

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. <u>Aaron Koepfel</u>	<u>W6953 Elmwood Rd</u> <u>Antigo WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</u>	<u>3/29/11</u>
2. <u>[Signature]</u>	<u>W6953 Elmwood Rd</u> <u>Antigo, WI 54409</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Norwood</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, Aaron Koepfel (name of circulator), certify:

I reside W6953 Elmwood Rd Antigo WI 54409 <sup>TWN</sup> NORWOOD  
(circulator's residence - include number, street, and municipality)

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

3-29-11  
(date)

[Signature]  
(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>Brad Detandt</u>	<u>W10045 Pike Plains Rd Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/27/11</u>
2. <u>Miranda Detandt</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/27/11</u>
3. <u>Diane Doolittle</u>	<u>W5636 County Rd Z Beecher, WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Beecher</u>	<u>3/27/11</u>
4. <u>Andrew Gasbouch</u>	<u>W10085 Pike Plains Rd. Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/27/11</u>
5. <u>James Jurina II</u>	<u>W10085 Pike Plains Rd Dunbar, WI 54119</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3/30/11</u>
6. <u>Olga M. Sandahl</u>	<u>N17100 Crowe Rd. Beecher WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Beecher</u>	<u>3/30/11</u>
7. <u>Beth Random</u>	<u>W10085 Pike Plains Rd #325 Dunbar WI 54119</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3-30-11</u>
8. <u>Kelly Beeson</u>	<u>W10085 Pike Plains #826 Dunbar, WI 54119</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunbar</u>	<u>3-30-11</u>
9. <u>Scott Miller</u>	<u>W7367 Culp Ln Beecher WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Beecher</u>	<u>3/30/11</u>
10. <u>Joanita J. Richards</u>	<u>N16333 French Rd Pembine, WI 54156</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pembine</u>	<u>3/30/11</u>

### 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.

April 1, 2011  
(date)

Clifford Teachout  
(signature of circulator)

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. Felipe F. Aguilar	878 FTH AVE	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antig	4-10-11
2. Jerome Kamps	633 North Ave <sup>apt 2</sup>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
3. Barb Fonder	1528 N. Superior St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
4. Nico F. Inoué	1717 Linkin st	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
5. Cole J. Krenn	109 3rd Avenue	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
6. Tom Buhl	324 Dunn Street	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
7. Mr. Michael	1667 Lincoln St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
8. Kate Reschke	1109 BRD Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/10/11
9. B. M. E. Lott	722 Badger Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/10/11
10. Jim McCallister	722 Badger Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4/10/11

### Certification of Circulator

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

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

4-12-11  
(date)

*Mark Vigil*  
(signature of circulator)

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1. <i>Jean R. Hueger</i>	<i>11578 Rustic Retreat Dr. Minocqua</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</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>

I, *MARVIN A. RUEGER* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside *11578 RUSTIC RETREAT 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.

*3-31-11* (date) *Marvin A. Rueger* (signature of circulator)

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1. <i>Laura Medy</i>	11531 Cagle Rd ARBOR VITAE.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	4-4-11
2. <i>Angela LaFond</i>	<del>6057H 54568</del> 65711 Thomas Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-4-11
3. <i>Charles Whelan</i>	6809 So Shore Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	4-4-11
4. <i>Kyle Rusted</i>	<del>108 Woodland Heights Manor</del>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	4-4-11
5. <i>JoAnne Bos</i>	303 N. Stevens St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-11
6. <i>Xande Vandorweel</i>	3930 Owl End Loop	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-11
7. <i>Patrick R. Busche</i>	3742 Faust Lk Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4/5/11
8. <i>Linda A Prii</i>	7 Edgewater Park	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City 34501 Rhinelander	4-5-11
9. <i>Alexandra Casper</i>	5946 Forest Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-11
10. <i>Wayne Wagner</i>	5992 Red Pine Ridge	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-5-11

I, *Jacqueline 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)

*J Morales*  
(signature of circulator)

# RECALL PETITION

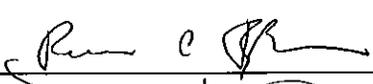
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1. 	PO Box 633 8V36 STREATER RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA 54548	2-28-11
2. 	PO Box 633 8236 STREATER RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA 54548	3-1-11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, , certify:  
(name of circulator)  
 I reside 8V36 Streater Road, Minocqua, WI 54548  
(circulator's residence - include number, street, and municipality)

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

I, 3-7-11 (date)  (signature of circulator)

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*Dereliction of duty and conspiring to subvert the legislative process.*

MIB 369-7543

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<i>M. E. Gaboriault</i>	<i>354 E. Timber Dr Rhinelander, WI 54401</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/8/11</i>
<i>Paul H. Gaboriault</i>	<i>334 E. Timber Drive Rhinelander, WI 54501</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	<i>3/8/11</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, *Marcus Gaboriault*, certify:

I reside *334 E. Timber Dr. Rhinelander*  
(circulator's residence - include number, street, and municipality)

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

*M. E. Gaboriault*  
(signature of circulator)

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1. <u>Richard A Walden</u>	<u>9295 BALD EAGLE RD</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>54557 Presque Isle</u>	<u>3/12/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Richard A Walden, certify:  
(name of circulator)

I reside 9295 BALD EAGLE RD, Presque Isle, Vilas County, WI  
(circulator's residence - include number, street, and municipality)

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

3/12/11

Richard A Walden

(date)

(signature of circulator)

**RECALL PETITION**

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

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

**STATEMENT OF REASON FOR RECALL**

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City or Village	Date of Signing
1 <i>Jim Broeren</i>	8778 Brunswick Rd Minocqua WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	2/23/11
2 <i>Donna Raphael</i>	10821 Hwy 70E Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	2/23/11
3 <i>Steph Madell</i>	10821 Highway 70E Woodruff, WI 54568	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARBOR VITAE	2/23/11
4 <i>Bob Salomon</i>	3123 Ribord's Rd Lac Du Flambeau	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City L.D.F.	2/25/11
5 <i>Don Buchholz</i>	8051 Brunswick Road Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	2/28/11
6 <i>Jeff A. Allen</i>	111392 North Pine Ln Tripoli, Wis 54564	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tripoli	2/28/11
7 <i>Carla A. Johnson</i>	111392 N. Pine Tree Ln Tripoli, WI 54564	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TRIPOLI	2/28/11
8 <i>Tom O'Connell</i>	1345 TRANT RD MINOCQUA WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	2-28-11
9 <i>Barbara Schaefer</i> <i>Barbara Schaefer</i>	8967 Park Shore Dr. Minocqua, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	3-1-11
10 <i>Dorothy M. Broeren</i>	8778 Brunswick Rd. Minocqua, WI 54548	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	3-3-11

**CERTIFICATION OF CIRCULATOR**

I, Dorothy M. Broeren, certify that I reside at 8778 Brunswick Rd, Minocqua, Wis.

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

3-12-11  
(date)

Dorothy M. Broeren  
(Signature of Circulator)

**RECALL PETITION**

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

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

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

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

**STATEMENT OF REASON FOR RECALL**

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

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

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kenneth J. Dicks</u>	<u>2037 Sunset Dr Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nokomis</u>	<u>3/2/11</u>
2. <u>Jean Dicks</u>	<u>2037 Sunset Dr Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nokomis</u>	<u>3/2/11</u>
3. <u>Jen Nelson</u>	<u>W4781 Golf View Dr Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/2/11</u>
4. <u>[Signature]</u>	<u>W4781 Golf View Dr Merrill, WI 54452</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Scott</u>	<u>3/2/11</u>
5. <u>John P. [Signature]</u>	<u>2019 Sunset Dr Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nokomis</u>	<u>3/12/11</u>
6. <u>Ronald A. [Signature]</u>	<u>2240 Mantua Drive Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Ptce</u>	<u>3/17/11</u>
7. <u>Shirley A. [Signature]</u>	<u>2240 Mantua Drive Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Little Ptce</u>	<u>3/17/11</u>
8. <u>Nancy Smith</u>	<u>N11858 C. Deer Lakota Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bradley</u>	<u>3/12/11</u>
9. <u>David M. [Signature]</u>	<u>1909 Sunset Drive Tomahawk, WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Nokomis</u>	<u>3/12/11</u>
10. <u>[Signature]</u>	<u>2151 THE POINT RD WEST TOMAHAWK WI 54487</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>NOKOMIS</u>	<u>3/12/11</u>

I, Kenneth J. Dicks, **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 2039 Sunset Dr. Tomahawk, WI 54487 (Town of Nokomis - Oneida Cty)  
(circulator's residence - include number, street, and municipality)

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

3/12/2011 [Signature]  
(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>Walter Blochowski</i>	<i>W309S10020 County Rd I, Mukwonago, 53149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/11/11</i>
2. <i>Dee Blochowski</i>	<i>W309S10020 County Rd I, Mukwonago, 53149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/11/11</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, *Dee Blochowski*, certify:  
(name of circulator)

I reside *W309S10020 County Rd. I, Mukwonago, Wis. 53149-9142*  
(circulator's residence - include number, street, and municipality)

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

*Dee Blochowski*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Jason Medina</i>	5095 Oak St.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Leona	3/30/11
2. <i>Jeanette Knapp</i>	105 So. Central Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11
3. <i>Angela Klomp</i>	5990 Cty Rd B	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11
4. <i>Melissa Crum</i>	325 S. 4th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/30/11
5. <i>Elizabeth Ramon</i>	508 W. Washington	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11
6. <i>Cic Orger</i>	420 Michigan St apt 3 Eagle River	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	3/30/11
7. <i>Debra Wiess</i>	4255 Chicago Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	3/30/11
8. <i>Thomas &amp; Susan</i>	9850 Canyon Ln WOODRUFF	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WOODRUFF	3/30/11
9. <i>M. [Signature]</i>	1246 Eagle St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
10. <i>Amy Hansen</i>	21011 Patricia Ln. Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11

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

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

3-30-11 (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. Ernest L Kloss	5317 Horshead lake Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Harsha	3-30-11
2. Betty Moore	201 E. Lakeview	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-30-11
3. Kerry Gillmer	400 W Grand St. #1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-30-11
4. Mary Mave	10708 Chaney Lane	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3-30-11
5. Dale Bailey	725 E. Crane Skp	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pickered	3-30-11
6. Allen Lynn	8915 Hwy 32	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hiles	3-30-11
7. Russell & Hob	5858 W. Shore Lane Crandon	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3-30-11
8. Jessica Cook	17908 Valleyview Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Townsend	3-30-11
9. Jean L. Lawrence	3448 Co. Rd. W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CRANDON	3/30/11
10. Alex Schmidt	9025 Keithsiding rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11

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.

