson  
(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. Janet Barnes	1103A Harrison St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-1-11
2. Janet Barnes	1103A Harrison St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-1-11
3. 	500 S. CENTER AVE MERRILL WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-9-11
4. Came Bary	W10412 Cty Rd K F Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Scott	3-10-11
5. Roxanne Fleener	W4430 Hwy Large Dr Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/10/11
6. Wanda K. H. 29	111 Pier St Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/10/11
7. Rick Pannow	N 975 H4-W LOT 4-7 Merrill W. 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-10-11
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, Mark Barnes Certification of Circulator, certify:  
(name of circulator)  
 I reside at 1401 E 10th St. City of Merrill  
(circulator's residence - include number, street, and municipality)

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

3/10/11   
(date) (signature of circulator)

# RECALL PETITION

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

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

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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>Charles A. Roedig</u>	<u>N 11 824 PARKWAY RD. SILVER CLIFF, WI. 54104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER CLIFF, WI.</u>	<u>04-25-11</u>
2. <u>Geneva J. Roedig</u>	<u>N 11 824 Parkway Silver Cliff, WI. 54104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff, WI.</u>	<u>04-05-11</u>
3. <del>_____</del>	<del>17762 PARKWAY RD.</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4. <u>Ruth Schmidt</u>	<u>N 11765 Parkway Rd.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff</u>	<u>04-05-11</u>
5. <u>Walter Sommerberg</u>	<u>R 1235 WHEELER LN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER CLIFF</u>	<u>04-5-11</u>
6. <u>Elise Sommerberg</u>	<u>W 12315 Wheeler Ln</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER CLIFF</u>	<u>04-5-11</u>
7. <u>Jessica Wosning</u>	<u>W 13418 HWY C</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SILVER CLIFF</u>	<u>04-5-11</u>
8. <u>Kelly Sikora</u>	<u>W 14155 City Hwy C</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff</u>	<u>04-5-11</u>
9. <u>Kayla Sikora</u>	<u>W 14155 City Rd C</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff</u>	<u>04-5-11</u>
10. <u>Heather Johnson</u>	<u>W 13608 City C</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Silver Cliff</u>	<u>04-5-11</u>

### Certification of Circulator

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

I reside at N 11701 Boat Landing 11 Rd., Silver Cliff, WI 54104  
(circulator's residence - include number, street, and municipality)

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

4/12/11  
(date)

Michelle D. Baldwin  
(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.)*

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Robert Lira	1598 City Hwy A Athens, WI 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Athens, WI	2/28/11
2. Vernon Kottke	2776 W. Columbus Rd. Athens WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Halloy	2/25/11
3. James Oberknecht	R563 E Townline Rd. Athens, WI 54411	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Athens	2/27/11
4. Bria Johnson	217N Lincoln St Stetsonville WI 54480	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Stetsonville	2/27/11
5. Norman Kreuter	970 E Tamara Rd Athens WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Halloy	2/27/11
6. David Nowacki	7152 NANGLE AD Athens Wis	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bern	2/27/11
7. Jay B. Lohr	208 Kretzer St Athens	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Athens	2/27/11
8. Mark D. Gubinski	Athens 100 Alford St PO Box 311 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Athens	2-27-11
9. Carolyn Hein	637 Faith St Athens, WI 54411	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Athens	2-27-11.
10. Mr. Brown	112 Allen St Athens, WI. 54411	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Athens	2/27/11

### Certification of Circulator

I, MARGE BERGER, certify:

I reside at 7170 - 13th LAVE, ATHENS WI 54411  
(circulator's residence - include number, street, and municipality)

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

2/27/11  
(date)

Marge Berger  
(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 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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

## STATEMENT OF REASON FOR RECALL

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



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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.	14542 Pier St IRMA WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MERRILL	3/15/11
2. Julie Oberg	Same	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/15/11
3. Kathleen Oberg	Same	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/15/11
4. Sherry Oberg	Same	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	08/16/11
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, Julie Oberg, certify:  
(name of circulator)  
 I reside at 14542 Pier Str. Irma 54442 MERRILL TOWN  
(circulator's residence - include number, street, and municipality)

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

3-17-11  
(date)

(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. <u>Ganet L. Miller</u>	<u>9311 Timberline Dr Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>minocqua</u>	<u>3-12-11</u>
2. <u>Mark L. Miller</u>	<u>9311 TIMBERLINE DR MINOCQUA, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3-13-11</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, MARK L. MILLER, certify:  
(name of circulator)

I reside 9311 TIMBERLINE DR MINOCQUA, WI 54548.  
(circulator's residence - include number, street, and municipality)

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

3-13-11  
(date)

Mark L. 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.

### STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Wanda J. Preslog, Jr.</i>	<i>W15914 Cherry Road Birnawood, WI 54414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3-5-11</i>
2. <i>Craig Wilhelm</i>	<i>N680 center St. Phlox WI 54464</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NORWOOD</i>	<i>3-5-11</i>
3. <i>Dean Wilhel</i>	<i>W7306 South St. Phlox WI 54464</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NORWOOD</i>	<i>3-5-11</i>
4. <i>Tom Bera</i>	<i>W7023 Mayking Rd. Antigo WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Norwood</i>	<i>3-5-11</i>
5. <i>Brenda Bera</i>	<i>W7002 Mayking Rd. Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>norwood</i>	<i>3-11-11</i>
6. <i>SD Marco</i>	<i>N14902 Hillview Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hutchins</i>	<i>3-12-11</i>
7. <i>Aita Kuba</i>	<i>W7642 CTH AA ANTIGO WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NORWOOD</i>	<i>3-16-11</i>
8. <i>Sherry L. Malnes</i>	<i>1895 Park St. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/16/11</i>
9. <i>Dexter Sherrin</i>	<i>N1069 City Rd. D Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3/17/11</i>
10. <i>Carl Sherrin</i>	<i>N983 City Rd D Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rolling</i>	<i>3/17/11</i>

### Certification of Circulator

I, Dean M. Wilhelm, certify:

I reside W7306 South St Phlox WI 54464  
(circulator's residence - include number, street, and municipality) NORWOOD TOWN

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

3/17/11  
(date)

*Dean M. Wilhelm*  
(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>Melana Schuster</i>	<i>N4377 CTH RD BIRNAMWOOD WIS4414</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>NORMIE</i>	<i>4/17/11</i>
2. <i>Suzanne Pungl</i>	<i>311 E Grand WITTENBERG</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>WITTENBERG</i>	<i>4-17-11</i>
3. <i>Dee Kelly</i>	<i>416936 TRAMMUCK LN WITTENBERG</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>WITTENBERG</i>	<i>4-17-11</i>
4. <i>Todd Lee</i>	<i>410 Nellms St WITTENBERG</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>WITTENBERG</i>	<i>4-17-11</i>
5. <i>David Schwanke</i>	<i>W15526 HILLTOP RD WITTENBERG WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WITTENBERG</i>	<i>4-17-11</i>
6. <i>Shirley Mambri</i>	<i>407 Ellms St WITTENBERG WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WITTENBERG</i>	<i>4.17.11</i>
7. <i>John Leo</i>	<i>N1074 SAGELEAK BIRNAMWOOD</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BIRNAMWOOD</i>	<i>4/17/11</i>
8. <i>Laura Handell</i>	<i>635 County Rd N BIRNAMWOOD WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>BIRNAMWOOD</i>	<i>4-17-11</i>
9. <i>Bronce Giese</i>	<i>N9754 Hwy 45 BIRNAMWOOD WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>BIRNAMWOOD</i>	<i>4-17-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, ROBERT V. ARMSTRONG, certify: Certification of Circulator

(name of circulator)

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

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

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

4-17-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

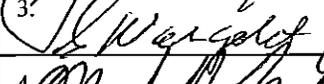
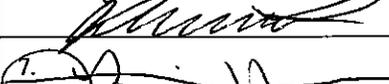
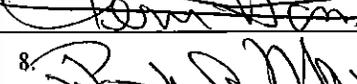
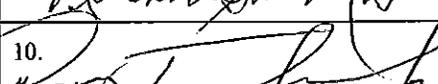
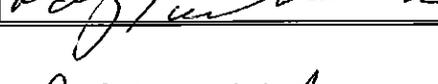
(official with whom nomination papers or declaration of candidacy for the office is filed)

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. 	119 S Brown St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-30-11
2. 	5570 Wanda Hill	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crossent	3-30-11
3. 	1404 Schomberg 3 LAKES WJ	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City 3 LAKES	3/30/11
4. 	4362 S Stone Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	3/30/11
5. 	1503 Balsam St, Apt 3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
6. 	7080 V FETKE 602 FETKE LAKE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RHINELAND	3/30/11
<del>7. </del>	<del>154 N ONYDA</del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander</del>	<del>3/20/11</del>
8. 	#181 Edgemoor WJ	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
9. 	3711 Fawn Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pine Lake	3/30/11
10. 	2694 PICKEREL PT W EAGLE RIVER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CLOVERLAND	3-30-11

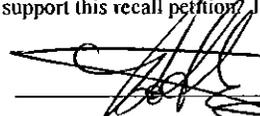
### Certification of Circulator

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

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

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

3-30-11  
(date)

  
(signature of circulator)

# RECALL PETITION

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

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

petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> 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>Gregory J. Young</i>	PO Box 69 Saint Germain, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. GERMAIN</u>	4/5/11
2. <i>Nancy L. Doring</i>	P.O. Box 69 St Germain WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. GERMAIN</u>	4-5-11
3. <i>Jim Halperin</i>	7834 Jure Rd St. Germain WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST. GERMAIN</u>	4-5-11
4. <i>Wm Schmitt</i>	1959 Antas Rd St Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u>	4-5-11
5. <i>Kathy Schmitt</i>	1959 Antas Rd St Germain WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u>	4/5/11
6. <i>Louis Mueck</i>	7654 Pietz lane Saint Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	4/5/11
7. <i>Nancy L. Whelan</i>	8621 Hwy 70 St. Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	4/6/11
8. <i>William Whelan</i>	8621 Hwy 70 ST GERMAIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. GERMAIN</u>	4/5/11
9. <i>Scott Mason</i>	1631 Birch Tree Ln St Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u>	4/5/11
10. <i>Wendy E. Galt</i>	7496 W Wakefield Dr Rd St Germain	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St Germain</u>	4/5/11

### Certification of Circulator

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

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

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

4/5/11  
(date)