3-30-11 (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.)*

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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>Pat La Roque</i>	1909 Light Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wabeno	3/3/11
2. <i>Helen Rosager</i>	3407 Lake Lussana Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon W.S.	3/30/11
3. <i>Saverio</i>	9930 Range Line Rd Argonne WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Argonne	3/30/11
4. <i>Warren L. Kardis</i>	605 Beach Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Goodman	3-30-11
5. <i>Connie Ziem</i>	707 W. Pioneer St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3-30-11
6. <i>Delvin</i>	707 S Lake Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	3/30/11
7. <i>Doreen</i>	3367 Main St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Longlake	3-30-11
8. <i>Carl Pawan</i>	8844 With Siding Pt.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	3-30-11
9. <i>St Zin</i>	5226 West Silver LK RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-30-11
10. <i>Paul</i>	4740 Cypress St Laona	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Laona	3-30-11

### 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.

3-30-11  
(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>[Signature]</i>	625 North Ave APT 7, Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-2-11
2. <i>[Signature]</i>	W11514 Enterprise Elcho	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	4-2-11
3. <i>[Signature]</i>	8960 Sheabona Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	4/2/11
4. <i>[Signature]</i>	W7736 Central Ave	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Crevitz	4/2/11
5. <i>[Signature]</i>	N3753 Cty Rd J Tigerton WI 54486	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tigerton Wi.	4-2-11
6. <i>[Signature]</i>	N10215 Holloway Ckr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PEARSON	4/2/11
7. <i>[Signature]</i>	N8906 Bel-Sivanna Adrian	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Toms River	4-2-11
8. <i>[Signature]</i>	8596 Paw Rd Crandon	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4/2/11
9. <i>[Signature]</i>	dale E Monica St Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	4-2-11
10. <i>[Signature]</i>	N10215 Sugarbush Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4-2-11

### Certification of Circulator

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

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

4-2-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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>Howard N. Steffen</i>	<i>17237 N. Wapota Dr. Townsend, WI 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Patricia A. Steffen</i>	<i>17237 N. Wapota Drive Townsend, WI 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/29/11</i>
3. <i>Barbara Hungenberg</i>	<i>16751 Little Pickeral Townsend, WI 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</i>
4. <i>Richard Hungenberg</i>	<i>16751 Little Pickeral Townsend, WI 54175</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3/30/11</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, *Patricia A. Steffen*, certify:  
(name of circulator)

I reside *17237 N. Wapota Drive, Townsend, WI 54175*.  
(circulator's residence - include number, street, and municipality)

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

*3-30-11*  
(date)

*Patricia A. Steffen*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Bill Magnuson</i>	<i>1164 Daggott St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Marionette</i>	<i>4-2-11</i>
2. <i>Elizabeth Debroux</i>	<i>2433 Charlotte Court Apt. 12</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-2-11</i>
3. <i>Abby Jorde</i>	<i>W7775 Ollhoff Rd</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Memill</i>	<i>4/2/11</i>
4. <i>Milton Robinson</i>	<i>1601 Tentham.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-2-11</i>
5. <i>Steve</i>	<i>6803 PINE ST</i>	<input checked="" type="checkbox"/> Town <i>ARGONNE</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/3/11</i>
6. <i>BK</i>	<i>823 1st AVE</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/3/11</i>
7. <i>Sui Melanysa</i>	<i>1120 City Road G Pelican Lake WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Pelican Lake</i>	<i>4/3/11</i>
8. <i>Kathy Thomas</i>	<i>N1622 Hwy D Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/3/11</i>
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, *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.

*4-3-11*  
(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.)*

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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>Jimmy Jany</i>	6422 W Draft Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/13/11
2. <i>Richard Loeding</i>	6096 Camp Rice Pl Camp Rice Pt.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-13-11
3. <i>JTB</i>	11608 Roberts Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/13/11
4. <i>Gen Maerte</i>	W4199 Dandy Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-13-11
5. <i>Hidi Briembo</i>	414 S. Tomahawk	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-13-11
6. <i>Frank von Schandy</i>	215 W. MOHAWK MOHAWK	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/13/11
7. <i>Arista Russell</i>	<del>0000</del> 1527 Pine Notch	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/13/11
8. <i>Roni Paluszki</i>	W10422 Hot-Spice Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-13-11
9. <i>Shellee Jones</i>	W1477 Echo Valley Rd. Tomahawk WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-13-11
10. <i>Julie Smith</i>	409 S. Tomahawk Hwy. Tomahawk WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4-13-11

I, *Jacqueline Mokates*, certify:  
(name of circulator)  
 I reside 7271 NW 174th Ave Hiawath, 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.

4-13-11 (date) *JMokates* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Brenda Sexton</i>	<i>N10427 Horseshoehd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
2. <i>Jim Smith</i>	<i>409 S Tomahawk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
<i>Ben Smith</i>	<i>1011 <del>the</del> Tim St Apt 6</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
4. <i>Frankie Park</i>	<i>702 West Leather Ave West Leather Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
5. <i>Brittany Montier</i>	<i>9120 Cty. D Rd County Rd D</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Hazelhurst</i>	<i>4-13-11</i>
6. <i>Paul DeWitt</i>	<i>11486 Hill-N-Dale Dr Hill-N-Dale Dr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-13-11</i>
7. <i>ant willis</i>	<i>22 South Tomahawk</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4-13-11</i>
8. <i>Samantha Bellard</i>	<i>602 Southgate Dr. Tom</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
9. <i>Kelley Coffman</i>	<i>27 1/2 N Tomahawk</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>
10. <i>Cheryl Bellard</i>	<i>N8752 HWY E</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Tomahawk</i>	<i>4/13/11</i>

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

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

*4-13-11* (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>Jim L. Hmud</i>	1430 Railroad Lake Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Florence	4/13/11
2. <i>Larry Wolf</i>	4407 Wild Wood Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/13/11
3. <i>Chris Duanda</i>	3930 Camp Bryn Afon Rd Rhineland	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STARKS	4/13/11
4. <i>Julie Bradstreet</i>	28 N. Brown 461	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland WI	4/13/11
5. <i>Jeggy J. Cochran</i>	10041 Cedar Falls Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HAZELHURST	4/13/11
6. <i>Lou Pugliese</i>	1489 Weber Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City St. Germain	4/13/11
7. <i>Juanita Hess</i>	5669 White Eye Lake Rd Crandon	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Crandon	4/13/11
8. <i>Wendy Kadle</i>	2741 Germond Rd Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/13/11
9. <i>Bob &amp; Jo</i>	4408 River Bend 4485 River Bend	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	4/13/11
10. <i>Tom Linn</i>	28 N. Brown St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/13/11

I, Jacqueline Morales, certify:  
(name of circulator)  
 I reside 7271 NW 17th Ave, Ft. Lauderdale, 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.

4-13-11  
(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

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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>Nicholas K Williams</i>	7032 TEN O FIVE DR PRESQUE ISLE, WI 54557	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4/2/11
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, NICHOLAS K WILLIAMS, certify:

(name of circulator)

I reside 7032 TEN O FIVE DR - PRESQUE ISLE, WI 54557

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

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

4/2/11

(date)

*Nicholas K 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)

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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. Cathleen Jacobson	W1281 Long Lake Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harrison	4/18/11
2. J. B. L.	W5237 Ctr Rd K	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Irma	4/18/11
3. Holly Williams	W3402 Hwy 17 Merrill Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4/18/11
4. Paul Dye	2700 E. 8th St Merrill WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-18-11
5. Wayne Erickson	1304 E Main St. APT #3	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	4-18-11
6. Robert Storm	W6077 Tug Lake Rd Irma WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rock Falls	4-18-11
7. Jon Daley	Tomahawk WI 54487 <del>W5735 Hwy 121A</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/18/11
8. Charles Showen	Gleason WI 1768 Count. 2 Gleason	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GLEASON	4/18/11
9. Mike Doughty	N843 Corning Rd Merrill WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Corning Rd	4/18/11
10. Cody Moran	N843 Corning Rd. Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Corning	4/18/11

### Certification of Circulator

I, SHERIE 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.

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

# RECALL PETITION

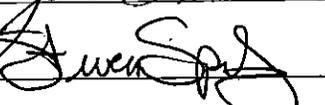
TO: Wisconsin Government Accountability Board

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

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

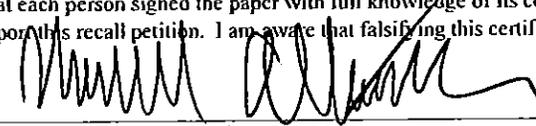
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	15 16th St #251 Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4/15/11
2. 	2488 Hwy 17 Phelps, WIS.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4/15/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael Alexander Certification of Circulator, certify:  
 I reside 56 Murdock St Brighton, MA 02135  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

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

4/15/11   
(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)

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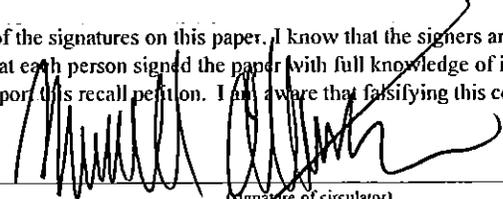
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Jessan Moore</i>	<i>342 Hwy 32 Three Lakes WI 54562</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Oneida</i>	<i>4-15-11</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, Michael Alexan certification of Circulator, certify:  
(name of circulator)  
 I reside 56 Murdock St Brighton, MA 02135  
(circulator's residence - include number, street, and municipality)

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

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Ronald R. Shoemaker</i>	3692 META Lake RP EAGLE RIVER WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City LINCOLN	4-15-11
2. <i>Sarah Johnson</i>	3692 Meta Lake Rd Eagle River, Wis.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	4-15-11
3. <i>Devin Johnson</i>	1739 RICHT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4-15-11
4. <i>Wicki Lillie</i>	631 WISCONSIN EAGLE RIVER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIVER	4-15-11
5. <i>Kathleen M. Naylor</i>	4392 RANGER Rd. Eagle River, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4/15/11
6. <i>Leta Kaye</i>	1620 E. Cambridge Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4/15/11
7. <i>Debbie Felder</i>	2486 Yellow Road Eagle River Wis	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4-15-11
8. <i>Jenna Ruff</i>	526 Wisconsin St Eagle River, WI 54821	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4-17-11
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	

I, Michael Alexander Certification of Circulator, certify:  
(name of circulator)  
 I reside 56 Murdock St Brighton, MA 02135  
(circulator's residence - include number, street, and municipality)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Neil F. M...</i>	<i>6275 EVERGREEN BOULDER JCT W7</i>	<input checked="" type="checkbox"/> Town <i>BOULDER JCT</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/17/11</i>
2. <i>J. Freund</i>	<i>5475 City m</i>	<input checked="" type="checkbox"/> Town <i>Boulders</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/17/11</i>
3. <i>John Wilson</i>	<i>11050 SOMO LAKE DR</i>	<input checked="" type="checkbox"/> Town <i>Wilson</i> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/18/11</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	

I, *Michael Alexander* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside *56 Murdock St Brighton, MA 02135*  
(circulator's residence - include number, street, and municipality)

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

*4/18/11* (date)      *Michael Alexander* (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>Peggy Diekman</i>	<i>509 1/2 E 7th St Merrill, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4-18-11</i>
2. <i>Bruce H...</i>	<i>14900 N. 9th Ave Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-18-11</i>
3. <i>Wayne Seehof</i>	<i>3407 Swamp Rd Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-18-11</i>
4. <i>Emily Erhizon</i>	<i>Merrill 2300 Lake St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>4-18-11</i>
5. <i>Robert Zeminiger</i>	<i>203 East street Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-18-11</i>
6. <i>Donna Maup</i>	<i>800 N. Genesee St Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>4-18-11</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	

I, *Michael Alexander* Certification of Circulator, certify:  
(name of circulator)  
 I reside *56 Mundock St Brafton, MA 02135*  
(circulator's residence - include number, street, and municipality)

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

*4/18/11* (date) *[Signature]* (signature of circulator)

# RECALL PETITION

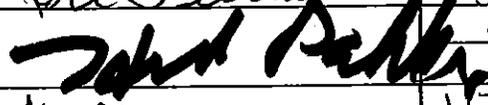
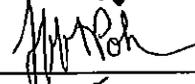
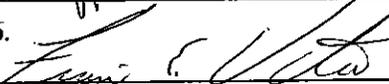
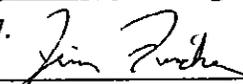
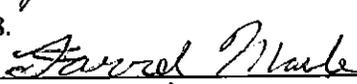
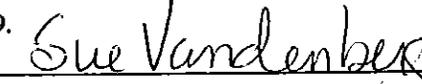
TO: Wisconsin Government Accountability Board

(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. 	W11480 L DG. Rd Silver Cliff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff, WI	3-12-11
2. 	W14317 Oakwood Hills Dr Silver Cliff	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff, WI	3-12-11
3. 	W14317 Oakwood Hill Silver Cliff Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff, WI	3-12-11
4. 	W10752 Blue Birch Rd Dunbar Wis 54719	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunbar	3-24-11
5. 	W7725 TOWNLINE RD Crivitz, WI 54114	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City STEPHENSON	3-27-11
6. 	N12767 LUKKA RD Wausauke, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAUKEE	03-27-11
7. 	11 Richlen Ave Crivitz, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Crivitz	03-27-11
8. 	N11825 Betts Lane Silver Cliff, WI 54104	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SILVER CLIFF	04-05-11
9. 	Silver Cliff, WI 54104 N11846 Betts Ln.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Silver Cliff	04/05/11
10. 	Silver Cliff, WI 54104 N11846 BETTS LN.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City SILVER CLIFF	4/05/11

### Certification of Circulator

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

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.