*Peter Bird*  
(signature of circulator)

Please mail this form to: Recall Jim

# RECALL PETITION

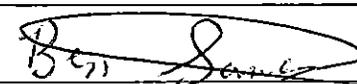
TO: Wisconsin Government Accountability Board

(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.)*

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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. 	10 West Lincoln Ave. <del>WEST</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/14/11
2. Buck Steiniger	W 4601 OLIVETTE LK RD	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Irma	4/14/11
3. Jacob Felsor	9874 Prairie Rapids Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Nokomis	4/14/11
4. Traci Sandon	W4462 Cnty Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City King	4-14-11
5. Robin McDowell	316A NAKH ST	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-14-11
6. Ed Waley	1987 Apache Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-14-11
7. Amy Beresne	4198 CRY RD W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-14-11
8. Adam Wallis	226 Bradley Farm Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-14-11
9. Lois Koshek	3050 Crescent Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-14-11
10. Crystal Sunlin	21 E Somo Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/14/11

### Certification of Circulator

I, SHERRI FERRELL, certify:

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

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

4/14/11  
(date)

  
(signature of circulator)

# RECALL PETITION

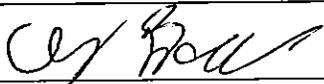
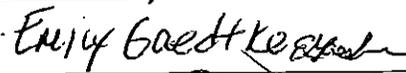
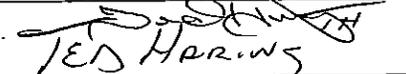
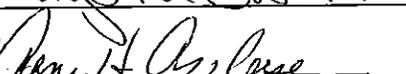
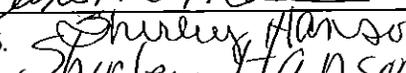
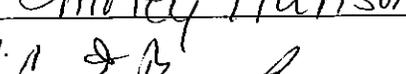
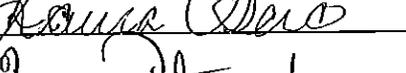
TO: Wisconsin Government Accountability Board

(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. 	2507 Hansel Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-14-11
2. 	44 E. Birchwood Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-14-11
3. 	W2203 Cedar R	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-14-11
4. 	1608 E Main St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill, WI	4/14/11
5. 	N8956 Converse Trl R	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bladley	4-14-11
6. 	214 E. Somers Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/14/11
7. 	11847 W 86. Tripoli	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TRIPOLI	4/14/11
8. 	WI 110200 Baymiller Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk/WI Bladley	4/14/11
9. 	1321 Kings Hill Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk WI	4-14-11
10. 	655 Southgate Dr #114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk WI	4-14-11

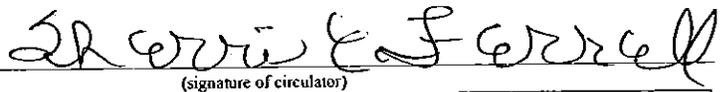
### Certification of Circulator

I, SHERRI FERRER, certify:

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

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

4/14/11  
(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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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 Hubbs</u>	<u>3811 Pedersen TR. PHELPS WI 54554</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Phelps</u>	<u>2-28-11</u>
2. <u>Todd Luedtke</u>	<u>2474 SPIRIT LAKE LANE 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>Michelle Luedtke</u>	<u>2474 SPIRIT LK. KANE 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>
4. <u>Betty Brunette</u>	<u>813 Birch St. Rhinelander WI 54501</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-1-11</u>
5. <u>Wilbur Brunette</u>	<u>813 Birch St Rhinelander WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Rhinelander</u>	<u>3-1-11</u>
6. <u>Tim Brunette</u>	<u>3109 WASHINGTON St. Rd. Rhinelander, WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodboro</u>	<u>3/1/11</u>
7. <u>David Buttle</u>	<u>2747 Col Hwy C Rhinelander WI 54501</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stella</u>	<u>3/1/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, TODD LUEDTKE

(name of circulator)

, certify:

I reside at 2474 SPIRIT LAKE LANE Eagle River, WI. 54521

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

TOWN OF WASHINGTON

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

Todd Luedtke

(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>Debra Hoff</i>	<i>2896 Greenbass Rd Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4/14/11</i>
2. <i>Helen Kalbman</i>	<i>W4594 Shady Shore Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/14/11</i>
3. <i>Jessie Calhoun</i>	<i>6792 Greil Rd. Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/14/11</i>
4. <i>Julie Bernarde</i>	<i>W6153 Frontage Rd. Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/14/11</i>
5. <i>Roger Edd</i>	<i>19 E LINCOLN AVE Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/14/11</i>
6. <i>Ray</i>	<i>10523 Wildwood Rd Tomahawk, WI 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>TOMAHAWK</i>	<i>4/14/11</i>
7. <i>Ron Jones</i>	<i>3965 Lakewood</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>4/14/11</i>
8. <i>Uliet Herman</i>	<i>N9149 Tomahawk Rd Tomahawk, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/14/11</i>
9. <i>Rudy Chagaza</i>	<i>1422 Kaphemid Apt 1 Tomahawk, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/14/11</i>
10. <i>Jimmy [unclear]</i>	<i>213 E Wisconsin Ave Tomahawk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4-14-11</i>