4/12/11  
(date)

Michelle D. Baldwin  
(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>Indi Andrews</i>	<i>8730 Harshaw Road Harshaw WI 54529</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Cassian</i>	<i>3/30/11</i>
2. <i>Paul DeToni</i>	<i>8135 South Long Lake Rd. Harshaw, WI 54529-9565</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Cassian</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>

I, *Daniel Winn* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside *8135 South Long Lake Road; Harshaw, WI 54529-9565 Cassian*  
(circulator's residence - include number, street, and municipality)

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

*3-30-2011* (date)  
*[Signature]* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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1. <i>Buddy Fessler</i>	904 Theiler Dr	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/14/11
2. <i>Scott M. Rouse</i>	W 7738 Maxwell Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4/14/11
3. <i>Ruth H. Adell</i>	W 5471 N Shore Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Irma	4-14-11
4. <i>William L. Frank</i>	705 Pivot St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Menard	4-14-11
5. <i>Don Shes</i>	N 11142 Cly Rd W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-14-11
6. <i>Karen Wiest</i>	N 11142 Cly Rd W	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	4-14-11
7. <i>Lee W. Wegner</i>	W 1863 Burgener Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley	4-14-11
8. <i>Lee W. Wegner</i>	W 1863 Burgener Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley	4/14/11
9. <i>Paul Mayer</i>	W 4920 CTH-A County Hwy A	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kinca	4/14/11
10. <i>Ol. Heitschmidt</i>	2414 Kelly Blvd Tomahawk WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Little Rice	4-14-11

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.

4-14-11  
(date)

*J. Morales*  
(signature of circulator)

# RECALL PETITION

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

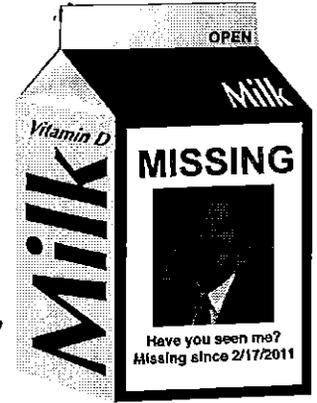
We, the undersigned qualified electors of the Wisconsin's 12<sup>th</sup> Senate District  
(jurisdiction or district of officeholder)

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

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1. <u>Joyce Dykins</u>	<u>1417 N. Superior St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/20/11</u>
2. <u>BILL DIEVENICHT</u>	<u>119653 CRYSTAL CR</u>	<input checked="" type="checkbox"/> Town <u>PICKGAUER WI</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/20/11</u>
3. <u>Andrew Widener</u>	<u>1610 Clermont St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/27/11</u>
4. <u>JUSTIN FLACK</u>	<u>N4190 H. H. ROAD</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/27/11</u>
5. <u>Sue Wagner</u>	<u>731 1/2 Apt 2</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>3/27/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Betty L. Wright, certify:  
(name of circulator)  
 I reside at 6094 91<sup>st</sup> City Rd B Bryant, WI 54418 Twp LINCOLN  
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.  
March 28, 2011 Betty L. Wright  
(date) (signature of circulator)

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

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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1. <i>Jenni A. Wenzel</i>	7799 ALVALAKE RD LAKE TOMAHAWK, WI	<input checked="" type="checkbox"/> Town LAKE <input type="checkbox"/> Village TOMAHAWK <input type="checkbox"/> City	4/8/11
2. <i>Paul J. Egan</i>	117 Alder Lake Road MANITOWISH WATERS, WI	<input checked="" type="checkbox"/> Town MANITOWISH <input type="checkbox"/> Village WATERS, WI <input type="checkbox"/> City	4/8/11
3. <i>Richard Sleight</i>	60 MAPLE LAWE	<input checked="" type="checkbox"/> Town MANITOWISH <input type="checkbox"/> Village WATERS <input type="checkbox"/> City	4/8/11
4. <i>Kay Hansen</i>	8580 Big St. Herman, Wis Saint Germain	<input type="checkbox"/> Town <input type="checkbox"/> Village Saint Germain <input type="checkbox"/> City	4/8/11
5. <i>[Signature]</i>	11449 A Lemon Creek Rd ARDEX VILLAGE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ARDEX VILLAGE <input type="checkbox"/> City	4/8/11
6. <i>[Signature]</i>	4604 East Rocky Acres Hurshaw, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cassian	4-8-11
7. <i>[Signature]</i>	1068 Tower Blvd Phillips, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Phillip	4-8-11
8. <i>[Signature]</i>	8525 STONEGATE CT MINOCQUA WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MINOCQUA	4-8-11
9. <i>[Signature]</i>	112001 Council Grounds Dr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	4-8-11
10. <i>[Signature]</i>	309 N Second Butternut, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Butternut	4-8-11

### Certification of Circulator

I, Jaqueline Morales, certify:

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.

4-8-11

(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.)*

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>Ellyn Combs</i>	<i>W10501 Blanchette DR</i>	<input checked="" type="checkbox"/> Town <i>DUNBAR</i> <input type="checkbox"/> Village <i>WI 54119</i> <input type="checkbox"/> City	<i>3/29/11</i>
2. <i>Frank Combs</i>	<i>W10501 Blanchette DRIVE</i>	<input checked="" type="checkbox"/> Town <i>Dunbar</i> <input type="checkbox"/> Village <i>WI 54119</i> <input type="checkbox"/> City	<i>3/29/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Ellyn Combs*, certify:

I reside *W10501 Blanchette Dr - Dunbar WI 54119*  
(circulator's residence - include number, street, and municipality)

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

*3/29/2011*  
(date)

*Ellyn Combs*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Karen J. Rew</u>	<u>W18928 REW LANE</u> <u>BIRNAMWOOD WI 54414</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANIWA</u>	<u>3-2-11</u>
2. <u>JJR</u>	<u>305 REW LN</u> <u>BIRNAMWOOD 54414</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BIRNAMWOOD</u>	<u>3-2-11</u>
3. <u>Windy Kerstner</u>	<u>W15102 Old Rd</u> <u>Bowler, WI 54416</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Almon</u>	<u>3-2-11</u>
4. <u>Amade Rew</u>	<u>375 Rew Lane</u> <u>Birnamwood WI 54414</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Birnamwood</u>	<u>3-2-11</u>
5. <u>James E. Rew</u>	<u>W18928 REW LANE</u> <u>Birnamwood WI 54414</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ANIWA</u>	<u>3-15-11</u>
6. <u>Dan R Rew</u>	<u>394 Maple ST</u> <u>BIRNAMWOOD WI 54414</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>BIRNAMWOOD</u>	<u>3-15-11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Karen J. Rew, certify:  
(name of circulator)  
 I reside W18928 Rew Lane Birnamwood WI 54414 ANIWA 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.

3-15-11  
(date)

Karen J Rew  
(signature of circulator)

# RECALL PETITION

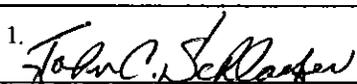
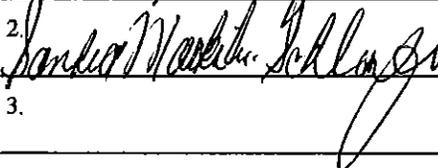
TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. 	7740 BRAEGER RD, PO BOX 700 THREE LAKES, WI 54562-0700	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	3/14/11
2. 	7740 BRAEGER RD, PO BOX 700 THREE LAKES, WI 54562-0700	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	3/14/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

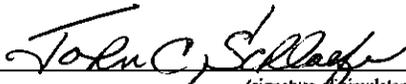
I, JOHN C. SCHLAEFER, certify:  
(name of circulator)

I reside 7740 BRAEGER ROAD, PO BOX 700, THREE LAKES, WI 54562-0700  
(circulator's residence - include number, street, and municipality)

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

3/14/11

(date)



(signature of circulator)

# RECALL PETITION

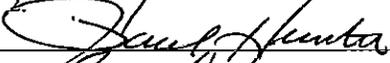
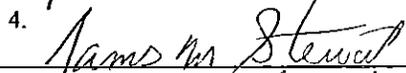
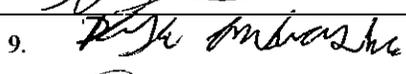
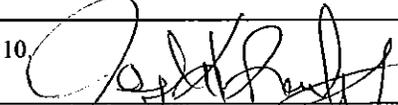
TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. 	1318 6th Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo WI	4/2/11
2. 	N9704 HAGER LN	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Summit LK	4-2-11
3. 	N6038 Cty Rd B	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deerpark	4-2-11
4. 	232 SOUTH HUDSON	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4-2-11
5. 	5124 COUNTY RD. S CRANDON	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRANDON	4-2-11
6. 	8885 GRASS LK RD	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RICKEREL	4-2-11
7. 	2433 Charlotte Ct Apt 12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-2-11
8. 	3154 (Cty) 3484 Cty Rd J Gleason WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Gleason	4-2-11
9. 	3953 Pine Bluff R 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Polan	4-2-11
10. 	N6029 Towne Rd Deerpark, WI 54424	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Peck	4-3-11

### Certification of Circulator

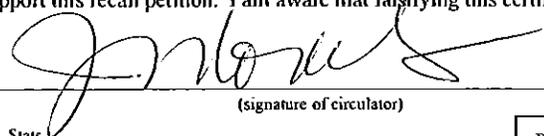
I, Jaqueline Morales, certify:

I reside 7271 NW 174th - Hialeah, FL 3305

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

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

4-3-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Laura E. Beerswill</i>	503 Incl Ave <del>Antigo</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/26/11
2. <i>Bonnie Hinkle</i>	1175 79 Hwy 52 Lily WHITE LAKE	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Lily <input type="checkbox"/> City	3/24/11
3. <i>Lori Smith</i>	W2564 Daisy Lane Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-26-11
4. <i>Melba Smith</i>	W2564 Daisy Lane Merrill WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-26-11
5. <i>Mary Ann</i>	71355 Church Rd FARMWA WI 54498	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City EASTON	3-26-11
6. <i>Brian Rowan</i>	322 Hwy 51 N Woodruff WI 54480	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ABBEYVILLE	3-26-11
7. <i>Cynthia Sommers</i>	103 Memorial Dr. #4 Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/26/11
8. <i>John M. Pfeiffer</i>	304 1/2 N. Prospect Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/26/11
9. <i>Aly Charbonneau</i>	700 Douglas Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/26/11
10. <i>Mitch Carlotta</i>	1206 East Main Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3/26/11

### 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.

3-26-11  
(date)

*[Signature]*  
(signature of circulator)

10

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Rayn Jacobs</i>	06567 Cty Rd H IRMA WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	3-26-11
2. <i>Gamine R. Jache</i>	N6504 Cty Rd H Irma WI 54442	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birch	3-26-11
3. <i>Don Pulhouski</i>	W7187 Mathews Rd. Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-26-11
4. <i>Joe Kimpich</i>	304 1/2 N Prospect Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-26-11
5. <i>Brad Oak</i>	700 Douglas Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-26-11
6. <i>Kathleen Daverson</i>	824 W. Phoenicia Merrill WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-26-11
7. <i>John M. Sec</i>	114 N State St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-26-11
8. <i>Anthony Rivaner</i>	W7106 Joe Snow Rd. Merrill, WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Scott	3-26-11
9. <i>James G. Homan</i>	1103 Van Boren St Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	3-26-11
10. <i>Umar Schisch</i>	N4411 Overing Dr Merrill WI 54452	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3-26-11

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

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

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

3-26-11  
(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>Peter Smith</i>	<i>W2564 Daisy Lane Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3-26-11</i>
2. <i>Carol Weiss</i>	<i>4173.55 Church Rd Antigo WI 54408</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Easton</i>	<i>3-26-11</i>
3. <i>[Signature]</i>	<i>585 S. Superior St. Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3/26/11</i>
4. <i>Rush B.</i>	<i>N2926 Cty Rd G Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
5. <i>Betsy Plummer</i>	<i>387 HYSUN WOODRUFF 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Village</i>	<i>3/26/11</i>
6. <i>Rachel Mueller</i>	<i>425. Co Rd FF Merrill WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
7. <i>Barbara K. Kretsch</i>	<i>1908 W Main Merrill WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
8. <i>Mareem Hoffman</i>	<i>N459 Lake Rd Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Scott</i>	<i>3/26/11</i>
9. <i>Donna Ward</i>	<i>111 Park St Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
10. <i>Anna J. Bunn</i>	<i>2209 W Jackson</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So. 59th W. AVEFULSA 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.