### Certification of Circulator

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

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

4/14/11 *Sherrie E. Ferrell*  
(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>Janelle Klauer</i>	<i>6689 Hwy K Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Crescent</i>	<i>3/30/11</i>
2. <i>Doreen</i>	<i>503 Douglas St Rhinelander, WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-30-11</i>
3. <i>JM Artega</i>	<i>820 Bruner St Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-30-11</i>
4. <i>Paul Bergstrom</i>	<i>651 Mason St Rhinelander WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-30-11</i>
5. <i>Jim Olson</i>	<i>117 Vincent St Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-30-11</i>
6. <i>Robert J. Kullas</i>	<i>803 Timber Dr Apt 2 Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-30-11</i>
7. <i>Dennis Buchan</i>	<i>1997 Acuwak Rd Minocqua WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3-30-11</i>
8. <i>Jonas</i>	<i>2385 Islandwood Rhinelander, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3-30-11</i>
9. <i>Beth Brown</i>	<i>Rhinelander, WI 4391 Rippeel Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pelican</i>	<i>3-30-11</i>
10. <i>John H. Lueck</i>	<i>1416 Dorothy St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3-30-11</i>

### Certification of Circulator

I, *Robert V. Arms + rowe*, certify:  
(name of circulator)

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

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

*3-30-11*  
(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>Peter Biolo</i>	<i>401 IVERSON ST. RHINELANDER, WI. 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-5-11</i>
2. <i>Alicia Scott</i>	<i>401 IVERSON ST. Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-5-11</i>
3. <i>Patricia Feek</i>	<i>127 W. Frederick St Apt A Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-9-11</i>
4. <i>Aspley Biolo</i>	<i>401 IVERSON ST. Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-11-11</i>
5. <i>Gregory J. Straus</i>	<i>811 Brunner St Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>3-11-11</i>
6. <i>Heidi Swenson</i>	<i>402 Iverson St. Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>03/21/11</i>
7. <i>Patricia Freeman</i>	<i>2375 Samson Rd Three Lakes, WI.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-28-11</i>
8. <i>John T. Shaw</i>	<i>Three Lakes WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<i>7/28/11</i>
9. <i>Lee Burkhardt</i>	<i>Three Lakes 1839 Timberline Blvd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-26-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, PETER BILOLO, certify:

(name of circulator)

I reside at 401 IVERSON ST. RHINELANDER, WI. 54501

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

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

MARCH 26, 2011  
(date)

*Peter Biolo*  
(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>Mark J. Zieg</i>	<i>45814 S. County Townhawk, WI 54487</i>	<input checked="" type="checkbox"/> Town <i>Bradley</i> <input type="checkbox"/> Village <i>Townhawk</i> <input type="checkbox"/> City	<i>3/31/11</i>
2. <i>Joelle</i>	<i>3535 Driscoll Rd Rhinelander WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Rhinelander</i> <input checked="" type="checkbox"/> City	<i>3-31-11</i>
3. <i>Lois Wallace</i>	<i>354 Hillside Rhinelander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhldr</i>	<i>3/31/11</i>
4. <i>Sherry Luse</i>	<i>5355 Dumee Rd Rhldr</i>	<input checked="" type="checkbox"/> Town <i>Rhldr Pine</i> <input type="checkbox"/> Village <i>Rhldr Lake</i> <input type="checkbox"/> City	<i>3/31/11</i>
5. <i>Joan J...</i>	<i>2053 S River Rd Rhinelander</i>	<input checked="" type="checkbox"/> Town <i>Rhinel</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
6. <i>Rita Wagner</i>	<i>2583 Wauquiat Rd, Rhinelander</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <i>Pellican</i> <input type="checkbox"/> City	<i>3/31/11</i>
7. <i>Ed Gresser</i>	<i>4191 Fox Farm Rhldr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhldr</i>	<i>3/31/11</i>
8. <i>John &amp; Mary</i>	<i>6904 Lake in Rhldr</i>	<input checked="" type="checkbox"/> Town <i>MacBride</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/31/11</i>
9. <i>David Hella</i>	<i>6640 W Kaulberstein Hayhurst WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <i>Hayhurst</i> <input type="checkbox"/> City	<i>3/31/11</i>
10. <i>Jerry Helle</i>	<i>1380 Eagle St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhine</i>	<i>3/31/11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

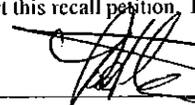
(name of circulator)

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

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

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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>David P. Dandowski</i>	3578 DEERSKIN Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	2/28/11
2. <i>May K. Dunki</i>	3578 DEERSKIN RD.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PHELPS	2/28
3. <i>Sandy Setzer</i>	1766 McKinnis y 5615 RIVER WISCONSIN	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	2/28/11
4. <i>JWK</i>	6025 Bay Rd Conover, WI 54519	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2/29/11
5. <i>Alison Setzer</i>	2050 Hwy 45 N #19 Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2/28/11
6. <i>Maria Foerster</i>	1110 C. Tyson Rd Eagle River 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	2/28/11
7. <i>Carolyn Ritter</i>	7451 W. Wakefield St. Germain WI 54558	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Vilas	2/28/11
8. <i>Carol A. Graham</i>	7020 Hwy 70 W Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cloverland	2/28/11
9. <i>Janice Neddo</i>	2959 Pine Island Ln Rd Eagle River WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2/28/11
10. <i>Sam Kopitz</i>	3874 EAGLEWATERS EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	2/28/11

2011

I, Loyd G. Black Certification of Circulator, certify: 54521  
(name of circulator)  
 I reside at 6048 Zeman Rd. Eagle River Wis. - Cloverland Twp.  
(circulator's residence - include number, street, and municipality)

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

2/28/2011  
(date)

Loyd G. Black  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Rich MACHNO</u>	<u>N811 1/2 Fairview Road</u> <u>Merrill Wis</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SCOTT</u>	<u>4-10-11</u>
2. <u>Laura Leckman</u>	<u>408 E Sixth St.</u> <u>Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
3. <u>Donna Myers</u>	<u>115 N. State</u> <u>Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
4. <u>Lenna Bratte</u>	<u>115 N State 54457</u> <u>Merrill WI, 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11</u>
5. <u>Laura McDonald</u>	<u>Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11</u>
6. <u>Liz Ann</u>	<u>504 S. Alexander St</u> <u>Merrill 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
7. <u>Tom Davis</u>	<u>W703 Oak Ridge Rd</u> <u>Colgson 54435</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Colgson</u>	<u>4-11-11</u>
8. <u>Paul Wierda</u>	<u>1001 Cotey Dr.</u> <u>Merrill WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
9. <u>Hayley White</u>	<u>1810 E Logan Ave</u> <u>Merrill, WI 54452</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Merrill</u>	<u>4-11-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Charles J Tuttle **Certification of Circulator**, certify:

I reside 3809 117<sup>th</sup> SE Vally City ND 58072  
(circulator's residence - include number, street, and municipality)

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

4/13/11  
(date)

Charles J Tuttle  
(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>Anna M. Millard</i>	<i>213 9th AVE ARTIGO, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Artigo</i>	<i>4-10-11</i>
2. <i>James K...</i>	<i>W4726 Donovan Dr Irma, WI 54412</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-10-11</i>
3. <i>Jeff...</i>	<i>N3552 South Gl Rd Merrill W. 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-11-11</i>
4. <i>Lana Howe</i>	<i>502 N. Center Ave Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-11-11</i>
5. <i>Pat Brannan</i>	<i>311 W. Riverside Ave Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/11/11</i>
6. <i>Debbie Rayne</i>	<i>N398 Brush Rd Merrill 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SCOTT</i>	<i>4/11/11</i>
7. <i>Tris...</i>	<i>319 4th St N Tomahawk 54487</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/11-1</i>
8. <i>Megan Leah</i>	<i>W2621 Sunrise Rd Merrill 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4/11/11</i>
9. <i>Miranda...</i>	<i>N3714 Squirrel LN Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4/11/11</i>
10. <i>Jeff...</i>	<i>403 E. 6th St Merrill, WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4/13/11</i>

I, Charles J Tuttle Certification of Circulator, certify:

I reside 3609 117th SE Vally City ND 58072  
(circulator's residence - include number, street, and municipality)

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

4/13/11  
(date)

*Charles J Tuttle*  
(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>Rhonda Zell</i>	<i>W17664 Sarah Lynn Ln Pembine, WI 54156</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>BEECHER</i>	<i>2-27-11</i>
2. <i>Myna Ritz</i>	<i>17496 Archibald Lk Rd Townsend, WI 54175</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Doty</i>	<i>3-1-11</i>
3. <i>Wendy VanLaanen</i>	<i>15237 Pleasant Hill Lakewood WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lakewood</i>	<i>3-1-11</i>
4. <i>Diane K Campbell</i>	<i>W10082 Pitt Lane Crittitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>STEPHENSON</i>	<i>3-3-11</i>
5. <i>Lachel Wallgren</i>	<i>N8835 St. Paul Rd Crittitz, WI 54114</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stephenson</i>	<i>3-3-11</i>
6. <i>Omessa Fischer</i>	<i>11 RICHLEN AVE CRITITZ WI 54114</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>CRITITZ</i>	<i>3-3-11</i>
7. <i>Jeff Schand</i>	<i>W15815 City F Silver Cliff</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>
8. <i>Henry Berkel</i>	<i>W13644 Eagle River Rd. SILVER CLIFF</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SILVER CLIFF</i>	<i>3-8-11</i>
9. <i>Chad Atwood</i>	<i>N11440 Landing Blvd Silvercliff WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>
10. <i>Rory Junt</i>	<i>W13668 Eagle River Rd Silver Cliff WI 54104</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Silver Cliff</i>	<i>3-8-11</i>

### Certification of Circulator

I, Michelle Baldwin, certify:

I reside N11701 Boat Landing 11 Rd, Silver Cliff, WI 54104  
(circulator's residence - include number, street, and municipality)

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

3/8/11  
(date)

Michelle D. Baldwin  
(signature of circulator)