3-26-11  
(date)

*[Signature]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Robert V. Armstrong</i>	414 JACKSON PICKEREL WIS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Naperville	3/26/11
2. <i>John A. [Signature]</i>	3090 Haymeadow Rd Rhinebender WI 54301	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/26/11
3. <i>Karen [Signature]</i>	108 S Elms St Wittenberg 54499	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wittenberg	3/26/11
4. <i>Mary Kalpak</i>	912735 OMA RD Antigo 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3/26/11
5. <i>Luz [Signature]</i>	Argonne 54571 9448 Strong Rd.	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Argonne	3/26/11
6. <i>Doty [Signature]</i>	2425 [Signature] Ct Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
<i>John Warren</i>	204 Charlotte Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	3-26-11
8. <i>[Signature]</i>	N7579 Hwy 52 White Lake	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City White Lake	3-26-11
9. <i>[Signature]</i>	W7254 Main Rd Antigo WI 5440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norwood	3-26-11
10. <i>Care Bustam</i>	1227 [Signature] St ANTIGO, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> CITY ANTIGO	3/26/11

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So. 59<sup>th</sup> 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.

3-26-11  
(date)

*[Signature]*  
(signature of circulator)

(10)

# RECALL PETITION

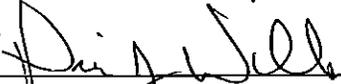
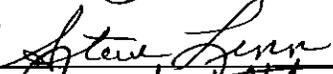
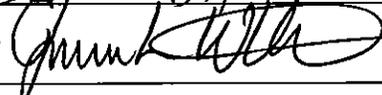
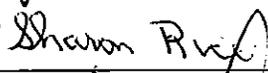
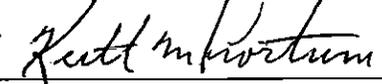
TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. 	6676 Timberlane Three Lakes WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2-24-11
2. 	1427 Snowshoe Ln Eagle River, WI 54521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Washington	2-24-11
3. 	1427 SNOWSHOE LN EAGLE RIVER, WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	2-24-11
4. 	6676 Timber Ln Three Lakes WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	2-24-11
5. 	6270 W. Buckatagon Rd Conover WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	2-24-11
6. 	1415 SNOWSHOE LN EAGLE RIVER WI 54521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WASHINGTON	2-27-11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, Carole Linn Carole Linn, certify:  
(name of circulator)

I reside at 1427 Snowshoe Ln Eagle River, WI 54521  
(circulator's residence - include number, street, and municipality)

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

2-24-11 2-27-11  
(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)

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1. <i>Nathan Willey</i>	1430 E Mason St Green Bay, WI 54301	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/8/11
2. <i>Lee Lindahl</i>	629 Irving St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/8/11
3. <i>Janet Bepperson</i>	635 - North Capital	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
4. <i>[Signature]</i>	929 Morse Ave 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
5. <i>Cerri Kuhn</i>	539 Elm St. Antigo, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
6. <i>Paul Chisholm</i>	Box 53185th Ave Apt 4 Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
7. <i>Daniell Daniel</i>	Millie Maple Rd R	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4-8-11
8. <i>Alroy Krum</i>	215 9th Ave Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
9. <i>Melissa Beis</i>	211 Deleglise St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-8-11
10. <i>[Signature]</i>	829 Superior St Antigo WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11

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

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

4-8-11 (date) *Mark Vigil* (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Jeffery Perkins</i>	1136 3rd Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
2. <i>Wayne [unclear]</i>	111342 Hutchins-Antigo	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Birnamwood	4-8-11
3. <i>Donna [unclear]</i>	1018 Superior	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
4. <i>[unclear]</i>	313 Superior	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-8-11
5. <i>Mark [unclear]</i>	132 Field St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-8-11
6. <i>Vivian [unclear]</i>	336 Dorr St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
7. <i>Shirley [unclear]</i>	33 1/2 Dorr St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11
8. <i>Danny Callahan</i>	734 Elm St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-8-11
9. <i>Ken [unclear]</i>	W 2101 ERAMAN Rd	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WHITE LAKE	4-8-11
10. <i>Rob [unclear]</i>	534 Field St Antigo, Wis.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-8-11

### Certification of Circulator

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

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

4-8-11

(date)

*Mark Vigil*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Vicki Lindstrom</i>	<i>304 N. Stuyvesant St Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
2. <i>Krystal Brooks</i>	<i>101 N. Kyles St. Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
3. <i>Randy Charley</i>	<i>711 E. 1st St Apt 307 Merrill 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
4. <i>Donna Ford</i>	<i>711 E. 1st Apt. 602 Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
5. <i>Maule Bentley</i>	<i>711 E. 1st Apt 501 Merrill, WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
6. <i>James Jellman</i>	<i>711 E 1st St H202 Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
7. <i>[Signature]</i>	<i>712 Superior St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/1/11</i>
8. <i>[Signature]</i>	<i>N 2nd Hwy Merrill WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/4/11</i>
9. <i>Rachel Secora</i>	<i>724 1/2 Apt B E 2nd St Merrill WI 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/4/11</i>
10. <i>Phyllis Morrison</i>	<i>215 Grand Ave. Apt 505 Merrill 54452</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<i>4/4/11</i>

### Certification of Circulator

I, *Vicki Lindstrom*, certify:

(name of circulator)

I reside *304 N. Stuyvesant St. Merrill 54452*

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

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

*4-4-11*

(date)

*Vicki Lindstrom*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Carol Ann Lemke</i>	<i>W8551 White Birch Rd Crittitz, WI 54114</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stepheson</i>	<i>3/31/11</i>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

### Certification of Circulator

I, *Carol Ann Lemke*, certify:  
(name of circulator)

I reside *W8551 White Birch Rd, Crittitz, WI 54114* *STEPHESON*  
(circulator's residence - include number, street, and municipality)

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

*Carol Ann Lemke*  
(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>Jack Richard</i>	8429 Grant Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	2/27/11
2. <i>Carol Richardson</i>	8697 T-Bird Tr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	2-28-11
3. <i>Jack Richard</i>	8697 T-Bird Tr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Minocqua	2-28-11
4. <i>Gregory Wood</i>	1402 2-Bird Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hudsonville	2-28-11
5. <i>Carol Richardson</i>	7710 PINE ROAD LAKE TOMAHAWK WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lake Tomahawk	2/28/11
6. <i>Jack Richard</i>	8989 Koolish Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	2/28/11
7. <i>Jack Richard</i>	Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Woodruff	2/28/11
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	

### Certification of Circulator

I, Jack Richardson, certify:  
(name of circulator)  
 I reside 8429 Grant Rd. Minocqua WI  
(circulator's residence - include number, street, and municipality)

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

3-17-11 (date) *Jack Richard* (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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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>Gullu Bergerson</i>	<i>42427 City Rd. D Tomahecha WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>King</i>	<i>2/08</i>
2. <i>Melinda J. Jell...</i>	<i>P.O. Box 722 1734 4th Ave.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodcraft</i>	<i>2/08</i>
3. <i>Janice Richardson</i>	<i>8429 Grant Rd. Minocqua, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>3/14</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, *Janice Richardson*, certify:

I reside *8429 Grant Rd. Minocqua, WI 54548*  
(circulator's residence - include number, street, and municipality)

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

*3/16/11*  
(date)

*Janice Richardson*  
(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>Judith Rattenbach</i>	<i>#100 Hiawatha</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arbor Vitae</i>	<i>4-8-11</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, *Judith Rattenbach* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at *#100 Hiawatha Arbor Vitae, WI 54568*  
(circulator's residence - include number, street, and municipality)

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

*4-8-11*  
(date)
*Judith Rattenbach*  
(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://gsh.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.)*

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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>Alm Van Natta GM</u>	<u>5910 Robin Dr</u>	<input checked="" type="checkbox"/> Town <u>Eagle River</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/19/2011</u>
2. <u>David Staud</u>	<u>1868 ARROW CT</u>	<input checked="" type="checkbox"/> Town <u>A R BOZE VILLAGE</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/19/11</u>
3. <u>Kirk W Schley</u>	<u>5 Spider LK Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Manitowish WI</u> <input type="checkbox"/> City	<u>4-19-11</u>
4. <u>Levy J. Kidd</u>	<u>4250 Forest Pt. Dr.</u>	<input checked="" type="checkbox"/> Town <u>Pine Lake</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/19/11</u>
5. <u>Buck Kys</u>	<u>416 E. Prospect St</u>	<input type="checkbox"/> Town <u>Rhinelanders</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/19/11</u>
6. <u>Ryan Johnson</u>	<u>4254 Islandview Rd Rhinelanders, WI 54501</u>	<input checked="" type="checkbox"/> Town <u>Rhinelanders</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-19-11</u>
7. <u>Ronnie Schuler</u>	<u>5731 State Hwy 52 Wabeno</u>	<input type="checkbox"/> Town <u>Wabeno</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-19-11</u>
8. <u>Dave Wilson</u>	<u>6300 CRESCENT LAKE TOMAHAWK WI</u>	<input checked="" type="checkbox"/> Town <u>LAKE TOMAHAWK</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-19-11</u>
9. <u>Jane Arrowood</u>	<u>343 Woodland Heights Dr Rhinelanders</u>	<input type="checkbox"/> Town <u>Rhinelanders</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/19/11</u>
10. <u>Sonia Graves</u>	<u>221 North 2nd St Eagle River WI, 54521</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Eagle River</u> <input checked="" type="checkbox"/> City	<u>4/19/11</u>

### 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)(d), Wis. Stats.

4/19/11 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

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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>Jamy Smith</i>	3357 City Hwy 9 Antigo	<input checked="" type="checkbox"/> Town Antigo <input type="checkbox"/> Village <input type="checkbox"/> City	4/19/11
2. <i>Buttaye Hiteft</i>	W5990 Hillside Dr Merrill	<input checked="" type="checkbox"/> Town Merrill <input type="checkbox"/> Village <input type="checkbox"/> City	4/19/11
3. <i>Gay Sorensen</i>	704 S Center Ave Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-19/11
4. <i>Cynthia Kechler</i>	1200 City Rd S Athens, Wisc	<input checked="" type="checkbox"/> Town Athens <input type="checkbox"/> Village <input type="checkbox"/> City	4/19/11
5. <i>Jay Brunner</i>	306 Hope St. Merrill	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/19/11
6. <i>Stephanie Kufanz</i>	307 Willow Bend Ct Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4/19/11
7. <i>Darlene Brunner</i>	2146 S Big Ed Rd Merrill, WI 54452	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-19-11
8. <i>Maria Stenberg</i>	Merrill, WI 205 N Foster St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Shane way</i>	4-19-11
9. <i>L.R.Z</i>	1806 E 3rd St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-19-11
10. <i>Joe Brockmeyer</i>	609 Jefferson St Merrill, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-19-11

### 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.

4/19/11  
(date)

*Sherril Ferrer*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Patricia</i>	<i>1413 - Elmer St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
2. <i>Jay Hechel</i>	<i>19B Clermont St Apt 121</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
3. <i>Carlos Romo</i>	<i>1913 Clermont St Apt 121</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
4. <i>Andee</i>	<i>304 North Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
5. <i>Naura Galton</i>	<i>237 Weed St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
6. <i>Gene Thapanka</i>	<i>1006 4th Ave 1006 - Apt 3</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
7. <i>Mary Jo Reznicek</i>	<i>1006 1st Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
8. <i>Rosemary Derenne</i>	<i>1006 1st Ave 20th</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo WI</i>	<i>4/12/11</i>
9. <i>Sharon Spieg</i>	<i>1006 1st Ave 12th</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo WI</i>	<i>4/12/11</i>
10. <i>Linda Burkhat</i>	<i>1006 1st Ave Ap. 19</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo, WI</i>	<i>4/12/11</i>

I, Richard A Madrid, Certification of Circulator  
(name of circulator), certify:  
 I reside 1006 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 *Richard A Madrid*  
(date) (signature of circulator)

# RECALL PETITION

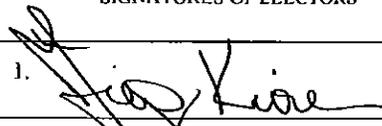
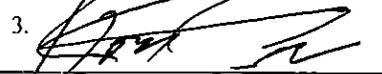
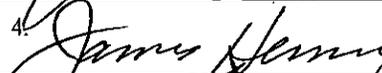
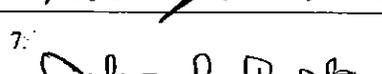
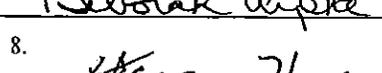
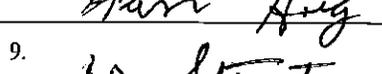
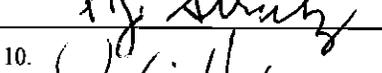
TO: Wisconsin Government Accountability Board

(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.