# RECALL PETITION

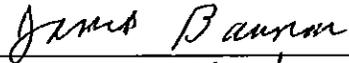
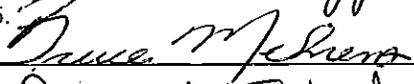
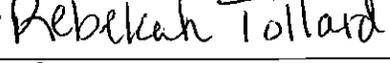
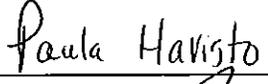
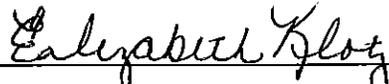
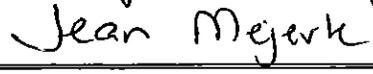
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(official with whom nomination papers or declaration of candidacy for the office is filed)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <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. 	7891 HIGHLAND DRIVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4-5-11
2. 	<del>Minocqua</del> 8445 E Squares	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City La Crosse	4-5-11
3. 	<del>Minocqua</del> 2449 E Squares	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City La Crosse	4-5-11
4. 	9248 Birk Drive Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-5-11
5. 	Minocqua WI 8646 N. Road, Lac	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4-5-11
6. 	9711 Milky Way Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-5-11
7. 	8680 Denise Drive Woodruff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	4-5-11
8. 	8773 Sallet De MINOCQUA,	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA WI	4/5/11
9. 	10010 Pine Street Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-5-11
10. 	8691 Nicks Dr Woodruff WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	4-5-11

### Certification of Circulator

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

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

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

4-6-11  
(date)

  
(signature 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>Linda Mehrens</i>	8646 N. Budi Loe Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4/5/11
2. <i>Willie Tollard</i>	9711 Milky Way Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/5/11
3. <i>Mariam Case</i>	7822 Cameron Drive Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/5/11
4. <i>[Signature]</i>	<del>8737 W. Bakely Circle</del> 9211 Thornapple Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4-5-11
5. <i>[Signature]</i>	8737 W. Bakely Circle Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/5/11
6. <i>Don Fish</i>	9860 Wintergreen Dr. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-5-11
7. <i>[Signature]</i>	7384 Timber Ln Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/5/11
8. <i>[Signature]</i>	8758 Handreck Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	04/05/11
9. <i>[Signature]</i>	9771 Old Hwy 70	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	04/05/11
10. <i>Linda R Reno</i>	308 Ridgeway Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/6/11

### Certification of Circulator

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

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

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

4-8-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Sergentto Boettcher</i>	2353 Hwy 51 N	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4/5/11
2. <i>Ann E. Sapp</i>	1557 Marshmore Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	4/5/11
3. <i>Marti Hunt</i>	14802 Redpoll Ln. Lac du Flambeau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lac du Flambeau	4/5/11
4. <i>John D. ...</i>	9771 Old Highway 70 Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4-5-11
5. <i>Paul D. ...</i>	4045 Bozill Rd Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE	4-6-11
6. <i>Roger Woller</i>	7470 Nose Lake Rd Rhinelander WI #6	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodboro	4-6-11
7. <i>Julie Collins</i>	5130 Timothy Lane Rhinelander, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-6-11
8. <i>Craig ...</i>	204 W FREDERICK RHINELANDER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	6 APR 11
9. <i>Frank ...</i>	1060 Pinos St Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/6/11
10. <i>James C. ...</i>	323 OAK ST Rhinelander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-6-11

### Certification of Circulator

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

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

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

4-8-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

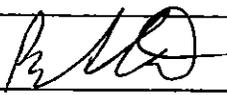
TO: Wisconsin Government Accountability Board

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

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

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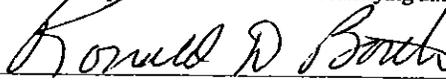
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	Raymond Straubel 8568 Palmer Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
2. Judi Straubel	8568 Palmer Rd. P.I., WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/3/11
3. Brian Lerber	6970 Red Lake Dr P.I. WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/4/11
4. William R Vinal	11757 Riverside Dr Presque Isle, WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/4/11
5. Elyse Vinal	11757 Riverside Dr Presque Isle, WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Presque Isle	3/4/2011
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Ronald D Borth **Certification of Circulator**, certify:

I reside at 1785E Tippe Canoe RD, Lac Du Flambeau Wis. 54538  
(circulator's residence - include number, street, and municipality)

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

3-15-11  
(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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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>Ruth Dingess</i>	<i>W5481 N. Shore Dr. P.O. Box 37 Irma, WI 54442</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rock Falls</i>	<i>3/31/11</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, *Ruth Dingess* Ruth Dingess, certify:  
(name of circulator)

I reside *W5481 North Shore Dr. Township of Rock Falls P.O. Box 37 Irma, WI 54442*.  
(circulator's residence - include number, street, and municipality)

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

*3/31/11*  
(date)

*Ruth Dingess*  
(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.	10995 Hwy 70E Arbor Vitae	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3-4-11
2.	511 Oneida St. Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-6-11
3.	511 Oneida Street Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-6-11
4.	511 Oneida St Minocqua WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-6-11
5.	111 WOCGLECC 13297 Flander Border Sun Pk Falls WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ATLWOCGLECC	3-8-11
6.	10995 Hwy 70E Arbor Vitae WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Arbor Vitae	3-10-11
7.	5445 NICKELS RD OSHKOSH WI 54956	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OSHKOSH	3-12-11
8.	5176 SOUTHWIND DR. WINNECONNE WI 54986	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINNECONNE	3-18-11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Peter Bogarsky (name of circulator), certify:  
I reside at 301 Front St Minocqua WI 54956 (circulator's residence - include number, street, and municipality)

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

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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>Randy Dolbee</i>	<i>9677 Beech Ln. Monroe WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>3/23/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, *Steve K. Meade* **Certification of Circulator**, certify:  
(name of circulator)

I reside at *10145 Hwy 70 E* *Arbon 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.

*3/24/2011*  
(date)

*Steve Meade*  
(signature of circulator)



*Erin McCormick*  
 WI Commissioner 652011

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 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>Steve K. Meade</i>	10145 Hwy 70 E Arbor Vitae, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/14/2011
2. <i>Carol A. Meade</i>	10145 Hwy 70 E Arbor Vitae, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-14-11
3. <i>Chris Coffey</i>	7638 E Marie Lane Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-15-11
4. <i>Frank Coffey</i>	7638 E. Marie Lane Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3-15-11
5. <i>Wayne Geyer</i>	10337 English Oak Village Dr. Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11
6. <i>Donna L. Pappas</i>	10337 Big Arbor Dr. Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11
7. <i>Robert K. Brown</i>	1218 Hwy 51 Arbor Vitae, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11
8. <i>Brooks Elfrida</i>	8600 Pinewood Dr. St. Germain, WI 54580	<input checked="" type="checkbox"/> Town NEWBOLD <input type="checkbox"/> Village <input type="checkbox"/> City	3/16/11
9. <i>Nathan Meade</i>	9643 Oakwood Dr. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/20/11
10. <i>Carol Meade</i>	7638 Oakwood Dr Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hazelhurst	3/23/11

### Certification of Circulator

I, *Steve K Meade*, certify:

I reside at 10145 Hwy 70 E 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.

3/23/2011  
(date)

*Steve Meade*  
(signature of circulator)



*Erin McCormick*  
Commission Expires 6-5-2011  
Erin McCormick

# 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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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Tom Beeler</i>	939 Langlade Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-9-2010
2. <i>Susan Schreiber</i>	W9661 NORTH AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-12-11
3. <i>Benj. Aversant</i>	120 E 10 Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11
4. <i>Ed. Johnson</i>	1315-10 AVE	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4-12-11
5. <i>Debt DeHart</i>	616 Watson St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11
6. <i>Dane Below</i>	706 Watson	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/12/11
7. <i>Buzz Markel</i>	708 Eastview Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/12/11
8. <i>Anthony Sandler</i>	4219 N Maple St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/12/11
9. <i>Anthony Sandler</i>	337 Watson St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-12-11
10. <i>Matthew</i>	244 Watson	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/12/11

I, Richard A Madril, Certification of Circulator, certify:  
(name of circulator)  
 I reside 1065 S Ames St Lakewood Colorado 80226  
(circulator's residence - include number, street, and municipality)

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

4-12-11 (date) Richard A Madril (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>Reginald R. Baker</i>	107 16th Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Langlade</i>	4-12-11
2. <i>Matt Stuchinsky</i>	208 10th Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Langlade</i>	4-12-11
3. <i>Edward J. DeLuca</i>	128 10th Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	4/12/11
4. <i>[Signature]</i>	130-10 Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	4/12/11
5. <i>[Signature]</i>	136 10th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	4-12-2011
6. <i>[Signature]</i>	224 10th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	4-12-2011
7. <i>Cally Naem</i>	316 1/2 Edison Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	4/12/11
8. <i>Barbara Barth</i>	235 GAUBER ST 2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>ANTIGO</i>	4/12-11
9. <i>[Signature]</i>	215 Gauder St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	4/12-11
10. <i>[Signature]</i>	218 Gauber St Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	4-12-11

### Certification of Circulator

I, Richard A Madrell, certify:  
(name of circulator)  
 I reside 1065 S Ames St Lakewood Colorado 80226  
(circulator's residence - include number, street, and municipality)

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

4-12-11 (date) Richard A Madrell (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. Yer Mouna	1326 3rd Ave Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
2. Roberto Jizay	1007 Lincoln St Apt 6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
3. Amber Clements	1007 Lincoln St. Apt 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
4. Annie Zih	1007 Lincoln St Apt 7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
5. Chelsea Fleischman	1021 Lincoln St #2	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
6. Samantha MacDonald	1021 Lincoln St #8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
7. JOSE ALEMAN	1021 LINCOLN ST. #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4/13/11
8. J. P. Pott	1021 Lincoln St. #7	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13-11
9. Jay Clark	1018 Charmant St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13-11
10. Ken Palko	535 3rd Ave 322 Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13/11

### Certification of Circulator

I, Richard A Madril, certify:  
(name of circulator)  
 I reside 1065 S. Ames St Lakewood Colorado 80226  
(circulator's residence - include number, street, and municipality)

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

Richard A Madril  
(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>Margaret Olson</u>	<u>535 3rd St Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo, WI</u>	<u>4/13/11</u>
2. <u>John A. Hess</u>	<u>707 Clermont St Apt # 6 Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo WI</u>	<u>4/13/11</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, Richard A Madrell, certify:  
(name of circulator)  
 I reside 1065 S. Ames St Lakewood Colorado 80226.  
(circulator's residence - include number, street, and municipality)

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

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
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>Frances Sprague</i>	<i>P.O. Box 982 Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</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, *Frances Sprague*, certify:

I reside *9396 Brinkland Ct. 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.