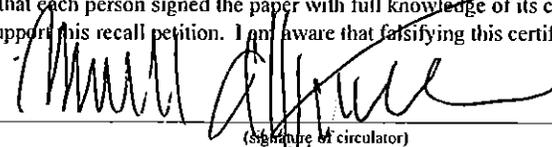
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	5030 W. Hwy 70 Eagle River	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City EAGLE RIVER	4/14/11
2. 	1824 Koubenic Rd Three Lakes	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Three Lakes	4/15/11
3. 	627 Hwy 215 S EAGLE RIVER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIVER	4/15/11
4. 	1883 Aspen Ln. Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Eagle River	4/15/11
5. 	309 E WALS ST CR	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City EAGLE RIVER	4/15/11
6. 	320 Division St. Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River 54521	4/15/11
7. 	2955 Hwy 70 E. Eagle River WI	<input checked="" type="checkbox"/> Town of Washington <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
8. 	PO BOX 2442 EAGLE RIVER WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GLOVERLAND	4-15-11
9. 	8151 HWY 70 W EAGLE RIVER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GLOVERLAND	4-15-11
10. 	5411 Maple Dr Eagle River	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	4-15-11

I, Michael Alexander certify:  
(name of circulator)  
 I reside 56 Woodcock St Brighton MA 02135  
(circulator's residence - include number, street, and municipality)

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

Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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1. <i>Henry K. Villkova</i>	11827 N Point Rd	<input checked="" type="checkbox"/> Town Cary <input type="checkbox"/> Village <input type="checkbox"/> City Hurley	4/14/2011
2. <i>Bob K</i>	9561 Country Club Minocqua WI 54854	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village <input type="checkbox"/> City	4/14/11
3. <i>Henry Javor</i>	9271 Ktenber Ln Min WI	<input checked="" type="checkbox"/> Town Minocqua <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
4. <i>Mike</i>	752 B Hwy 45 S Eagle River WI	<input type="checkbox"/> Town <input type="checkbox"/> Village Eagle River <input checked="" type="checkbox"/> City	4-14-11
5. <i>Ernie E. Jastron</i>	4485 Sack Pine Lane Conover, WI 54519	<input checked="" type="checkbox"/> Town Conover <input type="checkbox"/> Village <input type="checkbox"/> City	4-14-11
6. <i>[Signature]</i>	CHAIN LAKES RD Eagle River	<input checked="" type="checkbox"/> Town Washington <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
7. <i>[Signature]</i>	9224 N. Main St Hills, WI, 54511	<input checked="" type="checkbox"/> Town Hills <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
8. <i>[Signature]</i>	316 Zimathon St Eagle River 54501	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
9. <i>James Kusch</i>	Shenandoah 4786 Hill E 16th St 230 E	<input checked="" type="checkbox"/> Town Three Lakes <input type="checkbox"/> Village <input type="checkbox"/> City	4/18/11
10. <i>[Signature]</i>	<i>[Signature]</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village Eagle River <input checked="" type="checkbox"/> City	4-15-11

I, Michael Alexander Certification of Circulator, certify:  
 I reside 56 Murdock St Brighton, MA 02135  
(circulator's residence - include number, street, and municipality)

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

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### STATEMENT OF REASON FOR RECALL

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	1985 Lighthouse Lodge Rd Eagle River	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	4/15/11
2.	6133 W. BUCKATAW RD CONOVER WI.	<input checked="" type="checkbox"/> Town CONOVER <input type="checkbox"/> Village <input type="checkbox"/> City	4-15-11
3.	3300 State Hwy 70 East Eagle River, WI	<input checked="" type="checkbox"/> Town Washington <input type="checkbox"/> Village <input type="checkbox"/> City	4-15-11
4.	1 Eagle Flight - Tr Eagle River WI	<input checked="" type="checkbox"/> Town Eagle River <input type="checkbox"/> Village <input type="checkbox"/> City	4-15-11
5.	332 W Pine St Eagle River	<input type="checkbox"/> Town Lincoln <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4-15-11
6.	3707 Newland Eagle River	<input type="checkbox"/> Town Eagle River <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	4-15-11
7.	PO BOX 676 EAGLE RIVER, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4-15-11
8.	4031 ENGLE PINES LR WIS	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eagle River	4/15/11
9.	6735 Spring Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lincoln	4/15/11
10.	3560 Birch PT A.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Conover	4/15/11

I, Michael Alexander, Certification of Circulator, certify:  
(name of circulator)  
 I reside 56 Mordock St Brighton, MA 02135  
(circulator's residence - include number, street, and municipality)

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

SEN. HOLPERIN LEFT THE STATE TO AVOID HIS RESPONSIBILITY TO BE PRESENT IN SENATE SESSION

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>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>PO BOX 471 AND RF 279 N. STONE LAKE RD</u>	<input checked="" type="checkbox"/> Town <u>MANITOWISH</u> <input type="checkbox"/> Village <u>WATERBURY</u> <input type="checkbox"/> City <u>54545</u>	<u>4/8/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

I, JAMES J. ROBINSON, certify:  
(name of circulator)

I reside RF 279 N. STONE LAKE ROAD (PO BOX 471) MANITOWISH WATERBURY WI 54545.  
(circulator's residence - include number, street, and municipality)

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

APR 8 2011 (date) (signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>David V. Obst</i>	<i>N 4367 Riverview Dr White Lake, WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>4/7/11</i>
2. <i>Robert F. Obst</i>	<i>N 4367 Riverview Dr White Lake, WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Wolf River</i>	<i>4/7/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *David V. Obst*, certify:  
(name of circulator)

I reside *N 4367 Riverview Dr 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.

*Apr 7, 2011*  
(date)

*David V. Obst*  
(signature of circulator)

# RECALL PETITION

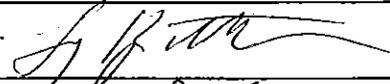
TO: Wisconsin Government Accountability Board

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

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

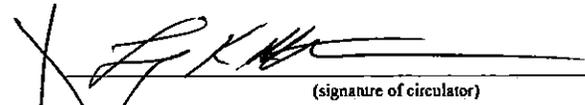
*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county 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. 	10695-HANSON PLAT-RD.	<input checked="" type="checkbox"/> Town HILES	3/30/11
2. 	10695 Hanson Plat Rd.	<input checked="" type="checkbox"/> Town HILES	3/30/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 11

### Certification of Circulator

I, LARRY KETTLER, certify:  
(name of circulator)  
 I reside 10695-HANSON PLAT. RD ARBOHNE, WI 54511  
(circulator's residence - include number, street, and municipality) HILES

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



# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Ben M. Pule</i>	<i>N8711 W. Pickeral Lk. Rd. Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON</i>	<i>3/31/11</i>
2. <i>Vanessa G. Erickson</i>	<i>N8711 W. Pickeral Lk. Rd. Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>HARRISON</i>	<i>3/31/11</i>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

### Certification of Circulator

I, *Vanessa G. Erickson*, certify:

I reside *N8711 W. Pickeral Lk. Rd. Gleason WI 54435*  
(circulator's residence - include number, street, and municipality) *HARRISON*

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

*March 31-11*  
(date)

*Vanessa G. Erickson*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. Eric Kozick	Charlotte Ct 2425 Apt 4	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
2. Bob Mader	2425 Charlotte Ct # 8	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
3. A. Mader	2425 Apt 8 Charlotte Ct	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
4. D. Bennett	Charlotte Ct 5425 #15	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
5. Helm Zuber	2430 Charlotte Ct #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
6. Deborah Goodie	5423 Tower Rd #12	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Swanton	4-10-11
7. Kenneth R. Koschul	5423 Tower Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Crandon	4-10-11
8. Carl H. Slagle	<del>Charlotte Ct</del> P2044 N. Pole Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	4/10/11
9. Darlene R. Slagle	P2044 N. Pole Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Plover	4/10/11
10. Ben Johnson	946 Stearns St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	4-10-11

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.

4-12-11 (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

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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>S. G. D.</i>	1510 Clermont St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/9/11
2. <i>Bonnie Beck</i>	1532 Clermont St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/9/11
3. <i>Joe Pochter</i>	1532 Clermont St PO Box 225	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-9-11
4. <i>Janaine Maske</i>	1303 Neva Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
5. <i>Jack Shepherd</i>	1313 Neva Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
6. <i>Deb Shepherd</i>	1313 Neva Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
7. <i>Greg N...</i>	211 7th Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
8. <i>Lynette Hartman</i>	18401 County F	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Lakewood	4-10-11
9. <i>Kathleen Kieper</i>	4114 Hill Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-10-11
10. <i>Laura Frazier LIC</i>	N9830 Hwy TT Deerbrook WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Deerbrook	4/10/11

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

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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>B. Pull</i>	434 1/2 DORR ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>ANTIGO</b>	4-9-11
2. <i>Virginia Pedone</i>	330 DORR ST Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Antigo</b>	4-9-11
3. <i>Ann Gentry</i>	21 1/2 DORR ST.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Antigo</b>	4-9-11
4. <i>Crystal DeSanto</i>	202 Dorr St Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Antigo</b>	4-9-11
5. <i>Wesley</i>	1107 LANGLADE ST. ANTIGO, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>ANTIGO</b>	4-9-11
6. <i>Adam Klamm</i>	929 AVOC ST Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Antigo</b>	4-9-11
7. <i>Michelle Mezei</i>	1129 7th Ave Wilton S. Wisconsin	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>Antigo</b>	4-9-11
8. <i>Mike Chub</i>	2409 Charlotte Ct. #6	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Rolling</b>	4-9-11
9. <i>Beverly Mautner</i>	2409 CHARLOTTE CT #6	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>Antigo</b>	4-10-11
10. <i>Michael Jigelly</i>	2409 CHARLOTTE CT #6	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <b>ANTIGO</b>	4-10-11

### Certification of Circulator

I, Richard A Madrill, 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 Madrill*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Barbara Dintelman</i>	<i>N874 Center Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Pine River</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
2. <i>George E Dintelman</i>	<i>N874 Center Rd Merrill WI 54452</i>	<input checked="" type="checkbox"/> Town <i>Pine River</i> <input type="checkbox"/> Village <input 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, *George E Dintelman*, certify:  
(name of circulator)

I reside *N874 Center Rd Pine River*.  
(circulator's residence - include number, street, and municipality)

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

*4-1-11*  
(date)

*George E Dintelman*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Bonnie Jolly</i>	<i>11616 Woodland He Hartshurst, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>
2. <i>Lori Sill</i>	<i>133 Lakeshore Dr Minocqua WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>
3. <i>Tracy McCafferty</i>	<i>7687 Marie Ln Minocqua, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>
4. <i>Roger L. Ratzliff</i>	<i>8959 ARNOLD STARK RD MINOCQUA, WI 53578</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MINOCQUA</i>	<i>4-5-11</i>
5. <i>Pat R...</i>	<i>8769 Hwy 51 N</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocq</i>	<i>4/5/11</i>
6. <i>N Dawn Klemm</i>	<i>7867 CARLETON DR.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>
7. <i>Janice Reed</i>	<i>8630 Woodlands Dr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>
8. <i>Linda M. Wertschnig</i>	<i><del>80504</del> 499516 Monomunel Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
9. <i>Mary Congdon</i>	<i>8822 Woodruff Rd Woodruff WI 54568</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>WOODRUFF</i>	<i>4/5/11</i>
10. <i>Luke Johnson</i>	<i>7365 Trailwood Dr Minocqua, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

I reside 2511 So. 59<sup>th</sup> 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.

4-6-11  
(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>Robert Hanson</i>	8684 Pinkhurst Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4/5/11
2. <i>Chris [unclear]</i>	11233 Maskey Bay Ln.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4/5/11
3. <i>Connie Casey</i>	Box 357 St. Germain	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City - St. Germain	4-5-11
4. <i>John O'Brien</i>	7400 Meadow Ln. Minocqua	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4-5-11
5. <i>[unclear]</i>	7365 Forest Dr. Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4-5-11
6. <i>John A. Jalinski</i>	9663 Mantow Ct Menasha, WI 54954	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Menasha, WI	4-5-11
7. <i>Mildred Bellvorn</i>	11348 Trust Rd Minocqua	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4-5-11
8. <i>T. True</i>	9780 Wintergreen	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4-5-11
9. <i>Kathleen Koch</i>	8611 Squirrel Pt Rd.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - Minocqua	4-5-11
10. <i>Eric Resina</i>	<del>2271 Plum Creek Ave</del> 2271 Plum Creek Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City - St. Germain	4-5-11

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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.

4-6-11  
(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>Mick Opor</i>	<i>8991 Parkshore Dr</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
2. <i>Fred Hendle</i>	<i>8804 E. Minch Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
3. <i>Shirley Vileikis</i>	<i>8493 Diamond Shores</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
4. <i>Jim Leets</i>	<i>8754 Woodch Rd</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
5. <i>Dolven Cory</i>	<i>118 Substine</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
6. <i>Deena Kelly</i>	<i>8756 Burswick Rd Minocqua 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
7. <i>Hedi Hebert</i>	<i>10976 Chocomaun Dr Minocqua 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
8. <i>Suzann Kueger</i>	<i>8599 Doctor Pink Dr Minocqua, WI 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
9. <i>W. Hansen</i>	<i>4833 Beauty Club 9015 Thoroughfare</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4/5/11</i>
10. <i>A. Coak</i>	<i>Minocqua, WI 9015 THOROUGFARE 54548</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Minocqua</i>	<i>4-5-11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

(name of circulator)

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

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

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

4-6-11

(date)

*[Signature]*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Mary Jaeger</i>	<i>1638 McKinley Blvd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/14/2011</i>
2. <i>Edward R Jaeger</i>	<i>1638 McKinley Blvd Eagle River, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Lincoln</i>	<i>3/14/2011</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, MARY M. JAEGER, certify:

I reside 1638 McKinley Blvd, Eagle River, town of Lincoln  
(name of circulator)  
(circulator's residence - include number, street, and municipality)

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

3/14/2011  
(date)

*Mary M. Jaeger*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Richard C. Bahr</i>	<i>8589 Waters Edge Ln St. Germain, WI 54558</i>	<input checked="" type="checkbox"/> Town <i>ST. GERMAIN</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2/27/11</i>
2. <i>Alan Good</i>	<i>420 W Atlantic Appleton WI 54911</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Appleton</i>	<i>2-27-11</i>
3. <i>Patricia Babcock</i>	<i>8589 Waters Edge Ln ST. GERMAIN, WI 54558</i>	<input checked="" type="checkbox"/> Town <i>ST. GERMAIN</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>2-27-11</i>
4. <i>Ron Dyer</i>	<i>10924 Birkenstock Woodruff WI 54558</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Woodruff</i>	<i>3-2-11</i>
5. <i>Maria Babcock</i>	<i>8345 Bis St Germain St Germain, WI</i>	<input checked="" type="checkbox"/> Town <i>St. Germain</i> <input type="checkbox"/> Village <input type="checkbox"/> City	<i>3-3-11</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	

### Certification of Circulator

I, *PATRICIA BABCOCK*, certify:

(name of circulator)

I reside at *8589 Waters Edge Ln, St. Germain, WI 54558*  
(circulator's residence - include number, street, and municipality)

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

*3-2-11*  
(date)

*Patricia Babcock*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>E. Lucille Gherardini</i>	<i>3565 DEERSKIN RD PO 999 PHELPS, WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PHELPS</i>	<i>2/24/11</i>
2. <i>F. Daniel ...</i>	<i>3565 DEERSKIN RD PHELPS, WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PHELPS</i>	<i>3/2/11</i>
3. <i>[Signature]</i>	<i>3565 DEERSKIN RD PHELPS, WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3/2/11</i>
4. <i>Erwin H. Buell</i>	<i>4347 Milledgeha PHELPS, WIS.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3-2-11</i>
5. <i>Douglas G. Horstman</i>	<i>4384 Deerskin Rd Phelps WI 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3-2-11</i>
6. <i>Donald Beesel</i>	<i>4581 COVEVILLE RD PHELPS WIS 54554</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3/2/11</i>
7. <i>Roy ... Phelps</i>	<i>4578 COVE</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Phelps</i>	<i>3-2-11</i>
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, *[Signature]* **Certification of Circulator** *E. LUCILLE GHERARDINI*, certify:  
(name of circulator)  
 I reside at *3565 DEERSKIN RD PO. BOX 999 PHELPS, WI 54554*  
(circulator's residence - include number, street, and municipality)

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

*3/2/11* (date) *[Signature]* (signature of circulator)

# RECALL PETITION

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

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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	DATE OF SIGNING
		Indicate Town, City, or Village	
1. Christine Helbert	5425 Cascade Dr. West Bend, WI 53095	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City West Bend	4-11-11
2. Onnell Sehalt	108 S. Pine St Merrill, WI 53450	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Merrill	4-11-11
3. Greg Campbell	202 Century St Apt 19 White Lake, WI 54491	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village White Lake <input type="checkbox"/> City	4-11-11
4. <del>Jim Holperin</del>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	4-11-11
5. Peter Ingram	6197 Budget White Lake, WI 54491	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village White Lake <input type="checkbox"/> City	4-11-11
6. Bernice B. Stra	4441 Lower St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-11-11
7. Melody Balaito	14450 Wetland Ln Sun Prairie, WI 53179	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-11-11
8. Brittany Littlefield	1913 Cermant St Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-11-11
9. Zachary Bricko	11045 Walleye Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-11-11
10. Ashley Bricko	11045 Walleye Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-11-11

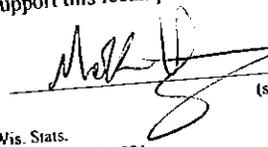
### Certification of Circulator

I, Mark Vigil, certify:

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

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

4-12-11  
(date)

  
(signature of circulator)

Page No. 227

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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 Bauknecht</i>	<i>14475 Angle RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo WI</i>	<i>4-11-11</i>
2. <i>Kim Deizer</i>	<i>Rt 17 Arisaw</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Arisaw</i>	<i>4/11/11</i>
3. <i>Andy de Marquis</i>	<i>Highland RD</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>antigo</i>	<i>4-11-11</i>
4. <i>Walter Whig</i>	<i>529 Hudson st</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/11/11</i>
5. <i>Debbie Rustel</i>	<i>820 425th Ave APT Antigo WI B</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
6. <i>Alan Ford</i>	<i>1016 57th Ave #385 Antigo WI 54419</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/12/11</i>
7. <i>Joe Janura</i>	<i>618 425th Ave Antigo Wis</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
8. <i>Holler com</i>	<i>Antigo 535 3rd Ave</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>
9. <del><i>[Signature]</i></del>	<del><i>[Address]</i></del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10. <i>Superior</i>	<i>439 5th NE Antigo WI 54469</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>4-12-11</i>

### Certification of Circulator

I, Mark Vigil, certify:

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

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

4-12-11

(date)

*[Signature]*

(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Coco Richter</i>	<i>5845 E FOREST LOOP RD RHINELANDER</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CRESCENT</i>	<i>9/16/11</i>
2. <i>NICK KALKRAU</i>	<i>1205 COON ST RHINELANDER</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>RHINELANDER</i>	<i>4/16/11</i>
3. <i>Amelia M. White</i>	<i>582 Vaughan St Rhineclander</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhineclander</i>	<i>4/16/11</i>
4. <i>Guy Pitt</i>	<i>513 Hawthorn Rd PO Box 198/4466 Old, Phelps</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>SINGAR CT</i>	<i>4/16/11</i>
5. <i>Urosh Vanover</i>	<i>Phelps WI 54554</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>PHELPS</i>	<i>4-16-11</i>
6. <i>Kenneth Wachonich</i>	<i>7946 W. Crossfield Dr Dorshon WI 5429</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>ONIDA</i>	<i>4-16-11</i>
7. <i>Sharon Schweigt</i>	<i>3862 Keith Siding Rd Crandon, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>LINCOLN</i>	<i>4-16-11</i>
8. <i>Paul Hartleben</i>	<i>W16786 Pike Ln Wittenberg, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Morris</i>	<i>4-17-11</i>
9. <i>Marcia Nueske</i>	<i>W16786 Pike Ln Wittenberg, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Morris</i>	<i>4-17-11</i>
10. <i>Jennie Seelge</i>	<i>409 S. MISSION ST Wittenberg WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Wittenberg</i>	<i>4-17-11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

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

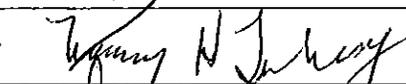
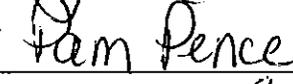
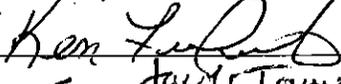
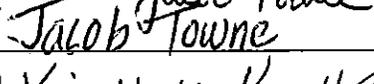
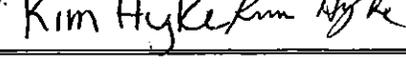
Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. 	210 N. Stevens St. Apt. A Rhineland WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/16/11
2. 	9706 JACKSON HEIGHTS HARSHAW, WI 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City HARSHAW	4/16/11
3. 	745 Lake Shore Dr. Rhineland WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/16/11
4. 	118 Woodland Dr Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-16-11
5. 	1648 W. Davenport St #10 Rhineland, WI 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-16-11
6. 	3980 Lake Shore Dr. Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4-16-11
7. 	309 DAHL ST RHINELANDER	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/16/11
8. 	306 W Pelham Rhineland	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhineland	4/16/11
9. 	8517 Reicherts dr. Harshaw WI, 54529	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Harshaw	4/16/11
10. 	4594 Rosemary LN Rhineland	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhineland	4/16/11

I, ROBERT V. ARMSTRONG, **Certification of Circulator**, 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.