*March 30, 2011*  
(date)

*Frances Sprague*  
(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>Timothy Mc Bride</i>	N5803 Langes Rd Irma WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	Feb. 26 2011
2. <i>Margo Tophal</i>	N5741 Langes Rd. Irma WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2/26/2011
3. <i>Armen Nelson</i>	W-3984 Copper Ln. Ave. Irma, WI. 54442	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2/26/2011
4. <i>Janet Nelson</i>	W-3984 Copper Ln. Ave. Irma, WI. 54442	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2/26/2011
5. <i>Ross Karch</i>	N5341 City Rd K Irma, WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2/27/11
6. <i>David Petrie</i>	N5593 City Rd H Irma, WI. 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BIRCH	2/27/11
7. <i>Robin Petrie</i>	N5593 City Rd H Irma WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2-27-11
8. <i>Nancy Petrie</i>	N5574 Co. RD H IRMA, WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2-27-11
9. <i>Danna Milden</i>	W4679 Co Rd H Irma, WI 54443	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	2-27-11
10. <i>Louise Gildein</i>	W4679 Co Rd H IRMA WIS 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BIRCH	2-29-11

### Certification of Circulator

I, Maurice Mc Bride, certify:

(name of circulator)

I reside at N5803 Langes Rd Irma, WI. 54442 BIRCH TW

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

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

2-30-2011  
(date)

Maurice Mc Bride  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

(jurisdiction or district of officeholder)

petition for the recall of Senator Jim Halperin

(name of officeholder to be recalled and office)

from office pursuant

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

## STATEMENT OF REASON FOR RECALL

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

**THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY 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>Norman "Ed" Bruner</u>	<u>8897 MID LAKE ROAD WOODRUFF, WI 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOODRUFF</u>	<u>3-4-11</u>
2. <u>Ken Welch</u>	<u>1488 S. Bluebird Lake Tomahawk WI 54559</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lake Tomahawk</u>	<u>3-4-11</u>
3. <u>Barbara Mitchell</u>	<u>9893 Morgan Oaks Dr. Apt #1 Minocqua, WI, 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3-4-11</u>
4. <u>Kalyn A. Dolby</u>	<u>7457 Pine Ridge Court Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-4-11</u>
5. <u>Jean Prew</u>	<u>8957 Hwy J WOODRUFF W, 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOODRUFF</u>	<u>3-4-11</u>
6. <u>Wayne Price</u>	<u>8957 Hwy J WOODRUFF W, 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>WOODRUFF</u>	<u>3-4-11</u>
7. <u>Lennice Howard</u>	<u>7550 Half View Ct Minocqua, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>MINOCQUA</u>	<u>3-5-11</u>
8. <u>John M. Clarke</u>	<u>8195 Beech Hill Rd Minocqua WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-5-11</u>
9. <u>Ju A</u>	<u>8642 Ranchwood Dr Minocqua, WI 54548</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Minocqua</u>	<u>3-5-11</u>
10. <u>Sumia Del</u>	<u>1120 Big Buck Cir Woodruff 54568</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Woodruff</u>	<u>3-5-11</u>

### Certification of Circulator

NORMAN "ED" BRUNER  
(name of circulator)

certify: I

reside at # 8897 MID LAKE ROAD WOODRUFF, WI  
(circulator's residence - include number, street, and municipality)

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

Norman Ed Bruner  
(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.)*

<b>THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.                      THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.</b>			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ronald P. Solarsud</i>	<i>2823 Green Bass Rd. Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <i>Crescent</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
2. <i>Dolores T. Solarsud</i>	<i>2823 Green Bass Rd. Rhinelander, WI 54501</i>	<input checked="" type="checkbox"/> Town <i>Crescent</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/28/11</i>
3. <i>Kristi Solarsud</i>	<i>335 MARSHALL ST. RHINELANDER, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>2/28/11</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, *Dolores T. Solarsud*, certify:  
(name of circulator)

I reside *2823 GREEN BASS RD. TOWN OF CRESCENT*.  
(circulator's residence - include number, street, and municipality)

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

*2/28/11*  
(date)

*Dolores T. Solarsud*  
(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>Amore Noyke</i>	<i>N 3400 St. Hwy 47</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Neopit</i>	<i>4-7-11</i>
2. <i>Sharon / Eric P.</i>	<i>N574 Burnette</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-7-11</i>
3. <i>Dawson Latander</i>	<i>N3234 white Ave</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Neopit</i>	<i>4-7-11</i>
4. <i>Mike Ahrens</i>	<i>W3200 Ashenette Rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>KESHENA</i>	<i>4-7-11</i>
5. <i>Patrick Wauka</i>	<i>W2585 Chief Sawworn</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-7-11</i>
6. <i>Pagneshsch fish</i>	<i>N1123 Round lake rd</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>NEOPIT</i>	<i>4-7-11</i>
7. <i>SARA DIXON</i>	<i>N3690 KINGSLAND DR</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>NEOPIT Keshena</i>	<i>4-7-11</i>
8. <i>Wayne Mahvichna</i>	<i>N3539 AWE Neopit</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Neopit</i>	<i>4-7-11</i>
9. <i>Jana Marquette</i>	<i>N472 Chief Sawworn Keshena</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-7-11</i>
10. <i>Mike Marquette</i>	<i>N472 Chief Sawworn</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-7-11</i>

### Certification of Circulator

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

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

4/7/11  
(date)

*Sherril E. Ferrell*  
(signature of circulator)