4-17-11 (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>Bona Fritsch</i>	<i>1318 Arctic St. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo, WI.</i>	<i>3-28-11</i>
2. <i>Windy Van Pice</i>	<i>W9091 CTY Rd F Antigo WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Antigo</i>	<i>3-28-11</i>
3. <i>Doris Zimmerman</i>	<i>426 Elm St. Antigo, WI 54409</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>3-28-11</i>
4. <i>Theodore W. Gura</i>	<i>W 8564 Cat Rd W Antigo, WI 54409</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Norwood</i>	<i>3-28-11</i>
5. <i>Juan M. C.</i>	<i>W8564 County Rd W Antigo, WI 54409</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Norwood</i>	<i>3-28-11</i>
6. <i>Thomas A. Baker</i>	<i>W15055 Hwy C Gleason WI 54435</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Vilas</i>	<i>3-28-11</i>
7. <i>Anna Chetty</i>	<i>14340 Cty. Rd. W Mountain WI 54149</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Mountain</i>	<i>3-28-11</i>
8. <i>Augh Anna</i>	<i>Po Box 130 9872 E. DUCK LAKE RD.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Summit Lake</i>	<i>3-28-11</i>
9. <i>Jan Kule</i>	<i>129 27 Hwy T White Lake</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>3-28-11</i>
10. <i>Brenda Rohde</i>	<i>12927 Hwy T White Lake, WI 54491</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>White Lake</i>	<i>3-28-11</i>

### Certification of Circulator

I, ROBERT V. ARMSTRONG, certify:

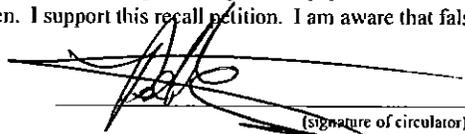
(name of circulator)

I reside 2511 So 59<sup>th</sup> W. Ave - Tulsa Ok 74107

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

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

3-29-11  
(date)

  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>W. J. Mager</i>	2332 Black Forest A W. MANITOWISH WATERS	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINCHESTER	3-2-11
2. <i>Bon Mager</i>	1203 GREAT VISION BOULDER JUNCTION	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BOULDER JCT	3-2-11
3. <i>Colman Lindley</i>	10368 LITTLE RICE BOULDER JCT. WI.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BOULDER JCT WI	3-5-11
4. <i>Christen Dress</i>	10450 Highland Dr BOULDER JUNCTION	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BOULDER JCT WI	3/6/11
5. <i>James Sees</i>	10450 Highland Dr DR BOULDER JCT	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City BOULDER JCT WI	3/6/11
6. <i>Narby Haberman</i>	13094 W. No LAUNCH LA. WINCHESTER	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINCHESTER	3-8-11
7. <i>Gale Brogelman</i>	2346 Black Forest Rd. Winchester	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3-12-11
8. <i>Thomas R. Brogelman</i>	2346 Black Forest Rd Winchester	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3/12/11
9. <i>Sherm Smith</i>	1001 Old Hwy 0 Winchester	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Winchester	3-12-11
10. <i>Richard Smith</i>	1001 Old Hwy 0 Winchester	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WINCHESTER	12 MAR 11

### Certification of Circulator

I, Joe Biwan, certify:

I reside at 19 Deer Park Road Manitowish Waters  
(circulator's residence - include number, street, and municipality)

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

3/12/11  
(date)

*Joe Biwan*  
(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)

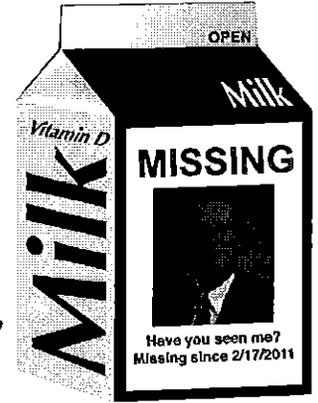
petition for the recall of Jim Holperin Wisconsin's 12<sup>th</sup> State Senate District

(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.

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1. <i>[Signature]</i>	4241 N LAKE Course Rd	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village PINE LAKE <input type="checkbox"/> City	3/26/2011
2. <i>[Signature]</i>	1240 Woodland Rt 100, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village RHINELANDER <input checked="" type="checkbox"/> City	3/26/2011
3. <i>[Signature]</i>	5296 Green Lake Rd Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village PINEVILLE <input type="checkbox"/> City	3/26/2011
4. <i>[Signature]</i>	4739 Barbara St	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	3/26/11
5. <i>[Signature]</i>	6579 Maple Road	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	3-26-11
6. <i>[Signature]</i>	6945 Spruce Ln	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	3-26-11
7. <i>[Signature]</i>	2367 Resnick	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input checked="" type="checkbox"/> City	3-26-11
8. <i>[Signature]</i>	2106 W. Crescent Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input type="checkbox"/> City	3-26-11
9. <i>[Signature]</i>	W-1117 City P	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Gleason <input type="checkbox"/> City	3/26-11
10. <i>[Signature]</i>	1118 Woodland PK Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village Rhinelander <input checked="" type="checkbox"/> City	3/26/11

### Certification of Circulator

I, PETER BILO, 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)

*[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. 2279

# 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>Sheresa [Signature]</i>	<i>N1530 Mallard Bay Rd</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4/12/11</i>
2. <i>Memory Summers</i>	<i>N3494 Park Ave Neopet</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Neopet</i>	<i>4/12/11</i>
3. <i>M. C. [Signature]</i>	<i>W1954 Great Bear Rd</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>KESHENA</i>	<i>4/12/11</i>
4. <i>Mitchell Bailey</i>	<i>N1368 Redwing Tr</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4/12/11</i>
5. <i>Thy Wapkey</i>	<i>N371 St. Rd. 47/55</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-12-11</i>
6. <i>[Signature]</i>	<i>N1357 mallard Bay Ferry</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-12-11</i>
7. <i>Paul Wapkey</i>	<i>W1006 Twin Lake Rd Keshena</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-12-11</i>
8. <i>Edmund Luck</i>	<i>Box 89 Hwy 47/55 Keshena, Wis</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-12-11</i>
9. <i>Joshua Summers</i>	<i>Keshena WIS 54135 2852 LAKEVIEW</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-12-11</i>
10. <i>Joel C. [Signature]</i>	<i>N2896 Dodge Rd</i>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Keshena</i>	<i>4-12-11</i>

### Certification of Circulator

I, STERRI 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

4/12/11 (date) STERRI 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. <u>Brian R. White</u> <u>Brian R. J.</u>	<u>N 2534 St Hospital</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Hospital</u> <input type="checkbox"/> City	<u>4-12-11</u>
2. <u>David White</u>	<u>PO Box 124 N1092 Land</u> <u>Keshena WI 54855</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Keshena</u> <input type="checkbox"/> City	<u>4-12-11</u>
3. <u>Dale Lutae</u>	<u>N 748 Weso Rd. Apt. 801</u> <u>Keshena WI 54135</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Keshena</u> <input type="checkbox"/> City	<u>4/12/11</u>
4. <u>Timmy Rodman</u>	<u>N1060 Round LKR</u> <u>Keshena WI 54135</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>KESHENA</u> <input type="checkbox"/> City	<u>4/12/11</u>
5. <u>[Signature]</u>	<u>N306 Pine Meadows</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Keshena</u> <input type="checkbox"/> City	<u>4/12/11</u>
6. <u>Luis Harrington</u>	<u>2689 Chippewelle</u> <u>Keshena WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Keshena</u> <input type="checkbox"/> City	<u>4-12-11</u>
7. <u>Wes Elmer</u>	<u>N9344 Country R</u> <u>DD</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PICKERELL</u> <input type="checkbox"/> City	<u>4-12-11</u>
8. <u>[Signature]</u>	<u>W10461 Camp Road X</u> <u>Antigo, WI 54409</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rolling</u> <input type="checkbox"/> City	<u>4-12-11</u>
9. <u>[Signature]</u>	<u>W10468 City Rd X</u> <u>Antigo, WI 54409</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rolling</u> <input type="checkbox"/> City	<u>4-12-11</u>
10. <u>[Signature]</u>	<u>N9111 Schmidt Rd</u> <u>Pickeral, WI 54855</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Ausworth</u> <input type="checkbox"/> City	<u>4-12-11</u>

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

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4/12/11 (date) Sterrri 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.

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1. <i>Joanne Margalit</i>	1404 Schomana Rd Three Lakes, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City THREE LAKES	3/30/11
2. <i>Renobrun</i>	1735 PINE Lake Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
<i>Paul Kalding</i>	4546 COLWAY C Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE	3/30/11
4. <i>Mary Dema</i>	746 Shepard St. Rhinelander, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3-30-11
5. <i>John Faust</i>	4701 BALSAM LN Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City PINE LAKE	3-30-11
6. <i>Bill Conner</i>	W 741 Hwy A Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Hanson	3-30-11
7. <i>Shirley Baker</i>	7256 Woodland Dr Rhinelander, WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cressford	3/30/11
8. <i>Donald Rolan</i>	4080 4080 Lambale Ln Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Cressford	3/30/11
9. <i>Jason</i>	734 Evergreen Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
10. <i>[Signature]</i>	6748 Sugar Lane Rhinelander, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Sugar Camp	3/30/11

### Certification of Circulator

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

I reside 2511 S. 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]*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

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

### STATEMENT OF REASON FOR RECALL

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

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	23 Vulcan <del>Box 450</del> Exp. 83 Village	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Vulcan	3/30/11
2. <i>Pam Blawie</i>	2364 Strong Rd Phelps WI 53554	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Vilas	3/30/11
3. <i>[Signature]</i>	909 Randall Ave Rhinelander WI 5450	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/30/11
4. <i>[Signature]</i>	3790 Foster Ln Rhinelander WI 54501	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/30/11
5. <i>Dave Fredrickson</i>	5325 Lakeview Lane Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pelican	3/30/11
6. <i>Marjorie Lander</i>	Rhinelander 609 Dorr Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rhinelander	3/30/11
7. <i>Robert B. Rice</i>	3258 Cty Hwy N Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CRESCENT	3/30/11
8. <i>[Signature]</i>	402 Dahl St Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rhinelander	3/30-11
9. <i>Michelle Antone</i>	4340 Aberdeen	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pinelake	3/30-11
10. <i>[Signature]</i>	6194 Velvet Rd Rhinelander	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Newbold	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]*  
(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)

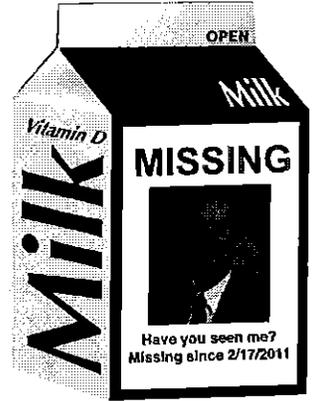
petition for the recall of Jim Halperin Wisconsin's 12<sup>th</sup> State Senate District

(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. <u>Barbara A. Pitterle</u>	<u>1610 Shields Rd. St. Germain WI 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>4/5/11</u>
2. <u>[Signature]</u>	<u>8152 LITTLE MANE ST. GERMAIN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST. GERMAIN</u>	<u>4/5/11</u>
3. <u>[Signature]</u>	<u>8488 Henry Circle St. Germain</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>4/5/11</u>
4. <u>[Signature]</u>	<u>8015 Winkle Rd St. Germain WI 54558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>4/5/11</u>
5. <u>Jane M. Keathly</u>	<u>9160 David Ln St. Germain</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>4/5/11</u>
6. <u>Jane M. Keathly</u>	<u>9160 DAVID DR ST GERMAIN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST GERMAIN</u>	<u>4/5/11</u>
7. <u>Barry V. Dale</u>	<u>2635 City Rd Seymour WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Seymour</u>	<u>4/5/11</u>
8. <u>Kathleen Hollenbeck</u>	<u>7754 Dixon St. Germain</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>4/5/11</u>
9. <u>Kern Weber</u>	<u>1511 Hug Road St. Germain</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>St. Germain</u>	<u>4-5-11</u>
10. <u>David B. Zebinski</u>	<u>1193 BIRCHWOOD ST. GERMAIN</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ST. GERMAIN</u>	<u>4.5.11</u>

### Certification of Circulator

I, PETER BIOLD, 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)

[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. 2284

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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. <del>Lie Andes</del>	<del>Ant 160</del>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<del>4-13-11</del>
2. Elizabeth Adelsamer	NW8078 Hwy AA Ant 160	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-13-11
3. Kessula Loren	W 712 Wildwood Ln Antigo WI 5	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Antigo	4-13-11
4. Mary Jo Reznicek	1006 1st Ave. #2 Antigo, WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4-13-11
5. T. Lukowicz	W 9115 1/2 Elbow Rd Antigo, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rolling	4/13/11
6. Radnal Goodman	331 Eckart St. Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
7. Rose Marie Kerner	1026 4th AVE ANTIGO, WI 54409	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ANTIGO	4/13/11
8. Phyllis Brizuela	313 HOEAN Antigo WI 54409	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11
9. Kathleen Kennedy	W10578 Cty RD N Antigo	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ackley	4/13/11
10. J. Krueger	217 South Ave Antigo	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Antigo	4/13/11

### Certification of Circulator

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

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

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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)

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1. <i>Art Loman</i>	<i>413 2nd St SE Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-13-11</i>
2. <i>Mich Buttz</i>	<i>226 1/2 Dreesch Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
3. <i>Philly Kuehn</i>	<i>226 1/2 Dreesch St Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
4. <i>Katie Berneman</i>	<i>613 Washington Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
5. <i>Mehelle Dehenry</i>	<i>723 1st Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
6. <i>Cheryl Case</i>	<i>617 8th Ave Antigo WI</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Vilas</i>	<i>4-14-11</i>
7. <i>Jamie Green</i>	<i>1147 5th Ave Antigo</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4/14/11</i>
8. <i>Cheryl Case</i>	<i>212 Gruber St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
9. <i>Theresa O'Connell</i>	<i>434 Deleglise St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Antigo</i>	<i>4-14-11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

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4-15-11  
(date)

*[Signature]*  
(signature of circulator)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>Ken Kottke</i>	<i>6776 Nehalem Rd Athens WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halescy</i>	<i>2/26/2011</i>
2. <i>John J. Elmer</i>	<i>85625 Hwy 97 Athens</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Riverview</i>	<i>2/26-11</i>
3. <i>David Dorak</i>	<i>713 Pine St. Athens, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2/26-11</i>
4. <i>Dan Wiegand</i>	<i>6808 Range Line Rd Athens</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2/26-11</i>
5. <i>Ronald A. Walters</i>	<i>105 1/2 A/Ford St. Athens, WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2/27/11</i>
6. <i>Nancy Hunt</i>	<i>970 E Townline Rd Athens, WI 54411</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Halescy</i>	<i>2/27/11</i>
7. <i>Garda R. W.</i>	<i>Medford W 54451 Keller Dr 7177 Athens WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Medford</i>	<i>2/27/11</i>
8. <i>Chris Sommer</i>	<i>104 Caroline St Athens Athens WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2/28/11</i>
9. <i>Bob Zocher</i>	<i>Athens Athens WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>ATHENS</i>	<i>2/27/11</i>
10. <i>John McCord</i>	<i>Athens WI</i>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <i>Athens</i>	<i>2-27</i>

### Certification of Circulator

I, *Michael Berger*, certify:  
(name of circulator)

I reside at *7170 13th Av. Athens 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)

*Michael Berger*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Mirayna Baur</u>	<u>19156 County Rd 11</u> <u>Eland, WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>2/27/11</u>
2. <u>Antony Baur</u>	<u>9183 County Rd 11</u> <u>Eland WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>2/27/11</u>
3. <u>George C. Eplebo</u>	<u>1693 St. Hwy</u> <u>Eland WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Eldam</u>	<u>2/27/11</u>
4. <u>Jaime Resch</u>	<u>1684 St Hwy 49</u> <u>Eland WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>2/27/11</u>
5. <u>Jeremy Resch</u>	<u>1684 St Hwy 49</u> <u>Eland WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>2/27/11</u>
6. <u>[Signature]</u>	<u>1579 Pine Dr</u> <u>Eland, WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>3/4/11</u>
7. <u>Kenee Westphal</u>	<u>1579 Pine Dr</u> <u>Eland, WI 54427</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Elderon</u>	<u>3/5/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Alan Vanderkooy **Certification of Circulator**, certify:  
(name of circulator)  
 I reside at 8555 Hickory Rd. Eland, WI 54427 ELDERON (TWN)  
(circulator's residence - include number, street, and municipality)

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

3/16/11 (date) Alan Vanderkooy (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>Town, City, or Village</small>	DATE OF SIGNING
1. <u>Bruce McDowell</u>	<u>8018 SOUTH FORK LANE MINOCQUA, WI 54548</u>	<u>Lane</u> <input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/16/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

**Certification of Circulator**

I, Bruce McDowell, certify:  
(name of circulator)

I reside at 8018 South Fork Lane, 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.

3/16/11  
(date)

Bruce McDowell  
(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>Mark Chalk</u>	<u>1805 5th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>
2. <u>Alise Panku</u>	<u>1601-10 AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>
3. <u>Matthew Shiechengast</u>	<u>903 8th AVE</u> <u>Antigo WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4/12/11</u>
4. <u>Brenda Guter</u>	<u>R9754 Hwy 45</u> <u>Birnamwood WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Birnamwood</u>	<u>4/12/11</u>
5. <u>Carol VerHegen-Smith</u>	<u>1416 ARCTIC</u> <u>ANTIGO</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>
6. <u>Kesia Pritchett</u>	<u>1129 9th Ave</u> <u>Antigo WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>
7. <u>Ymelissa Kirby</u>	<u>917 Superior St.</u> <u>Antigo, WI 54409</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>
<del>8. <u>[Signature]</u></del>	<del><u>[Address]</u></del>	<del><input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City</del>	<del></del>
9. <u>Ch Ostind</u>	<u>917 1/2 Superior St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Antigo</u>	<u>4/12/11</u>
10. <u>Spencer Simola</u>	<u>917 1/2 SUPERIOR ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>ANTIGO</u>	<u>4/12/11</u>

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

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

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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>D. M. Ryan</i>	601 N 4TH	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/17/11
2. <i>Sarah Bedde</i>	111616 City Rd 44 Triptli 54564	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knox	4/19/11
3. <i>Denise Johnson</i>	10414 Center Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WILKOMIS	4/19/11
4. <i>M. Jensen</i>	310 W. Leather Ave. Lot 16	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOMAHAWK	4/17/11
5. <i>Loanne Lazore</i>	1004 T. Main St.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/17/11
6. <i>Mark Silber</i>	111409 Hollis Ln TOMAHAWK WI. 54487	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4-17-11
7. <i>Anthony J. Dsou</i>	310 LEATHER LOT 20	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TOMAHAWK	4-17-11
8. <i>Rene Kurlberg</i>	7745 Mitzi Ln. Rhinelander 54501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RHINELANDER	4/17/11
9. <i>Dale Henneman</i>	902 E. Some Ave Tomahawk W.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Tomahawk	4/17/11
10. <i>Bruce Mann</i>	902 E. Some Ave TOMAHAWK WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City TOMAHAWK	4/17/11

### Certification of Circulator

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

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

4/17/11  
(date)

*Sherrie 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

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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>Lucy Moore</i>	2094 TOBYS RD Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	3/4/11
2. <i>Richard Moore</i>	1968 River St Niagara, WI 54151	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	3/4/11
3. <i>John Pfall</i>	856 WISCONSIN AVE NIAGARA, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ARORA	3-18-11
4. <i>A. Burkhardt</i>	2755 City Rd N Florence WI 54121	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Honestead	3-18-11
5. <i>Roni Rowley</i>	W824 City Hwy N Niagara, WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Aurora	4/9/11
6. <i>Jan Pfall</i>	W824 City N Niagara - WI 54151	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City AURORA	4/9/11
7. <i>JESS PIKE</i>		<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, 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.

4-09-11  
(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.

### STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to 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>Gene Klug</i>	<i>W8309 Green Dale Dr.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Corning</i>	<i>3-26-11</i>
2. <i>John Meyer</i>	<i>801 Cottage</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>3-26-11</i>
3. <i>Y Nicole Kohl</i>	<i>1013 1/2 E MAIN ST #2</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>MERRILL</i>	<i>3-26-11</i>
4. <i>Faith J. Kohl</i>	<i>W7353 Joe Snow Rd.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Corning</i>	<i>3-26-11</i>
5. <i>Richard Streibner</i>	<i>615 E Main St Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3-26-11</i>
6. <i>John Meyer</i>	<i>2387 S. Oak Rd Merrill</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>MERRILL</i>	<i>3/26/11</i>
7. <i>Jeremy Wyland</i>	<i>506 E 8th St</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Merrill</i>	<i>3/26/2011</i>
8. <i>Kevin Smith</i>	<i>210 E 5th St, Merrill</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
9. <i>John Ziegler</i>	<i>203 1/2 W. 6th St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Merrill</i>	<i>3/26/11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

### Certification of Circulator

I, *Jacqueline Morales*, 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)

*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

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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>Cindy Scheelz</i>	4138 Goodyear Cr	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Stevens Point</i>	4/5/11
2. <i>Stephanie Schaefer</i>	314 Lynette Ter	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	4/5/11
3. <i>Nora Kuker</i>	372 Woodway Light Str	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	4/5/11
4. <i>Rose Bierck</i>	415/11 2081 Shaver St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander</i>	4/5/11
5. <i>Jane Hegewald</i>	502 S. Pine Rd	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Pine Lake</i>	4-5-11
6. <i>Lebona Sankey</i>	3292 County N	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander WI</i>	4-5-11
7. <i>Wanda Park</i>	2880 Trails End Way	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Rhinelander WI</i>	4-5-11
8. <i>Jude Fuller</i>	506 Mason St Rhinelander	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>Rhinelander</i>	4/5/11
9. <i>John Enzy</i>	3907 Crandon Indian Settlement Rd	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i>	4/5/11
10. <i>Mary Colwell</i>	316 N. Melmore Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Crandon</i>	4/5/11

### Certification of Circulator

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)

*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>Charles J. Peters</i>	<i>7756 Limpy Bear Lane Winchester WI, 54557</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>4/1/11</i>
2. <i>Joanne D. Peters</i>	<i>7756 Limpy Bear Lane Winchester, WI 54557</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input 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, *Charles J. Peters*, certify:  
(name of circulator)

I reside *7756 Limpy Bear Lane Winchester WI 54557*.  
(circulator's residence - include number, street, and municipality)

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

*April 1, 2011*  
(date)

*Charles J. Peters*  
(signature of circulator)

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Ronald W. Groen</i>	<i>N1126 Whispering Pines Ct. Keshena, Wis.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MENOMINEE</b>	<i>3/29/11</i>
2. <i>Michael A. Mann</i>	<i>N1136 WHISPERING PINES CT. KESHENA, WI</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MENOMINEE</b>	<i>3/29/11</i>
3. <i>Eleonore H. Groen</i>	<i>N1126 Whispering Pines Ct. Keshena, Wis.</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MENOMINEE</b>	<i>3/29/11</i>
4. <i>Thomas G. Sands</i>	<i>RD A 1369 Keshena WI 54135</i>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>MENOMINEE</b>	<i>3/29/11</i>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>/ / 11</i>

I, *Ronald W. Groen* **Certification of Circulator**, certify:  
(name of circulator)  
 I reside *in N1126 Whispering Pines Ct. Keshena, Wis. 54135* **MENOMINEE**  
(circulator's residence - include number, street, and municipality)

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

# RECALL PETITION

TO: Wisconsin Government Accountability Board

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

We, the undersigned qualified electors of the Wisconsin Senate District 12, petition for the 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>Alan J. [Signature]</i>	1011542 POSTLAKE DR	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-28-11
2. <i>Yvonne Gutz</i>	N 11542 POSTLAKE DR 53842	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Elcho	3-28-11
3. <i>Jeff Seis</i>	W10279 City Rd C	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Neva	3/28/11
4. <i>[Signature]</i>	18344 FLORENCE ST TOWNSEND WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City TOWNSEND	3-28-11
5. <i>Cheryl Thompson</i>	W5442 Hillside Dr Merrill, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	3/28/11
6. <i>[Signature]</i>	W1792 Burgers Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Schley	3-28-11
7. <i>[Signature]</i>	2198 Martin Dr.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Tomahawk	3-28-11
8. <i>Paul [Signature]</i>	N 3332 County Road G	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MERRILL	3-28-11
9. <i>Shirley Joss</i>	1221 Elizabeth St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shulander	3-29-11
10. <i>Lois Howard</i>	316 B E. Timber Dr Shulander WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shulander WI	3-29-11

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.

3-29-11 (date) [Signature] (signature of circulator)